NHS Rainbow Badge Assessment report

Royal United Hospitals Bath NHS Foundation Trust

Initial Stage

#NHSRainbowBadge
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<td><strong>49</strong></td>
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Feedback report - Policies

The Trust received 9 points across the scoring for policies.

Does the Trust have a public-facing policy that bans biphobic, homophobic and transphobic discrimination in its services?

The trust did not score for this section, 1 point was available.

The Trust does have a public-facing policy on their website outlining a zero-tolerance approach towards bullying and discrimination based on “sexual orientation, gender identity and other protected characteristics”. This statement does however not explicitly cover trans status and/or gender reassignment by only referring to gender identity and we could therefore not award the point.

**Action:** Review wording of the public facing policy, which explicitly bans homophobic, biphobic and transphobic behaviours to include trans status.

Does the Trust have an employee policy (or policies) that includes an:

- Explicit ban on discrimination, bullying and harassment based on sexual orientation?
- Explicit ban on discrimination, bullying and harassment based on gender reassignment/trans status?

2 points available and received.

The trust did have an explicit ban on discrimination, bullying and harassment based on sexual orientation within their Bullying and Harassment Policy and received a point for this.

The trust also has an explicit ban on discrimination, bullying and harassment based on gender reassignment, but this ban only refers to gender reassignment. We strongly recommend including gender identity within this to explicitly cover non-binary people as well.

**Does the Trust have an employee policy (or policies) that includes the following?**
- Clear information about how to report an incident and how complaints are handled

1 point available and received.

Bullying and Harassment policy was provided, which included a detailed process for how to handle incidents informally and formally.
Action: Include examples of bullying, harassment or unacceptable behaviour relating to someone’s trans status within Bullying and Harassment policy.

Does the Trust have family and leave policies which use gender-neutral language and explicitly state that they are applicable regardless of gender?

The Trust received 0 of 5 available points.

The Maternity and Adoption policy refers to “mothers” without expanding to include gender neutral terms, although there is a clear attempt made at using gender neutral language, this need to be adapted throughout. This policy does not have an inclusion statement to make clear that it applies to all irrespective of gender/gender of partner etc.

The Paternity policy is inclusive of all employees regardless of gender and sexual orientation, which is great to see. It does however refer to “mothers” without expanding to include gender neutral terms.

The Shared Leave policy includes numerous uses of “mother” without expanding to include gender neutral terms, as well as only using she/her pronouns when referring to the carrying parent. This policy does not have an inclusion statement to make clear that it applies to all irrespective of gender/gender of partner etc.

The Special Leave policy uses gendered language throughout and has a very narrow definition of what constitutes close family without taken chosen family into consideration.

Suggestions have been made on all policies for reference.

Action: All policies could benefit from an inclusive statement under eligibility to make clear that it applies to all irrespective of gender/gender of partner etc.

Action: Amend all policies so that, unless relevant to preserve access to legal rights and pay, the language used is gender neutral.

Action: Expand Special Leave policy to be inclusive of chosen family and close friends irrespective of biological relation.

Does the Trust have a trans inclusion policy that covers the following? Select all that apply

A. A clear commitment to supporting all trans people, including those with non-binary identities
B. Information on language, terminology and trans identities, including non-binary identities
C. Guidance on facilities for trans employees, including non-binary employees
D. Guidance on dress code for trans employees, including non-binary employees
E. A clear commitment to confidentiality and data protection for trans staff

The trust received 4 of 5 available points.

The trust has a Supporting Transgender Employees policy which clearly outlines general terms and definitions, guidance around recruitment and selection, practical arrangements for trans staff and helping a member of staff transition.

The trust received points for A, B, C and D as all of these were clearly evidenced within the policy.

No point could be awarded for E as there was no explicit guidance on dress code for trans and nonbinary employees within this policy or the wider Uniform policy.

The trust also has in place a Transgender Care policy that outlines care for trans and nonbinary patients. This was a great policy addition to see the trust implement as having this guidance can be a great help for staff who may be unfamiliar with trans and nonbinary patients or are unclear on how to provide inclusive care.

Suggestions have been made on both policies for reference.

**Action:** Include guidance on dress code for trans employees within the trust wider Uniform policy, as well as within the trans inclusion policy.

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**Does the Trust have a policy (or policies) to support employees who are transitioning that covers the following? Select all that apply**

A. Work related guidance for an employee who is transitioning
B. Work related guidance on the process for an employee to change their name and gender marker on workplace systems
C. Work related guidance around data protection and confidentiality
D. Work related guidance for managers on how to support an employee who is transitioning

The trust received 2 of 5 available points.

Employees transitioning was covered within the Supporting Transgender Employees policy and the trust received points for B and D, although it should be noted that we highly recommend accompanying checklist of systems on which name and/or gender need to be changed within this policy, ideally in an appendix.

No points were scored for A, as time off for transition is recorded as sick leave rather than special leave and the policy is not tailored to employees. No points were awarded for C as there was no mention of gender identity and transitioning as special category data. There was also no guidance for employees on how to support a colleague who is transitioning, as guidance was tailored toward managers.

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#NHSRainbowBadge
**Action:** Amend trans inclusion policy to include more specific information regarding data protection and sick leave, as well as add sections specifically tailored to employees rather than just managers who are supporting trans staff.
Feedback report - Surveys
Staff responses

The Trust received 6 points across the scoring for this survey.

This is an unscored question, asked for information gathering purposes only.

27% of staff completing the staff survey identify within the LGBT+ communities in some way.

### Q1

Do you identify as a member of the LGBT+ communities? Please continue to complete the survey however you answer. You may select more than one option.

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes- Lesbian</td>
<td></td>
<td>6.62%</td>
</tr>
<tr>
<td>Yes- Gay</td>
<td></td>
<td>9.56%</td>
</tr>
<tr>
<td>Yes- Bi</td>
<td></td>
<td>7.35%</td>
</tr>
<tr>
<td>Yes- Trans</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Yes- Non-binary</td>
<td></td>
<td>0.74%</td>
</tr>
<tr>
<td>Yes- I identify in a different way</td>
<td></td>
<td>3.68%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>72.79%</td>
</tr>
</tbody>
</table>

Answered: 272  Skipped: 1  Response Total: 272
This is an unscored question, asked for information gathering purposes only.

Does your role involve patient facing activity?
272 Responses

![Pie chart showing 68.00% Yes and 32.00% No]

The following two questions were asked to respondents who indicated they were in a patient facing role.

The trust did not receive a score for this question. 2 points were available, the trust needed to score over 50% of respondents answering Yes to score 1 point and over 75% of respondents answering yes to score 2 points.

In your department are patients routinely asked their sexual orientation? This can be on forms or verbally.
184 Responses

![Pie chart showing 82.00% No and 17.00% Yes]
The trust did not receive a score for this question. 2 points were available, the trust needed to score over 50% of respondents answering Yes to score 1 point and over 75% of respondents answering yes to score 2 points.

17% of patient facing employees indicated that they routinely ask patients their sexual orientation and this is reflected within the responses of the patient survey, with 13% of patients completing the survey confirming they had been asked about their sexual orientation.

8% of patient facing employees indicated that they routinely ask patients about their trans status, with 7% of patients completing the survey confirming they had been asked if they have a trans history.
The following question differentiated between patient and non-patient facing employees, with support for patients described as clinical, emotional, signposting etc and for colleagues as emotional, signposting etc.

The trust received both available points.

Do you feel confident providing support to lesbian, gay, bisexual patients and their carers / colleagues?

183 Patient facing responses
87 Non Patient facing responses

- Patient facing - Yes: 78%
- Non Patient facing - Yes: 78%
- Patient facing - No: 21%
- Non Patient facing - No: 21%
The following question differentiated between patient and non-patient facing employees, with support for patients described as clinical, emotional, signposting etc and for colleagues as emotional, signposting etc.

The trust 1 out of 2 available points.

The responses to these questions show that confidence in supporting LGB patients and colleagues is high, however staff are less confident when supporting trans and non-binary patients and colleagues. This may be due to lack of understanding surrounding trans and non-binary identities, employees being unsure of commonly used language and terminology or acknowledgement that additional training and information in the needs and health inequalities faced by trans and non-binary people would be beneficial. This is highlighted in the responses to the following questions around training.
The trust did not receive a score for this question. 2 points were available the trust needed to score over 50% of combined (patient facing and non-patient facing) employees having received training in any capacity to score 1 point and over 75% of combined employees having received training to score 2 points.

Only 19% of total patient-facing respondents have received some form of training in the needs of LGBT+ people that they felt useful when supporting either patients and/or their careers. This is at odds with 52% of services leads indicating as part of the services survey that their service offers specific training on the needs of LGBT+ people. This may be due to training either being offered as part of a larger EDI training where staff may not be aware that specific LGBT topics are covered, or the training that is being offered not meeting the needs of staff.
This is an unscored question, asked for information gathering purposes only.

Do you feel you would benefit from additional training, support or information in regards to supporting LGBT+ colleagues?  
87 Responses from non patient facing staff

- Yes: 69.00%
- No: 31.00%

Do you feel you would benefit from additional training, support or information in regards to working with LGBT+ patients?  
185 Responses from patient facing staff

- Yes: 75.00%
- No: 25.00%

The high percentage of responses indicating the need for training, especially by patient facing staff further indicates that current training may not be offered often enough and/or may not be effective.
Patient facing employees were also asked the following additional questions.

The trust received 1 of 2 available points, but it should be noted that the trust only very narrowly missed the 2 point mark of 75%.

Do you consider having an understanding of someone's sexual orientation to be important in enabling you to provide the best possible care?
184 Responses

- Yes: 71%
- No: 29%
The trust received both available points

Do you consider having an understanding of someone’s trans status to be important in enabling you to provide the best possible care?
185 Responses

- Yes: 82%
- No: 18%

The trust did not receive a score for this question. 2 points were available the trust needed to score over 50% of combined (patient facing and non-patient facing) feeling there is adequate support available for LGBT+ staff to score 1 point and over 75% of combined employees to score 2 points.

Do you think there is adequate support for LGBT+ staff members at your trust?
273 Responses

- Yes: 52%
- No: 35%
- Don’t Know: 13%

73% of total respondents feel they would benefit from additional training, support or information in regards to supporting and working with LGBT+ patients and or their carers and LGBT+ colleagues, with the majority of patient facing employees who responded...
considering having an understanding of someone’s LGBT+ identity an important factor in being able to provide the best possible care. The majority of respondents did not know if there was adequate support for LGBT+ staff members, this may be due to them not being aware of the support available or if they do not identify as part of the LGBT communities they may not feel the question is appropriate for them to answer. Out of the 75 respondents who did identify themselves within the LGBT+ communities, only 16 felt there was adequate support.

There were several comments within the free text question “what additional support would you like to see in place for LGBT+ staff members?, that highlighted that employees would like more training and information regarding how to effectively support LGBT+ people and patients, with some people highlighting specific training around the needs of trans and non-binary people.

**Patient facing employees**

“Compulsory training for all staff on LGBTQ+ inclusive care.”

“More info and training”

“Training - perhaps as part of safeguarding or vulnerable patients?”

“Perhaps some mandatory training annually”

“More awareness of groups you have labelled ‘+’ and teaching staff about them. More use of asking or checking peoples pronouns as default including what pronouns to use in front of their family/friends so to not accidentally out them. I would like to see more about it being okay to be questioning your sexuality or gender and perhaps not feeling like you fit into any of the labels - particularly important for teenagers and young adults but education re gender and sexuality issues is also important for children and adults in general.”

“For staff that aren't part of the LBGT+ community (myself). I think it would be nice to have e-learning or something like that, to encourage people to be mindful of their language etc”

“I would like information to be circulated to staff and medical teams about sexual orientation. I feel there is a lack of understanding about people who identify as non-binary and/or trans and there has been blatant disrespect for trans patients when being referred to e.g pronouns. This lack of knowledge and understanding makes it very daunting and difficult for staff members to ‘come out’ in the workplace e.g live as their true non-binary / trans selves. More training is required on pronouns and asking patients their pronouns / their partners pronouns.”

**Non patient facing employees**

“I think there needs to be more training for staff that want to support LGBT+ colleagues to help ensure their rights are upheld and know exactly what to do if they witness phobic behaviour or abuse. I’m not sure how I would address subtle mistreatment or bias against LGBT+ people or what members of this community would like us to do.”

“Training to obvious ignorant colleagues!”
Links to resources and organisations that can provide training and information for staff on the needs of LGB+ people and trans and non-binary people have been included in the resource library.

This is an unscored question, asked for information gathering purposes only.

Have you noted any of the following within your working environment? Select all that apply.

- [ ] Patient Facing
  - 186 Responses
- [ ] Non Patient Facing
  - 87 Responses

- Lack of LGBT+ specific resources
  - 43%
- Assumptions being made that someone is cisgender (not trans) or heterosexual (straight)
  - 46%
- Experiences of homo/bi/trans-phobia from colleagues
  - 21%
- Same sex partners or spouses not being recognised as next of kin
  - 17%
- Trans people being misgendered by colleagues
  - 36%
- LGBT+ people sharing they had been scared to disclose their identity as worried about homo/bi/trans-phobia
  - 17%
- None of the above
  - 31%
- Have you noted any of the following within your working environment? Select all that apply.
The most significant areas highlighted which the trust may wish address in the first instance are the lack of specific LGBT+ resources, (examples of which are included in the resource library of this document) as well as providing staff with education and training to help move past the assumption that all colleagues and patients are cisgender and heterosexual.

This was unscored and for information purposes only.

**What additional support would you like to see in place for LGBT+ staff members?**

A large portion of the responses were requests for training. LGBT Network was also a common theme, with some requesting more visibility from the network, and support for people to attend and join the network. There was also a wish for clearer guidance to be provided to staff around various LGBT topics, most notably guidance on gender neutral language in maternity services and guidance on how to interact with trans and nonbinary patients as well as advising on policies around the use of single sex facilities.

There was also a want for more resources around signposting patients as well as colleagues, as well as more opportunities to display pronouns on badges and to make the process easier for staff to change their name.

A significant number of the comments outlined that they felt there was enough support in place.

**Quotes from staff:**

“More support in regards to signposting to staff to change their names via professional body/ HR etc”

“Trans staff and how we support them with male/female facilities, and also ensuring we don’t discriminate our heterosexual colleagues. Some wards don’t have mixed changing rooms but male and female.”

“Public acknowledgement such as by the leadership team, and in documentation, that all staff are of equal value is important. I think the rainbow badges/lanyards/signage are a good thing.”

“Thanks for doing this- I just was filling out a simple form to reorder uniform and realized it just had a male or female choice and this reminded me that we are behind.”

“Admin team would like resources and advice with regards to what info they should be asking patients for.”

“Further training in maternity as assumptions are made due to 'traditional' methods of having a baby.”

“Tougher consequences for homophobic and transphobic language particularly transphobia is an issue within the ruh, i believe there needs to be more training to provide a better understanding of what it means to be trans. rather than the prejudice presentation of trans people in alot of media many assume to be true, a simple education on what being trans means from trans people”
“Ability to have their pronouns displayed on name badges.”

“Non binary changing areas and toilets.”

“Better understanding of respectful conversations about trans/non binary. Disciplinary measures for people talking about people in disrespectful way. Better empowerment to be comfortable to speak up.”

Word cloud for all staff responses:
Content warning: Homophobic and transphobic experiences and views, discrimination.

These are some full comments that may be cause for concern. We recognised that the trust had an unusually high number of homophobic and specifically transphobic views expressed by their staff, and that further investigation into these views held by staff is highly recommended.

“I feel like I am surrounded by LGBT+, too much.”

“The manager is homophobic so it makes it difficult to have a positive outlook.”

“Why do LGBT people need special support? Why does being LGBT need to be given special measures? If we are being inclusive and non-judgemental then surely they need the same as everyone else, which is no extra recognition.”

“When I enter the hospital and see the rainbow flags, road crossings and full size rainbow badge poster boards I feel fearful and anxious. It gives me the impression that the hospital is prioritising trans rights over all other protected rights. Sex is a protected characteristic under the Equality Act 2010 and yet I am afraid the hospital will not protect the rights of female patients. (…) Might a woman find a fully intact man who claims he is a woman in the next bed? Someone like Alex Drummond perhaps? A man who sports a generous beard and who has had no hormone or surgical treatment but who claims he is a woman and a lesbian. If a patient asks for a female healthcare practitioner for an intimate procedure, can they be sure that person will be a woman, an adult human female or might they be a “woman” of the Alex Drummond variety? (…). Women will not accept the feelings of men who say they are women being prioritised over their safety and dignity and privacy, and will not accept men being placed with female accommodation areas. Their feelings are not being prioritised at the trust(…). Gender critical beliefs are protected under law thanks to Maya Forstater. Lesbians, young people who are detransitioning and women (who reject gender and do not wish to be referred to as “cis”) will all feel offended at best and oppressed at worst by the overt signalling of wholesale prioritisation of trans rights at the expense of women’s rights when they enter the hospital. Lesbian employees at the hospital are likely to feel fearful and oppressed by the culture at the hospital. Women who are adult human females are likely to feel their status as a woman may not be protected, despite sex being a protected characteristic, if someone claims trans status. Women feel oppressed by Stonewall law. No one group should be championed and prioritised over other groups who feel oppressed by omission.”

“All people in the trust need support, shouldn't be exclusively for any particular group - that is discriminatory!!! How about just having support for anyone who needs it? Please don't waste money on rainbow badges - they are environmentally unfriendly and it is unnecessary virtue signalling.”

“The sexuality or gender identity of my colleagues is not relevant to the job they do. Like everyone else they should come to work, focus on their patients, do their work and go home at the end of the shift. There are a rising number of detransitioners, people who realise they have been swept up with an ideology that is harmful to their physical and mental health and who choose to recognise reality and find peace with their bodies. Kiera Bell is the most public face but there are many more. Walking into the hospital and seeing rainbow badge posters is likely to be very upsetting for them. And most patients are focused on their particular health problem. They would like to be treated professionally and for their needs to be centred. They aren’t interested in the sexuality or gender identity of staff caring for them. They just want to be well cared for by staff who are focused on doing their best, not by staff.
who are busy demanding special treatment on grounds of their sexuality or gender identity. Private life should be just that. Private."

"I feel that focus on these issues has gone too far and in fact has a negative impact. Other than when it is clinically or administratively necessary, a person's sexuality and or gender identity should be irrelevant. I treat all people with the same care and dignity no matter what but this agenda being forced on staff is making straight people feel scared in case they are seen to be biased in some way."

“There is too much, many LGB (yes, LGB - not LGBT+) are embarrassed by this continued focus on sexuality. The DEI staff are doing far more harm than good, and are taking far too much money away from patient care."

“Micro / mini levels of discrimination occur on a daily basis. These cumulatively are exhausting, excluding and alienating. Not to mention disappointing."

“I have had far too much experience hearing senior staff members complain about inclusive language and be incredibly negative. This includes even making fun of the number of letters in LGBT+. My experience is that being ‘gay’ is still something seen as weird and unusual, to the extent that sometimes a patient is given a flag next to their name so that people know they have a same sex partner. Heterosexuality and being cisgender should not be assumed but it absolutely is in maternity."

“None. Frankly it’s ridiculous that we should have to treat people who are biologically one sex as the other sex (the whole thing about gender being different to sex is a bait and switch by the trans community)."

“Why use the rainbow all over the hospital specifically for LGBT+ including the road crossings and what is the relevance for the RUH?"

“None, this is minority tyranny. People are sick and tired of all this nonsense, especially the Trans facism. LGB people (note that many of us do not wish to use LGBTQ+) are sick of this, there is very little prejudice against LGB people anymore (except amongst Muslims). The whole Trans issue is toxic. Trans “women” must never be allowed in female wards or single sex spaces (or sport). Stop this nonsense and get rid of the whole DEI monster."

“I am constantly asked about my sexual orientation by members of staff. Only yesterday I was asked, “Do you prefer girls or boys?,” by a senior member of staff. It’s was as though I had to, ‘come out’ all over again. It really makes me feel embarrassed and uncomfortable. I’m sure it isn’t intentional, therefore I feel the issue needs to be highlighted in some way."

“I've had various colleagues be transphobic in several conversations now. I always feel very uncomfortable and feel I should say something as I'm LGBT. But I'm not out of the closet so to speak so it's very awkward."

“I think there is way too much attention on this matter. I am actually getting very tired of it. If everyone is supposed to be treated equally then that equality should be both ways. It sometimes feels like those of us who do not identify as LGBT+ have now become the poor relation. There are no special interest groups for people who do not fall into one of these niches."

“I question why we need it if they are to be inclusive then we should not be identifying them as different and to be treated thus."

“Continually highlighting people's differences can actually cause, rather than address, homophobic behaviours among colleagues.”
“The behaviour within the trust is blind to the true experience of LGBTQ+ people, and everyone thinks it is ok because we have a flag outside. Peers have no idea the discrimination we face not just as staff but also as patients by the very institution we work for. And they often move to forgive it or justify it. The rhetoric makes it appear that it is, however in reality it doesn’t feel that way. The fact that there is nowhere safe to go to raise and challenge these questions is huge. A network is not enough and the network is painting walkways and they’re not able to make the real change. Mostly because we don’t actually make time for them to do anything more meaningful. This is just from a point of view of the L in LGBTQ+. I know from conversations that as an organisation we are even more scared to stand up for our Trans peers and that clinical views about gender that are harmful are debated and genuinely considered. I feel even sadder to think of the struggling my Trans peers may be having or hiding.”
Feedback report - Surveys

Patient responses

The Trust received 0 points across the scoring for this survey.

**Action:** See main action plan for a detailed list of proposed actions in relation to the surveys.

This is an unscored question, asked for information gathering purposes only.

34% of patients completing this survey identified within the LGBT+ communities in some way.

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes- Lesbian</td>
<td>8.33%</td>
</tr>
<tr>
<td>Yes- Gay</td>
<td>12.50%</td>
</tr>
<tr>
<td>Yes- Bi</td>
<td>11.46%</td>
</tr>
<tr>
<td>Yes- Trans</td>
<td>3.12%</td>
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<tr>
<td>Yes- Non-binary</td>
<td>2.08%</td>
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<tr>
<td>Yes- I identify in a different way</td>
<td>3.12%</td>
</tr>
<tr>
<td>No</td>
<td>65.62%</td>
</tr>
</tbody>
</table>

Answered: 96  Skipped: 0   Response Total: 96
Are you responding as a current or previous patient of this Trust, or behalf of someone else?

96 Responses

- Responding for myself: 4%
- Responding on behalf of someone else: 96%

Have you had an appointment with this Trust within the past 12 Months?

96 Responses

- Yes: 100%
- No: 0%
To achieve a score for this question, the Trust must have 50% of responses indicate they saw the noted item for 1 point, and over 75% to achieve 2 points. It is worth noting that despite not achieving a point for this question, the trust is very close to achieving the 50% mark for this question which is encouraging.

Q4

Have you noticed any LGBT+ inclusive posters or information in the hospital during your visit? Select all that apply.

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes posters</td>
<td>36.46%</td>
</tr>
<tr>
<td>Yes other information</td>
<td>27.08%</td>
</tr>
<tr>
<td>Not attended in person</td>
<td>0.00%</td>
</tr>
<tr>
<td>No</td>
<td>53.12%</td>
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</table>

Answered: 96  Skipped: 0  
Response Total: 96

To achieve a score for this question, The Trust must have 50% of responses indicating a Yes answer.

Has any member of staff asked for your pronouns (he/she/theyxe etc)?

96 Responses

- Yes: 2%
- No: 98%
To achieve a score for this question, the Trust must have 50% of responses indicating a Yes answer.

Did you notice that the clinical staff avoided using gendered language (using partner instead of husband/wife, or parent instead of mother/father)?
96 Responses

- Yes: 21%
- No: 79%

To achieve a score for this question, the Trust must have 50% of responses indicating a Yes answer.

Have you seen any unisex/gender neutral toilet facilities, or signage indicating where they are?
96 Responses

- Yes: 15%
- No: 85%
To achieve a score for this question, the Trust must have 50% of responses indicating a Yes answer.

Have you been asked to confirm your gender by any member of staff, or seen this question on any forms?
96 Responses

- Yes: 16%
- No: 84%

To achieve a score for this question, the Trust must have 50% of responses indicating a Yes answer.

Have you been asked if you have a trans history, or if your gender differs from that assigned at birth, by any member of staff, or seen this question on any forms?
96 Responses

- Yes: 7%
- No: 93%
To achieve a score for this question, the Trust must have 50% of responses indicating a Yes answer.

Have you been asked to confirm your sexual orientation by any member of staff, or seen this question on any forms?
96 Responses

- Yes: 13%
- No: 87%

The following are unscored question, asked for information gathering purposes only.

Have you witnessed any anti-LGBT language or behaviour within your healthcare experiences at any point? This could be anything you considered to be homophobic, biphobic, or transphobic.
96 Responses

- Yes: 6%
- No: 94%
A total of 6 people indicated that they had witnessed or experienced anti-LGBT language or behaviours within their healthcare experience. The questions which delve into the experience, received 5 separate responses. Of these, 2 responses stated they had witnessed instances of these on more than one occasion. No respondent felt able to raise this and reported that it was dealt with appropriately, and one respondent felt able to raise the concern but it was not appropriately resolved. One respondent did not raise their concerns as they did not feel safe to do so. The other 3 respondents did not raise any concerns for other unidentified reasons.

As part of the workforce assessment the Trust stated that although complaints related to the experiences of LGBT+ patients are investigated, there is no systematic monitoring of LGBT-related complaints made by patients. The responses to this survey demonstrate that there are a proportion of LGBT patients that have had anti-LGBT experiences. Systematic monitoring of LGBT- complaints would more accurately report how prevalent this is and allow for the trust to identify trends in relation to type of complaint (homophobic, transphobic, biphobic), and target actions to support staff in delivering inclusive care to all patients.
Feedback report- Services

The Trust received 19 points across the scoring for this survey.

A total of 23 services responded to this survey, including, Maternity/Perinatal, Oncology, Sexual Health and 20 other services.

Please note that due to a technical error with the survey only the Fertility and Sexual Health services had the option to respond to extra questions. During the evidence request period, we were also able to request additional information from Maternity/Perinatal and Oncology, for which we have included some of the available point within this scoring. We subtracted points from Gynaecology and Laboratory services from the available score as to not negatively impact the overall score of the trust. As we know that these two services are offered within the trust, the relevant extra questions have been included here for information purposes only and are unscored.

Gynaecology (these are unscored due to technical error and for information purposes only)

1. Does the service take any additional action to support trans and non-binary patients’ privacy and dignity when attending physically e.g. timings of clinical slots to avoid busy periods within waiting areas?

2. Do clinics have gendered names (e.g. ‘Women’s Health’) or are they named for the purpose (e.g. colposcopy)?

Action: We recommend the Gynaecology service provide guidance or the opportunity for trans and non-binary people who are attending the service to request additional support. Support can be in the form of scheduling their appointment at the beginning/end of the day to avoid waiting in a busy gendered waiting room or providing the opportunity to wait in an adjoining waiting room that matches their affirmed gender. This could be communicated in the form of a statement on the service website or a sentence on outgoing appointment letters outlining what additional support could be available and how a patient can request it.

Action: We recommend ensuring that clinics have names that are names for their purpose rather than in a gendered way.

Maternity/Perinatal

1. Do all the systems and paperwork within this service allow for recording accurate information regarding different family structures, e.g. expressly include options for same gendered parents? -YES
2. Does the service have sensitive guidance in place to support trans and non-binary people to breast/chest feed, should they wish to do so? (unscored due to technical error)

3. Does the service have sensitive guidance in place to support a non-carrying parent to breast/chest feed? (unscored due to technical error)

The Trust received 1 out of 1 point available for the maternity/perinatal questions.

The trust provided evidence of different family structures being able to be recorded on patient notes. These include “Single”, “Same sex partnership”, “Heterosexual partnership”, and “Not disclosed” under a Partnership tab, as well as the options of “Husband”, “Partner”, “Mother”, “Wife”, “Alone”, and “Other” under a Present at Booking tab. It is great to see that the trust is being explicitly inclusive of different family structures in their online system, especially with the variety of terms available for who is present at booking. A clear effort is made to be inclusive of all.

For label options in the partnership tab, we recommend using the following:
1. Single
2. Same sex partnership
3. Opposite sex partnership
4. Not disclosed

The use of “opposite sex partnership” rather than “heterosexual partnership” is more inclusive in that it can also include bisexual people in opposite sex partnerships who would not classify themselves as being in a heterosexual partnership.

It was also great to read that within maternity there is an effort to change gendered languages to gender neutral language whenever possible, for example replacing “mother” and “woman” with “client”. It was however also pointed out that this change is only happening slowly across the service due to an already existing backlog.

**Action:** Adjust the partnership options to be more inclusive.

**Action:** Develop guidance to support trans and non-binary people to chest feed. Resources and links to organisations that have information and guidance aimed at supporting trans and non-binary people to breast/chest feed have been provided in the resource library to support the trust with developing such guidance.

**Action:** Develop guidance to support supporting a non-carrying parent to breast/chest feed. Resources and links to organisations that have information and guidance aimed at supporting a non-carrying parent to breast/chest feed have been provided in the resources library to support the trust with developing such guidance.
Laboratory/Pathology (these are unsored due to technical error and for information purposes only)

1. Is there a process in place to support the recording of a patient’s trans status if this information is supplied with or about a sample?

2. Does the trust have a policy/pathway for laboratory staff to follow where there is incongruence between the sample for testing and the patient information?

3. Does this policy also detail the reference ranges/intervals to be utilised in different circumstance for transgender patients?

Action: Ensure there is a process in place to support the recording of a patient’s trans status if this information is supplied with or about a sample.

Action: Ensure there is a policy/pathway for laboratory staff to follow where there is incongruence between the sample for testing and the patient information.

Oncology

1. Does the service take any additional action to support trans and non-binary patient privacy/dignity when attending physically (e.g. timings of clinical slots if a trans male patient known to the service is attending ‘breast’ clinic?)

The Trust received the 1 out of 2 points available for the oncology question as oncology did not provide an answer to this survey.

The trust indicated that within appointment invitation letters clinics are marked as either “Clinical Oncology” or “Haematology”, avoiding any gendered language. One point was awarded for this.

It was also indicated that patients are treated on an individual basis and are allocated as much time as needed to deliver appropriate care.

Action: We recommend the Oncology service provide guidance or the opportunity for trans and nonbinary people who are attending the service to request additional support. Support can be in the form of scheduling their appointment at the beginning/end of the day to avoid waiting in a busy gendered waiting room or provide the opportunity to wait in an adjoining waiting room that matches their affirmed gender. This could be communicated in the form of a statement on the service website or a sentence on outgoing appointment letters outlining what additional support could be available and how a patient can request it.
Fertility

1. **Do all the systems and paperwork within this service allow for recording accurate information regarding different family structures, e.g. expressly include options for same gendered parents? -YES**

The Trust did not receive a score for this question.

1 point was available for this question for a yes response. The respondent for this service selected yes, and supporting evidence was requested in the form of a screen shot or example copy of notes and an example copy of a letter showing the option to amend/include different family structures. This was not provided therefore the point was not awarded in this instance.

**Action:** Ensure the systems and paperwork within this service allow for recording accurate information regarding different family structures, e.g. expressly include options for same-gendered parents.

2. **Do patient facing staff have an understanding of fertility preservation for patients preparing to commence on cross sex hormones, or if the service is not offered by the trust can staff signpost patients appropriately?**

*Yes - staff are trained and competent to support trans patients in fertility preservation*

*Yes - staff are able to provide signposting for this service*

*No - we do not offer this service and staff do not have access to sign posting information*

The Trust did not receive a score for this question.

1 point was available for this question for a Yes response. Yes was selected however the Trust has not been awarded the 1 point available for this question. The Trust selected “Yes - staff are trained and competent to support trans patients in fertility preservation”. Supporting evidence was requested in the form of a copy of the training/information used to ensure staff have an understanding and are able to support trans patients preparing to commence cross-sex hormones. This was not provided therefore the point was not awarded in this instance.

**Action:** Ensure staff are either trained to support trans patients in fertility preservation or that they have the appropriate signposting information available.

3. **Does this service accept conception at home attempts for same gender couples who require fertility treatment?- YES**

This is an unscored question, asked for information gathering purposes only.

The trust answered “YES” and commented that this is the case having explained that treatment is unlicensed, and patients should ensure they have had legal advice and STI screens.
Sexual Health

1. **Are practitioners able to discuss PEP and PrEP with patients who may be at risk of HIV infection? -YES**

1 point was available and received for this question.

The respondent answered yes to this question and further supporting evidence of training that has been undertaken by staff. This included informal teaching sessions held in small groups with the clinical team, prior to PrEP being issued through the Sexual Health service in October 2020 and formal teaching session with the team on both these topics by the Senior Registrar Dr Johnny Boylan in early 2019.

The trust has also provided relevant signposting resources.

2. **Do practitioners have training on how to support people who are engaging in chemsex, including harm reduction strategies and signposting to appropriate support? -YES**

1 point was available and received for this question.

The respondent answered yes to this question and further supporting evidence of training that has been undertaken by staff. This includes that most members of the Clinical team have had a discussion around Chemsex at a widely attended ‘SW Regional BASHH meetings,’ from a few years ago. The topic has been raised and discussed again with the Team during informal teaching sessions in preparation for ‘Introduction of PreP,’ through the service in October 2020.

3. **Does the service offer targeted patient information for both men who have sex with men and women who have sex with women? -YES**

The Trust did not receive a score for this question, 1 point was available for a Yes response.

The respondent answered yes to this question and further supporting evidence in the form of signposting resources that staff can use.

Comments from the respondent clarified that the service no longer uses paper leaflets and patients are signposted to relevant sites for support and guidance. The respondent provided links to (1) I want PrEP now (2) Sex Wise and (3) www.bashh.org.uk.

Unfortunately, although these are great resources in their own right, sex wise and BASHH do not hold easily accessibly information specific to men who have sex with men or women who have sex with women. ‘I want PrEP now’ holds information that
is mostly relevant to men who have sex with men only, and this is only relevant to PrEP. We have therefore not been able to award the trust a point for this question.

**Action:** Ensure the links to support and information for men who have sex with men and women who have sex with women and current and working if this is the main form of signposting within the service.

The following questions were answered by all services that responded to this survey (15 total). We have selected an evidence rate of 25% for this project, therefore in some instances evidence was requested from multiple respondents.

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters and resources aimed at LGBTQ+ people are on display</td>
<td>21.74%</td>
</tr>
<tr>
<td>There is an explicit statement about confidentiality (eg. only sharing sexuality or trans status information where relevant and in discussion with the patient?)</td>
<td>21.74%</td>
</tr>
<tr>
<td>Staff wear LGBTQ+ badges or ‘my pronouns are’ badges</td>
<td>39.13%</td>
</tr>
<tr>
<td>There are gender neutral toilet facilities within this service, separate to the accessible toilet facilities</td>
<td>30.43%</td>
</tr>
<tr>
<td>Sanitary bins are available in all toilet facilities irrespective of gender designation</td>
<td>30.43%</td>
</tr>
<tr>
<td>None of the above</td>
<td>34.78%</td>
</tr>
</tbody>
</table>

The Trust received 2 out of 15 points available for this question.

A maximum of 15 points were available for this question, with 3 points available per option. 1 point is awarded for a yes response per option, more than 50% of respondents must select the option to score 2 points and more than 75% to score 3 points.

1 point was awarded for posters and resources aimed at LGBTQ+ people on display.

#NHSRainbowBadge
Evidence was provided displaying an LGBT+ board which had lovely information around important LGBT+ figures throughout history, as well as information on rainbow badges.

0 points were awarded for an explicit statement about confidentiality. As no evidence was provided for this answer, the trust unfortunately missed out on 1 potential point for this answer.

1 point was awarded for staff wearing LGBTQ+ or “my pronoun” badges. Evidence was provided. It was great to see a relatively high number of services promoting and encouraging colleagues to wear LGBT+ badges and lanyards. We know this can go a long way in making a service feel inclusive for patients.

0 points were awarded for gender neutral toilet facilities. As no evidence was provided for this answer, the trust unfortunately missed out on 1 potential point for this answer.

0 points were awarded for sanitary bins in all toilets irrespective of gender designation. As no evidence was provided for this answer, the trust unfortunately missed out on 1 potential point for this answer.

**Action:** Increase the posters and resources available to services that support LGBT+ people. Links to LGBT+ posters and resources have been included in the resources library.

**Action:** Include sanitary bins in all toilets. Information about the ‘#in with the bins campaign’ which supports this is provided in the resources library. Where possible designate single stall toilets as gender neutral, this should be in addition to the accessible facilities.

**Action:** We recommend producing an explicit statement per service about confidentiality (e.g. only sharing sexuality or trans status information where relevant and in discussion), and making sure this is visible to patients and visitors.
The Trust received the 1 out of 3 points available for this question.

A combined total of more than 50% of respondents selecting an example would score 2 points and 75% would score 3 points.

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare professional wears LGBTQ+ or &quot;my pronouns are&quot; badge during consult</td>
<td>13.04% 3</td>
</tr>
<tr>
<td>Use of corporate background which includes an LGBTQ+ flag in design</td>
<td>8.70% 2</td>
</tr>
<tr>
<td>Consultation starts with a pronoun introduction</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Other, please detail</td>
<td>17.39% 4</td>
</tr>
<tr>
<td>None of the above</td>
<td>65.22% 15</td>
</tr>
</tbody>
</table>

1 point was awarded for staff wearing LGBTQ+ or "my pronoun" badges during consultations and for the use of corporate background which includes an LGBT+ flag design.

Although the trust failed to provide sufficient evidence, we have seen the use of a corporate background that uses the pride flag during our own virtual meeting with the trust and have therefore awarded this point.

Please note that 4 services were removed from scoring for this question as they indicated that they do not conduct virtual consultations.

**Action:** Ensure that the corporate background which can be used in virtual consultations is stored centrally and made available to all.
**Action:** Encourage staff to start consultations with a pronoun introduction, as this signals an inclusive and safe space for the patient as well as helping establish the use of the correct pronouns for staff.

The Trust received 0 out of 3 points available for this question. Scoring for this question is similar to scoring for the above question.

As no evidence in the form of leaflets could be provided for this answer, the trust unfortunately missed out on 1 potential point.

It was great to read that within the comments for this question one service mentioned that “Women/Birthing people” is now used in all new documents and leaflets. This is very important in making maternity/perinatal, fertility and gynaecology services inclusive of all, specifically trans and nonbinary patients.

**Action:** Review standard patient letters to ensure language is gender neutral or gender inclusive.
The Trust received 1 out of 3 points available for this question. Scoring for this question is similar to scoring for the above question.

1 point was awarded as the trust provided evidence of the large print version of the “Patient Information Leaflet: Alendronate”.

We could unfortunately only score 1 out of 2 points for this question as the Easy Read examples that were provided were large print and not Easy Read. This is a common misconception and it is important to note that Easy read and large print are different formats, as Easy Read is a format specifically designed for people with cognitive disabilities and language difficulties that include pictures. There was also no evidence provided for different language formats.

**Action:** Ensure that patient facing staff know how to request leaflets in additional formats and these are available as a standard where possible. Also ensure that staff are clear on the differences between different formats.
The Trust received 1 out of 3 points available for this question. Scoring for this question is similar to scoring for the above question.

Evidence was provided of LGBT+ people being mentioned within the signposting section of various patient information leaflets as well as on websites.

Moving forward it is important to also mention LGBT+ people within the main body of patient information, where relevant.

**Action:** When reviewing patient information, consider what tailored and equitable support may be needed to ensure that LGBT+ patients within the service are fully supported and receiving relevant information. Where relevant make reference to LGBT+ patients and include any specific information.
The Trust received 1 out of 3 points available for this question. Scoring for this question is similar to scoring for the above question.

Looking at the patient information visuals, are LGBTQ+ people and relationships clearly included (e.g. badges, same-sex partners, and diverse family units)?

- Yes: 26.1%
- No: 73.9%

A link to patient information that features LGBT+ people in visuals was provided, although this link was not accessible to us at the time of reviewing. We have therefore awarded this point in good faith.

It should also be noted that we only received one out of the two requested evidences for this question.

**Action:** When reviewing patient information, consider including LGBT+ imagery. This could be LGBT+ people and relationships, (same-gendered partners, and diverse family units) or clear signifiers of LGBT+ inclusion such as the progress flag.
The Trust received 1 out of 3 points available for this question.

Does the service have its own website/webpage? Please comment on how an LGBTQ+ patient looking at the website/page would know that the service is LGBTQ+ inclusive?

- Yes: 68.2%
- No: 31.8%

Scoring for this question is similar to scoring for the above question.

Although 50% of services indicated that they had their own website, only one of the services indicated that a patient looking at the website would know that the service is LGBT+ inclusive. This was evidenced through submitting a link to the Bereavement signposting which includes signposting details to Good Grief, who offer support for LGBT+ people, alongside other groups. Although this is good to see, it is not explicitly made clear from the phrasing on the website that Good Grief offers LGBT+ specific signposting. We recommend revising the language used to reflect that more explicitly.

Some other comments from services about their websites:

“Our website needs updating. It does not present as we would like it to. Not only for LGBTQ+ but for other groups too. We don’t have time to do this. We aim to meet the needs of individuals and get very good feedback from our LGBTQ+ service users. Some time / resource would be good”

“Our web pages are terrible on a number of fronts, they desperately need updating”

**Action:** We recommend services review their webpages and where applicable make specific references to LGBT+ people, or signify that their service is LGBT+ inclusive by including clear imagery such as a progress flag.
The Trust received the 0 out of 3 points available for this question.

Scoring for this question is similar to scoring for the above question.

0 points were scored as there was not sufficient evidence to award for this. There was only a comment provided that staff would signpost to the hospital intranet, although we are not sure that this would be visible to patients. There was also no specific reference to where staff would find the signposting resources or what they would entail.

**Action:** Create a centralised list of general LGBT+ resources, local and national organisations where LGBT+ patients can be signposted to. This list would ideally be made available to all staff and accessed through the intranet. Services could also create a list of LGBT+ resources and organisations specifically relevant to the service and ensure this information is accessible to staff for when needed. Resources, links to organisations are detailed in the resources library.

The Trust received 2 out of 6 points available for this question.
Up to 3 points were available for asking for pronouns overall, and another maximum of 3 points were available for recording this information on patient notes.
1 point was awarded for staff being encouraged to ask patient pronouns.

1 point was awarded for staff recording pronouns on patient notes. The trust provided evidence of two sets of redacted patient notes evidencing the use of correct and changed pronouns. In one instance the patient had changed his pronouns to he/him and in another instance a patient had identified that they were nonbinary and use the/them pronouns, which was reflected in their patient notes. It was wonderful to see specifically these changes of pronouns correctly recorded within patient notes.

**Action:** If the trust is able to amend patient notes to include a space for patient pronouns across services, we would encourage them to do so. Ensure that patients are routinely asked and this is then recorded, by communicating this process and the importance of pronouns to patient-facing staff.

The Trust received 1 out of 3 points available for this question. Scoring is similar to the other above 3 point questions.

Evidence was provided in the form of a screenshot of the online system that shows multiple option that can be selected from for “gender”. As one of the options includes
nonbinary we have awarded this point, and it was great to see that a real attempt was made to include a variety of different gender options (e.g. genderfluid).

There did seem to be a some confusion around which would be the correct options to include for gender, as “transgender” and “intersex” were included within the options. These two terms do not on their own indicate a gender identity.

We advise that the options that can be selected is as follows:
1. Woman (including trans woman)
2. Man (including trans man)
3. Nonbinary
4. In another way
5. Not stated (patient asked but declined to provide a response)
6. Not known (not recorded)

Evidence was also provided that showed that trans status could be selected for a patient through the questions “is gender the same as that assigned at birth”. The online system furthermore reflected that pronouns could be recorded for patients with a vast option of both traditional pronouns as well as neopronouns (e.g. xe/xim, fae/faer). Both of these are very great to see within the system and the options, specifically with regards to creating an inclusive environment for trans and nonbinary patients.

Action: Amend the options for “gender” to choose from within the online system.

The Trust received 2 out of 3 points available for this question. Scoring is similar to the other above 3 point questions.

Where appropriate do clinicians ask the gender(s) of patient partners – rather than assume heterosexual or binary-gender relationships?

- Yes: 70.0%
- No: 13.0%
- Not applicable (please detail why): 26.1%
Please note that 3 answers from services were excluded as this question was not applicable.

Although we did not request evidence for this question, we noticed that within other evidence provided there is an option to select sexual orientation on patient records within the online system. This was wonderful to see, especially as within the option “pansexual” was listed alongside “bisexual”, “lesbian”, “gay” and “other”.

**Action:** Encourage clinicians to ask for the gender of a patient’s partner rather than assuming heterosexual or binary-gender relationships and ensure that staff are aware why this is important.

The Trust received 0 out of 3 points available for this question. Scoring is similar to the other above 3 point questions.

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes- and we ask about sexual orientation</td>
<td>18.18% 4</td>
</tr>
<tr>
<td>Yes- and we ask about gender identity</td>
<td>9.09% 2</td>
</tr>
<tr>
<td>Yes- and we ask about trans status</td>
<td>9.09% 2</td>
</tr>
<tr>
<td>No</td>
<td>81.82% 18</td>
</tr>
</tbody>
</table>

Answered: 22  Skipped: 1  Response Total: 22

There may have been some confusion around what this question is asking, as the evidence provided refers to how to record gender identity, trans status and sexual orientation within patient notes rather than relating to feedback, surveys and focus groups. Due to this we were unable to award any points.

**Action:** On patient feedback forms, we would advise that one question be asked to confirm someone’s gender identity (man, woman, nonbinary, other), with a further question around trans status, in addition to sexual orientation. This can be done through asking “do you identify with the gender you were assigned at birth?” It is also worth noting that a person does not need to disclose this information and may choose not to.
The Trust received 0 out of 3 points available for this question. Scoring is similar to the other above 3 point questions.

Has your service examined patient journeys or consulted with LGBTQ+ patients to ensure there are no barriers to accessing your service?

- Yes: 4.3%
- No: 95.7%

As the trust was unable to provide evidence for this question, we could unfortunately not award the potential 1 point.

A comment from a respondent on this: “We would like to do this and again time is an issue. We have done lots of research into neurodiversity and our service access etc. Many of our service users are LGBTQ+ and neurodiverse”

**Action:** When examining patient journeys, consult with LGBT+ patients to ensure there are no barriers to accessing services.

The Trust received 1 out of 3 points available for this question.

Have patient-facing staff had any training in the needs of LGBTQ+ people?

- Yes: 47.8%
- No: 52.2%

Scoring is similar to the other above 3 point questions.
The trust provided evidence of training completed by staff that relates to chemsex and PrEP. There was additional evidence submitted about training that was done as part of the monthly palliative care journal club. This session was around sexuality and LGBT+ identities and although this was not an accredited training session, it was lovely to see awareness around the needs of LGBT+ people being raised within palliative care.

Because only two of three services provided evidence of completed training, the trust missed out on one additional point for this question.

It is worth noting as outlined in the staff survey section that LGBT+ training was also the most commonly mentioned action for further supporting LGBT+ employees.

**Action:** Review the centrally delivered EDI training for its suitability and LGBT+ information. Link to organisations that can provide additional training in the needs of LGBT+ staff and patients have been included in the resource library.

The Trust received 1 out of 3 points available for this question. Scoring is similar to the other above 3 point questions.

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**Are clinicians confident in giving advice (where appropriate) on hormonal contraindications for trans and non-binary patients?**

- Yes: 38.0%
- No: 21.7%
- Not applicable (please detail why): 52.2%

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Please note: 5 responses were classed as N/A as they are not in clinical areas or this question does not apply for other reasons. There were however other services that indicated that this question was N/A without being able to provide why, with the most common comment being “not required”. We did not class these as N/A as often times services do not know that being confident in giving this advice is important and default to the belief that if they do not actively prescribe HRT, they do not need to have any further information on this.
**Action:** Where appropriate, ensure that clinicians are informed and confident in either giving advice to trans and nonbinary patients on hormonal contraindications, or know where to refer for further information.

The Trust received 0 out of 3 points available for this question. Scoring is similar to the other above 3 point questions.

The trust was unable to provide evidence for this question and thus missed out on 1 potential point for this.

It should be noted that as reflected within the staff survey, LGBT+ staff often felt unsure if there was a point of contact.

**Action:** Introduce an LGBT+ champion for staff and patients per service and ensure this information is available to both staff and patients.

**Are there any other service improvements you have put in place to be more LGBT+ inclusive?**

This was unscored and for information purposes only.

Respondents shared the following comments:

“We are very aware and there is huge willingness from the whole team AND as the moment we just don’t have the time / resource. Our admin team are very careful and inclusive from the first patient contact. We do what we can. We have discussed this survey as a team. It is a bit demoralising for us not to be able to do more.”

“Staff should have more information and training letters should be more LGBTQ+ inclusive”
“Whole dept currently under review re access for physical disability, LGBTQ+, inequalities for all. This is long overdue.”

Positive responses to this survey include:

“This survey has highlighted our need to be more inclusive in Maternity Services!”

“This is something we should really focus on in Resp- answering these questions has encouraged me to look into how we can ensure that our dept is LGBTQ+ inclusive.”
Feedback report - Workforce Assessment

The Trust received 15 points across the scoring for this survey. Options selected by the trust that received scores have been highlighted in yellow. Options selected by the trust that did not receive scores have been highlighted in red.

1- When advertising for external appointments, how does the Trust attract LGBT+ talent? Tick all that apply.

A. Advertising on or recruiting from LGBT+ or diversity websites, fairs and events
B. Include a statement around valuing diversity, explicitly inclusive of LGBT+ people, in all job packs and pages
C. Include information about your LGBT+ employee network group or LGBT+ inclusion activities in all job packs and pages
D. None of the above
E. Other (Please detail)

3 points available and 1 received.

Evidence was provide of a job advertisement that includes an Equal Opportunities statement which refers to sexual orientation and gender reassignment.

Action: Ensure that recruitment activity includes LGBT+ specific websites/fairs or events and that information about your LGBT+ employee network group or LGBT+ inclusion activities is also included in recruitment packs.

2- What information does the Trust supply to all new employees (external appointments) when being inducted into the organisation? Tick all that apply.

A. Explicit message on the organisation’s commitment to LGBT+ inclusion
B. Information on the LGBT+ employee network or allies programme/initiative
C. Information on relevant policies and the organisation’s commitment to ensuring they are LGBT+ inclusive
D. None of the above

3 points available and 2 received.

Evidence was provided of messages from the Chief Executive that is shared both internally and externally regarding the International Day against Homophobia, Transphobia and Biphobia. Further evidence was provided of the staff network page which is included in pre and post hire webpages and general webpages which includes a bio of the current LGBTQ+ chair.

Action: Include information on relevant policies within induction.

#NHSRainbowBadge
3- How does the Trust enable non-binary employees to have their identities recognised within the work environment?

A. Employees are able to update pronouns on email signatures
B. Employees are encouraged to use pronoun introductions within internal meetings and it is expected that these are respected if given
C. Non-Binary is available as a gender option on staff registration forms
D. None of the above
E. Other (Please detail)

4 points available and 2 received.

The trust provided evidence against option A, and this has been demonstrated throughout the process though communication with the key contacts.

Additionally, 1 point was awarded for E as the respondent outlined that staff can change their name on their email address without needing to seek permission/complete a form/provide proof of change of name and that they can do so by emailing the IT service desk team who will automatically update the person's details. It is very great to hear how swift and straightforward this process is. It would be great if this process is also more widely communicated to staff, as staff indicated within the staff survey that they would like more help with the name change process.

We were not able to award a point for C as the staff registration form provided only had a preferred name option and no gender option. This does not provide the same opportunity of being seen and having one's identity validated in the workplace. We recommend explicitly the gender option non-binary on registration forms, as this is a sign of acceptance that this evidence does not yet fully provide.

Action: Ensure that staff are encouraged to use pronoun introductions within internal meetings. This could be done through distribution of pronouns guidance. Ensure that any internal forms include nonbinary as a gender option and that nonbinary titles are an option on staff passes and HR forms.

4- In the past year, which of the following messages have appeared in internal communications to all employees? Tick all that apply.

A. Information about LGBT+ identities and experiences
B. Information about the LGBT+ Employee Network Group and/or allies activity
C. Information about LGBT+-inclusive policies
D. Information about the importance of pronouns and pronoun introductions
E. None of the above
F. Other (Please detail)

4 points available and 3 received.

The trust provided examples of internal communication that highlighted LGBT+ Employee Network Group activities, information about LGBT+ identities and the importance of pronouns. All of these were very wonderful to read as they were.
written by the LGBT+ staff themselves and distributed on the internal Facebook page. I especially enjoyed reading the post about trans awareness week, which specifically highlighted nonbinary people.

**Action:** Share information that highlights and signposts to relevant policies.

**5- Does the Trust identify and act on any LGBT+ inclusion issues raised at exit interviews or on exit surveys?**

**Yes**
**No**

1 point available and 1 received

The trust described that the exit questionnaire covers specific questions about bullying, harassment and discrimination. The form also includes an option to speak to someone about exit questionnaire or for it to be conducted in person with the option of having this done with someone outside ones department.

**Action:** A formal process that supports the trust to identify and act specifically on LGBT+ inclusion issues raised, rather than just wider “discrimination” issues at the exit interviews would be beneficial. This would allow for regular systematic monitoring and flagging of any reoccurring issues.

**Employees - Leadership**

**6- In the past year, which of the following activities have members of the Trust’s senior management engaged in? Tick all that apply.**

A. Communicated a strong message on LGBT+ equality
B. Communicated a strong message on bi equality
C. Communicated a strong message on trans equality, explicitly including non-binary equality
D. Reviewed and/or approved an LGBT+ inclusion strategy
E. Reviewed top line LGBT+ monitoring reports and actions
F. Met periodically with the LGBT+ employee network group
G. Spoken at an internal LGBT+ event
H. None of the above

7 points available and 2 received

The trust provided evidence for option A in the form of a video message from the CEO to all staff in which she discussed recent incidents of homophobia and transphobia that were reported within the trust. It was great to not only see these being directly addressed by senior management and a zero-tolerance policy being reiterated, but also for specific wellbeing support to be outlined as well as reminding staff of the process of reporting such incidents.
Evidence was also provided for F, in the form of membership details for the Director of Finance as well as a non-exec director who are part of the LGBT+ employee network group and attend meetings periodically.

We were not able to reward points for B and C because although transphobia was mentioned within the video evidence, this did not specifically include nonbinary people. Equally, the blog post from the CEO regarding the International Day of Homophobia, Transphobia and Biphobia did mention bisexuality, but as this was just within a list of all sexual orientation this did not constitute a strong message on bi equality specifically.

**Action:** Ensure that senior management communicates a strong message on LGBT+ equality, that also expressly includes bi equality and trans and nonbinary equality, as these are often subject to erasure. Resources and information about bi identities and trans and nonbinary identities have been included in the resources library.

**Action:** Ensure that senior management engages with LGBT+ inclusion strategies as well as LGBT+ monitoring reports, as this increases awareness on an upper level around which areas of inclusivity need to be improved.

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**7-** Does the Trust require all senior leaders and line managers to meet an inclusion-based competency on recruitment?

Yes  No

1 point available and 0 received

**Action:** Implement a process that requires all senior leaders and line managers to meet an inclusion-based competency on recruitment.

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**8-** Does the organisation require all senior leaders and line managers to have an inclusion-based objective?

Yes  No

1 point available and 0 received

**Action:** Implement a process that requires all senior leaders and line managers to meet an inclusion-based competency.

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**Monitoring**

These are unscored questions, asked for information gathering purposes only.

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9- Please upload a copy of your staff survey results broken down by Sexual orientation

Lesbian and gay staff experienced higher levels of physical violence at work from patients, service users, their relatives, or other members of the public than heterosexual staff, with 24.6% saying this was experienced in the past 12 months. Bi staff also experienced higher levels at 18.2%. Both of these are however decreases from the previous year. Lesbian and gay staff also reported instances of physical violence at work at lower rates (46.2%) than heterosexual staff (56%).

Experiences of harassment, bullying or abuse at work, were greater for bi, lesbian and gay staff. 43% of bi staff said they had experiences of harassment, bullying or abuse at work from patients, service users, their relatives, or other members of the public, and this was also true for 49.1% of gay and lesbian staff. Both of these are increases from the previous year. 27.3% of bi staff and 28.1% of lesbian and gay staff said they had experienced it from other colleagues. Bi staff also had lower rates of reporting these instances at 34.8% compared to heterosexual staff at 41.5%.

There are also discrepancies when it comes to career progression and promotion, with only 38.5% of staff who identified their sexual orientation as other (this may include asexual, pansexual and queer) saying that the organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender religion, sexual orientation, disability or age.

Experiences of discrimination are greater for gay and lesbian staff at 17.9% who said they had discrimination at work from patients, service users, their relatives, or other members of the public. For bi staff this was also greater at 11.4%.16.1% of lesbian and gay staff also said that they had experienced discrimination from managers and other colleagues, compared to 6.7% of heterosexual staff. Of these, 73.3% of gay and lesbian staff said that they experienced discrimination on the basis of their sexual orientation.

10-Please upload a copy of your staff survey results broken down by Gender

Due to insufficient response numbers regarding gender we cannot review detailed information for this trust within this category.

11-Please upload a copy of your staff survey results broken down by Trans status

Due to insufficient response numbers regarding trans status we cannot review detailed information for this trust within this category.

It should noted however, that on a national level trans staff report higher instances of discrimination, violence and abuse across the board. It is therefore crucial to include strong messages on trans an nonbinary inclusion within the trust, as well as have relevant policies and guidance documents in place.

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12-Please upload a copy of any associated action plan based on the staff survey results.

The trust provided their NHS Staff Survey results and action plan. It was notable that neither the condensed breakdown of results, nor the established areas of focus mentioned LGBT+ specific experiences of bullying, harassment or discrimination. Instead, the five areas of focus where as follows:

1. Safe staffing and resourcing
2. WRES (Workforce Race Equality Standards) data
3. Frequency and quality of appraisals
4. Physical violence/harassment/reporting
5. Exhaustion/depletion

Due to the higher numbers of physical violence, bullying, harassment and discrimination faced especially by lesbian and gay, but also by bisexual staff within the trust, we highly recommend putting these as areas of focus within future action plans. We also highly recommend to specifically focus on harassment and discrimination faced by trans and nonbinary staff. Even though the NHS staff survey did not provide an insight into trust statistics, the information we gathered as part of this programme highlighted the need for training and inclusion work directly targeted towards this population.

Engagement

13-Does the Trust systematically monitor LGBT+ related complaints made by patients?

Yes
No

1 point available and 0 received

Although the trust indicated “YES” for this question, they described that they are able to extract data using specific search terms, but monitoring is not systematic. Due to this we were unable to award this point, as systematic monitoring is a crucial part of this question.

Action: Ensure that there is a robust and systematic process in place to identify and monitor LGBT+ complaints made by patients.

14-Does the Trust have an LGBT+ employee network group for LGBT+ employees?

A. Yes, with a defined role and terms of reference
B. No, but we have a Diversity & Inclusion group with formal LGBT+ representation
C. No, but we have a formal agreement with an external network
D. None of the above
Terms of reference and group purpose was clearly evidenced.

15-Does the Trust provide protected time for LGBT+ employee network committee members to undertake network group activity?

Yes
No

1 point available and 1 received

The respondent described that 1 day a month split between the Chair and communications officer is given to the network. In addition, attendees are given time off in work to attend network meetings (as part of their working day). It was also pointed out that this message is reinforced periodically by the exec team, which is great to hear.

The respondent did however acknowledge that in reality it can be difficult for members, especially those working clinically to get time away from their areas to attend.

16-In the past year how has the organisation supported the work of the LGBT+ employee network group (or Diversity and inclusion group)?

A. Provided a network group budget
B. Provided a formal senior champion
C. Facilitated network members’ participation in skills training
D. Facilitated network members’ participation in leadership or professional development programmes
E. Facilitated network members’ participation in LGBT+-specific seminars and conferences
F. Other (please detail)

6 points available and 1 received

The trust noted that although there is no formal network budget, in the past year the trust has paid and facilitated the following: flagpole and LGBT+ progress flag, 6 painted rainbow walkways and ongoing purchase of rainbow lanyards. 1 point was awarded for this.

Action: Provide a network group budget and a formal senior champion for the LGBT+ employee network group.

Action: Ensure that network members are able to participate in skills training, as well as leadership or professional development programmes. Also ensure that network members are able to participate in LGBT+ specific seminars and conferences.
17-In the past year, what action has the LGBT+ employee network group undertaken to improve its inclusivity? Tick all that apply.

A. Promoted itself as being open to all and inclusive of any underrepresented LGBT+ groups  
B. Introduced specific spaces for marginalised and underrepresented LGBT+ groups  
C. None of the above  
D. Other, please specify

2 points available and 0 received

**Action:** Increase the promotion of the LGBT+ network being open to all, including underrepresented LGBT+ groups (e.g. asexual people, pansexual people, intersex people). Increase interaction between the different network groups so as to provide support for LGBT+ PoC and LGBT+ disabled people.
Action Plan

Policies:

1. Review wording of the public facing policy, which explicitly bans homophobic, biphobic and transphobic behaviours to include trans status.
2. Include examples of bullying, harassment or unacceptable behaviour relating to someone’s trans status within Bullying and Harassment policy.
3. All policies could benefit from an inclusive statement under eligibility to make clear that it applies to all irrespective of gender/gender of partner etc.
4. Amend all policies so that, unless relevant to preserve access to legal rights and pay, the language used is gender neutral.
5. Expand Special Leave policy to be inclusive of chosen family and close friends irrespective of biological relation.
6. Include guidance on dress code for trans employees within the trust wider Uniform policy, as well as within the trans inclusion policy.
7. Amend trans inclusion policy to include more specific information regarding data protection and sick leave, as well as add sections specifically tailored to employees rather than just managers who are supporting trans staff.

Patient and Staff Surveys:

1. Provide staff with additional training to build confidence in supporting LGBT+ people, consider making this training mandatory.
2. Provide all staff with access to informative educational LGBT+ resources.
3. Establish clear messaging around who LGBT+ champion is/ point of contact for LGBT+ staff.
4. More support in regard to signposting to staff to change their names via professional body/HR.
5. More social meetups and public LGBT+ speakers.
6. Establish tougher consequences for homophobic and transphobic language.
7. Enable the use of pronouns on name badges.
8. Incorporate more gender neutral bathroom facilities and uniforms.

Services Survey:

Gynaecology:

1. We recommend the Gynaecology service provide guidance or the opportunity for trans and non-binary people who are attending the service to request additional support. Support can be in the form of scheduling their appointment at the beginning/end of the day to avoid waiting in a busy gendered waiting room or providing the opportunity to wait in an adjoining waiting room that matches their affirmed gender. This could be communicated in the form of a statement on the service website or a sentence on outgoing appointment letters outlining what additional support could be available and how a patient can request it.
2. We recommend ensuring that clinics have names that are names for their purpose rather than in a gendered way.
Maternity:
1. Adjust the partnership options to be more inclusive.
2. Develop guidance to support trans and non-binary people to chest feed. Resources and links to organisations that have information and guidance aimed at supporting trans and non-binary people to breast/chest feed have been provided in the resource library to support the trust with developing such guidance.
3. Develop guidance to support supporting a non-carrying parent to breast/chest feed. Resources and links to organisations that have information and guidance aimed at supporting a non-carrying parent to breast/chest feed have been provided in the resources library to support the trust with developing such guidance.

Laboratory:
1. Ensure there is a process in place to support the recording of a patient’s trans status if this information is supplied with or about a sample.
2. Ensure there is a policy/pathway for laboratory staff to follow where there is incongruence between the sample for testing and the patient information.

Oncology
1. We recommend the Oncology service provide guidance or the opportunity for trans and nonbinary people who are attending the service to request additional support. Support can be in the form of scheduling their appointment at the beginning/end of the day to avoid waiting in a busy gendered waiting room or provide the opportunity to wait in an adjoining waiting room that matches their affirmed gender. This could be communicated in the form of a statement on the service website or a sentence on outgoing appointment letters outlining what additional support could be available and how a patient can request it.

Fertility
1. Ensure the systems and paperwork within this service allow for recording accurate information regarding different family structures, e.g. expressly include options for same-gendered parents.
2. Ensure staff are either trained to support trans patients in fertility preservation or that they have the appropriate signposting information available.

Sexual Health
3. Ensure the links to support and information for men who have sex with men and women who have sex with women and current and working if this is the main form of signposting within the service.

All services:
3. Increase the posters and resources available to services that support LGBT+ people. Links to LGBT+ posters and resources have been included in the resources library.

4. Include sanitary bins in all toilets. Information about the ‘#in with the bins campaign’ which supports this is provided in the resources library. Where possible designate single stall toilets as gender neutral, this should be in addition to the accessible facilities.

5. We recommend producing an explicit statement per service about confidentiality (e.g. only sharing sexuality or trans status information where relevant and in discussion), and making sure this is visible to patients and visitors.

6. Ensure that the corporate background which can be used in virtual consultations is stored centrally and made available to all.

7. Encourage staff to start consultations with a pronoun introduction, as this signals an inclusive and safe space for the patient as well as helping establish the use of the correct pronouns for staff.

8. Review standard patient letters to ensure language is gender neutral or gender inclusive.

9. Ensure that patient facing staff know how to request leaflets in additional formats and these are available as a standard where possible.

10. When reviewing patient information, consider what tailored and equitable support may be needed to ensure that LGBT+ patients within the service are fully supported and receiving relevant information. Where relevant make reference to LGBT+ patients and include any specific information.

11. When reviewing patient information, consider including LGBT+ imagery. This could be LGBT+ people and relationships, (same-gendered partners, and diverse family units) or clear signifiers of LGBT+ inclusion such as the progress flag.

12. We recommend services review their webpages and where applicable make specific references to LGBT+ people, or signify that their service is LGBT+ inclusive by including clear imagery such as a progress flag.

13. Create a centralised list of general LGBT+ resources, local and national organisations where LGBT+ patients can be signposted to. This list would ideally be made available to all staff and accessed through the intranet. Services could also create a list of LGBT+ resources and organisations specifically relevant to the service and ensure this information is accessible to staff when needed. Resources, links to organisations are detailed in the resources library.

14. If the trust is able to amend patient notes to include a space for patient pronouns across services, we would encourage them to do so. Ensure that patients are routinely asked and this is then recorded, by communicating this process and the importance of pronouns to patient-facing staff.

15. Amend the options for “gender” to choose from within the online system.

16. Encourage clinicians to ask for the gender of a patient’s partner rather than assuming heterosexual or binary-gender relationships and ensure that staff are aware why this is important.

17. On patient feedback forms, we would advise that one question be asked to confirm someone’s gender identity (man, woman, nonbinary, other), with a further question around trans status, in addition to sexual orientation. This can be done through asking “do you identify with the gender you were assigned at birth?” It is also worth noting that a person does not need to disclose this information and may choose not to.

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18. When examining patient journeys, consult with LGBT+ patients to ensure there are no barriers to accessing services.

19. Review the centrally delivered EDI training for its suitability and LGBT+ information. Link to organisations that can provide additional training in the needs of LGBT+ staff and patients have been included in the resource library.

20. Where appropriate, ensure that clinicians are informed and confident in either giving advice to trans and nonbinary patients on hormonal contraindications, or know where to refer for further information.

21. Introduce an LGBT+ champion for staff and patients per service and ensure this information is available to both staff and patients.

Workforce Survey:

1. Ensure that recruitment activity includes LGBT+ specific websites/fairs or events and that information about your LGBT+ employee network group or LGBT+ inclusion activities is also included in recruitment packs.

2. Include information on relevant policies within induction.

3. Ensure that staff are encouraged to use pronoun introductions within internal meetings. This could be done through distribution of pronouns guidance. Ensure that any internal forms include nonbinary as a gender option and that nonbinary titles are an option on staff passes and HR forms.

4. Share information that highlights and signpost to relevant policies.

5. A formal process that supports the trust to identify and act specifically on LGBT+ inclusion issues raised, rather than just wider “discrimination” issues at the exit interviews would be beneficial. This would allow for regular systematic monitoring and flagging of any reoccurring issues.

6. Ensure that senior management communicates a strong message on LGBT+ equality, that also expressly includes bi equality and trans and nonbinary equality, as these are often subject to erasure. Resources and information about bi identities and trans and nonbinary identities have been included in the resources library.

7. Ensure that senior management engages with LGBT+ inclusion strategies as well as LGBT+ monitoring reports, as this increases awareness on an upper level around which areas of inclusivity need to be improved.

8. Implement a process that requires all senior leaders and line managers to meet an inclusion-based competency on recruitment.

9. Ensure that there is a robust and systematic process in place to identify and monitor LGBT+ complaints made by patients.

10. Provide a network group budget for the LGBT+ employee network group.

11. Ensure that network members are able to participate in skills training, as well as leadership or professional development programmes. Also ensure that network members are able to participate in LGBT+ specific seminars and conferences.

12. Increase the promotion of the LGBT+ network being open to all, including underrepresented LGBT+ groups (e.g. asexual people, pansexual people, intersex people). Increase interaction between the different network groups so as to provide support for LGBT+ PoC and LGBT+ disabled people.
LGBT+ Training

Training around issues faced by LGBT+ people within healthcare (staff and patient) and why tackling them is important

- Excellent resources on LGBTQ patient-centred care, expanding LGBTQ cultural competency, and advanced training on working with trans and non-binary adults, youth and LGBTQ healthcare for clinicians: [https://www.thehrfcfoundation.org/professional-resources/the-center-for-affiliated-learning-the-cal](https://www.thehrfcfoundation.org/professional-resources/the-center-for-affiliated-learning-the-cal)
- Useful report on understanding LGBT+ workplace experience: [https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/inclusion-perspectives-lgbt](https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/inclusion-perspectives-lgbt)
- Resource understanding trans experience as a patient: [https://www.transactual.org.uk/be-a-patient](https://www.transactual.org.uk/be-a-patient)
- Resource on challenges faced by LGBTQ+ community trying to access gender-affirming surgery: [https://www.transactual.org.uk/nhs-phallo-meta](https://www.transactual.org.uk/nhs-phallo-meta)
- Resources and publications about LGBT+ experiences of hate crime, domestic abuse, sexual violence and other forms of abuse: [https://galop.org.uk/resources-publications/](https://galop.org.uk/resources-publications/)
- [https://cpdonline.co.uk/course/lgbtq-awareness/?gclid=Cj0KCQiw2MWVBhCQARIIsAljbwoOJNVIEegS6UFrSkG7AH4ZZwzqYEgj1HYk1ZE Rw28b81ncx5mumd-laAhr0EALw_wcB](https://cpdonline.co.uk/course/lgbtq-awareness/?gclid=Cj0KCQiw2MWVBhCQARIIsAljbwoOJNVIEegS6UFrSkG7AH4ZZwzqYEgj1HYk1ZE Rw28b81ncx5mumd-laAhr0EALw_wcB)
- Included in curriculum: [https://learn.oakleycoach.com/courses/LGBT-healthcare](https://learn.oakleycoach.com/courses/LGBT-healthcare)

Training on what discrimination is faced by LGBT+ community

- [https://lgbt.foundation/trainingacademy](https://lgbt.foundation/trainingacademy)

Training around safeguarding


Training around terminology and pronouns

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### Training around trans and non binary identities
- [https://www.transactual.org.uk/healthcare-professionals](https://www.transactual.org.uk/healthcare-professionals)
- [https://norfolkkgbproject.org.uk/open-access-lgbt-awareness-training/](https://norfolkkgbproject.org.uk/open-access-lgbt-awareness-training/)
- [https://genderedintelligence.co.uk/professionals/training.html](https://genderedintelligence.co.uk/professionals/training.html) (Offer specific training packages which can include NBI training)
- [https://mermaidsuk.org.uk/training/](https://mermaidsuk.org.uk/training/)
- [https://www.ihasco.co.uk/courses/detail/gender-identity-expression-training](https://www.ihasco.co.uk/courses/detail/gender-identity-expression-training)

### Training on working with children from LGBT+ families
- [https://www.fflag.org.uk/im-a-trans-parent/](https://www.fflag.org.uk/im-a-trans-parent/)
- [https://www.childwelfare.gov/topics/systemwide/diverse-populations/lgbtq/](https://www.childwelfare.gov/topics/systemwide/diverse-populations/lgbtq/) US website, useful guidance available
- [https://www.stonewall.org.uk/parenting-rights](https://www.stonewall.org.uk/parenting-rights) (Understanding LGBT parenting rights in the UK)
- [https://www.newfamilysocial.org.uk/](https://www.newfamilysocial.org.uk/) Website specifically for supporting LGBTQ+ adoptive & foster families

### Training for senior management
- [https://www.gires.org.uk/gires-training/](https://www.gires.org.uk/gires-training/)
- [https://www.futurelearn.com/courses/understanding-gender-identity](https://www.futurelearn.com/courses/understanding-gender-identity)
- [https://www.diversitytrust.org.uk/training/](https://www.diversitytrust.org.uk/training/)

### Training on micro aggressions
- [https://www.ncda.org/aws/NCDA/wp/sd/news_article/349337/_PARENT/CC_la-yout_details/false](https://www.ncda.org/aws/NCDA/wp/sd/news_article/349337/_PARENT/CC_la-yout_details/false)

### Inclusion training and resources for maternity (also relating to alternative ways to have children and how to support LGBT+ parents)
• [https://www.laleche.org.uk/support-transgender-non-binary-parents/](https://www.laleche.org.uk/support-transgender-non-binary-parents/)
• [https://www.bsuh.nhs.uk/maternity/wp-content/uploads/sites/7/2021/01/Poster-Gender-Inclusive-Perinatal-Care.pdf](https://www.bsuh.nhs.uk/maternity/wp-content/uploads/sites/7/2021/01/Poster-Gender-Inclusive-Perinatal-Care.pdf)
• [https://www.glaad.org/transgender/allies](https://www.glaad.org/transgender/allies)
• Trans parenting: [https://www.fflag.org.uk/im-a-trans-parent/](https://www.fflag.org.uk/im-a-trans-parent/)
• [https://queerbirthclub.co.uk/](https://queerbirthclub.co.uk/) (Currently under construction)
• US Based, excellent information: [http://www.birthforeverybody.org/what-we-do](http://www.birthforeverybody.org/what-we-do)

Guidance on how to interact with trans and non binary patients
(especially advising on use of single sex facilities)

• Information about the "#in with the bins" campaign: [https://inwiththebinscampaign.wordpress.com](https://inwiththebinscampaign.wordpress.com)
• All gender toilet signs with guidance on implementing changes: [https://genderedintelligence.co.uk/professionals/resources/toilets.html](https://genderedintelligence.co.uk/professionals/resources/toilets.html)
• Resources for professionals: [https://genderedintelligence.co.uk/professionals/resources.html](https://genderedintelligence.co.uk/professionals/resources.html)
• [https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare](https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare)
• How to support the trans people in your life: [https://transequality.org/sites/default/files/docs/resources/Ally-Guide-July-2016_0.pdf](https://transequality.org/sites/default/files/docs/resources/Ally-Guide-July-2016_0.pdf)

Awareness raising posters

• LGBT Equality poster: [https://sexualhealthdq.co.uk/lgbt-equality-poster.php](https://sexualhealthdq.co.uk/lgbt-equality-poster.php)
• Inclusive families poster: [https://www.stonewall.org.uk/system/files/different_families_same_care_poster.pdf](https://www.stonewall.org.uk/system/files/different_families_same_care_poster.pdf)
• Reporting hate crime poster: [https://www.stonewall.org.uk/system/files/No_Bystanders_Posters__1___.pdf](https://www.stonewall.org.uk/system/files/No_Bystanders_Posters__1___.pdf)
• Various resources and posters on LGBTQ over 50, peer support for BAME, suicide prevention: [https://mindout.org.uk/resources/](https://mindout.org.uk/resources/)

Printout posters stating support for LGBT+ community

• [https://www.stonewall.org.uk/resource-type/posters](https://www.stonewall.org.uk/resource-type/posters)
• [https://www.theproudtrust.org/trusted-adults/training-resources-and-education(signposting/](https://www.theproudtrust.org/trusted-adults/training-resources-and-education/signposting/)
• [https://www.lgbtyouth.org.uk/resources/?type=Poster](https://www.lgbtyouth.org.uk/resources/?type=Poster)
Admin team would like resources and advice with regards to what info they should be asking patients for:

- **US based, useful guidelines:** [https://www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf](https://www.glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf)
- **Online training, included in curriculum:** [https://learn.oakleycoach.com/courses/lgbtq-awarenessfor-non-clinicians](https://learn.oakleycoach.com/courses/lgbtq-awarenessfor-non-clinicians)
- **Nice checklist for the practice environment at end of document:** [http://unmfm.pbworks.com/w/file/fetch/110464234/Making%20Your%20Clinic%20Welcoming%20to%20LGBTQ%20Patients.pdf](http://unmfm.pbworks.com/w/file/fetch/110464234/Making%20Your%20Clinic%20Welcoming%20to%20LGBTQ%20Patients.pdf)
- **https://drive.google.com/file/d/1F5mGNxGawwaZ3aIL1CEKUnrL9psNnBQ8/edit**

**Signposting information**

- Resources detailed above provide signposting information. In addition, local support is available at: - [https://www.offtherecord-banes.co.uk/lgbt-space](https://www.offtherecord-banes.co.uk/lgbt-space) (For LGBT youth aged 10-25 in Bath and NE Somerset)
- [https://www.bath.ac.uk/campaigns/lgbtq-student-support-at-bath/](https://www.bath.ac.uk/campaigns/lgbtq-student-support-at-bath/)
- List of local LGBTQ+ groups: [https://www.meetup.com/cities/gb/a4/bath/lgbtq/](https://www.meetup.com/cities/gb/a4/bath/lgbtq/)
- [https://gaywest.org.uk/about-us/](https://gaywest.org.uk/about-us/)
- Mental health support group: [https://www.bathmind.org.uk/resources/lgbtq/](https://www.bathmind.org.uk/resources/lgbtq/)

**Inclusive leaflets/books for children**

- [https://thebeyouproject.co.uk/resources/](https://thebeyouproject.co.uk/resources/)
- Trans youth in foster care leaflet: [https://static1.squarespace.com/static/5ff85c71dd4cdec650b25d90d/t/6006bf741e378c5ba15f6ff5/1611054965569/Trans%2Byouth%2Bin%2BFoster%2BCare.pdf](https://static1.squarespace.com/static/5ff85c71dd4cdec650b25d90d/t/6006bf741e378c5ba15f6ff5/1611054965569/Trans%2Byouth%2Bin%2BFoster%2BCare.pdf)
Resources and information regarding bi identities and bi equality.

- https://www.glaad.org/biweek2021
- https://www.thetrevorproject.org/resources/guide/how-to-support-bisexual-youth/
- https://www.stonewall.org.uk/lgbt-britain-work-report

Information about the "#in with the bins" campaign.

- https://inwiththebinscampaign.wordpress.com