

# **POLICY FOR SUPPORTING PEOPLE WHO ARE TRANS**

<b>For use in:</b>	All areas of Trust clinical and non-clinical
<b>For use by:</b>	All Trust employees
<b>For use for:</b>	Ensuring the Trust applies Equal Opportunities to employment and service delivery
<b>Document owner:</b>	Executive Director of Workforce and Communications
<b>Status:</b>	V8.0

## **Purpose of this document**

<b>Contents</b>	<b>Page no</b>
Introduction	2
Purpose of this policy	3
Scope	3
Ownership and responsibilities	4
Standards and practice	5
Dissemination and implementation	7
Monitoring compliance and effectiveness	7
Updating and review	7
Equality impact assessment	7
<b>Appendix 1</b> Trans support planning guidance	8
<b>Appendix 2</b> Equality impact assessment	12
<b>Appendix 3</b> Definitions and commonly used terms	14
<b>Appendix 4</b> Further Resources	16

# 1. Introduction

- 1.1 West Suffolk NHS Foundation Trust is committed to leading and promoting diversity, equal opportunities and supporting human rights in the way it provides health services for the community it serves and in its practice as a leading local employer. As part of this it is committed to trans equality and trans staff and patients should be treated with the same dignity and respect shown to all others. The Trust also welcomes and is inclusive of non-binary members of staff (those whose gender identities do not fit into the gender binary of male or female).
- 1.2 It is also important to recognise that being trans is only one aspect of the individual's identity and therefore it is not a case of "one size fits all". Each person will have different needs and, as such, a person-centred approach to their care and employment will need to be taken.
- 1.3 Trans is an umbrella term used to cover numerous types of gender identity labels such as transgender, trans man, trans woman and non-binary. (See glossary for explanation). Their gender identity may not fit neatly into society's idea of gender, for example they may feel they are not totally one gender or the other, they may not identify with the assigned birth gender or they may not identify with any gender at all.

Gender is not just the physical body; we all have gender traits or behaviours.

- 1.4 Some trans people who feel that they have been assigned to the wrong gender will choose to have medical treatment as part of their transition (to change from one gender to the other). Some individuals may want to undergo medical treatment but are unable to because they cannot have hormone therapy, e.g. if the person had liver or kidney damage or other health issues. Similarly, some individuals may feel no need to have surgery, though this could change in the future.
- 1.5 Cross dressers are people who dress as the opposite gender and adopt their behaviours and characteristics for part of their lives; this does not necessarily mean they would wish to transition their gender.
- 1.6 None of the above has anything to do with sexual orientation as sexual orientation is different from gender identity. For example, a trans woman may identify as lesbian or heterosexual.
- 1.7 This policy sets out the Trust's responsibilities as a service provider and an employer of trans people. Trans people are protected under the Equality Act 2010 the Trust must ensure that people are not discriminated against or disadvantaged in their employment or by

service delivery or prejudice of Trust employees, other patients or the public.

- 1.8 For a member of staff who is trans, any changes to working conditions or access to facilities should be made in consultation as part of a person centred approach between the staff member and their manager.
- 1.9 This policy needs to be considered alongside other Trust policies for example: Improving Employee Health Wellbeing and Attendance, Whistle Blowing for Staff Concerns About Patient Care and Other Matters, Safeguarding Adults at Risk of Abuse and Neglect, Bullying and Harassment, Dress Code/Uniform.

## **2. Purpose of this Policy**

- 2.1 This policy provides guidance for the Trust's employees on the expectations and other considerations that may be necessary for trans patients.
- 2.2 It also applies to Trust employees who are trans and states that trans staff should be treated with respect and dignity by managers and teams.
- 2.3 This policy supports the Trust in its delivery of inclusive services and ensures that it does not breach the Equality Act 2010. Under this legislation a trans person no longer has to be under medical supervision or have a Gender Recognition Certificate (GRC) to prove that they are trans. They must be treated in the gender identity they identify with.
- 2.4 When a patient is identified as trans, with their consent, their GP informs Primary Care Support England (the PCSE) who create a new record or identity for the patient on the National Spine (Personal Demographics Service or PDS) along with a new NHS number. If the patient agrees to this information being shared with other relevant health providers, West Suffolk NHSFT will then be able to contact the patient with a view to obtaining consent to update their Trust health record with their new name and gender. Legal proof of this change is required (e.g. passport, drivers licence or other identity documentation). A Gender Recognition Certificate (GRC) will not be requested under any circumstances since this would be in breach of the law.

The Trust's systems update the existing records with the new NHS number and name to match the spine. The patient will be contacted to establish their wishes in relation to whether or not a new hospital number will be issued and whether or not their previous clinical record will be linked to their new record.

## **3. Scope**

- 3.1 This policy applies to all staff, volunteers, patients and members of the public detailing how a trans person should be treated in a dignified, non-discriminatory way.
- 3.2 Discrimination against a trans person must always be challenged, whether the discrimination stems from staff, volunteer a patient or the public.

## **4. Ownership and Responsibilities**

### **4.1 Role of Managers**

Every manager employed by the Trust is responsible for promoting equal opportunities in practice and, where applicable, for preventing patient and staff discrimination.

Line managers are responsible for:

- ensuring that all staff are aware of this policy and attend any relevant training
- challenging staff who discriminate and ensuring that the relevant procedures are followed
- supporting their staff to challenge discrimination from patients or the public
- agreeing a plan with a staff member who is proposing to transition to ensure that they are supported throughout the process (see 5.2.1 and Appendix 1)
- ensuring that a trans person is addressed and treated as the gender they identify with

### **4.2 Role of the Equality and Diversity Technical Group**

The Equality and Diversity Technical Group is responsible for:

- overseeing the development and monitoring of the Trans Policy
- consulting with members of the trans community
- reporting to the Board, through the Patient Experience Committee, on any issues of discrimination or non-compliance of the Trans Guidance.

### **4.3 Role of Individual Staff**

All employees have a personal responsibility to support the equal and fair treatment of colleagues and to ensure patients are treated consistently in a non-discriminatory manner and in line with clinical practice. All staff members are responsible for:

- complying with the Trans Policy
- challenging discriminatory practice or language and reporting it to their line manager (or human resources department if their line manager is practicing discrimination or using discriminatory language).

## 5. Standards and Practice

### 5.1 Patients

- 5.1.1 The individual should be asked how they wish to be addressed and the preferred pronoun should be used at all times, e.g. she/he/they or use of the individual's name only (i.e. where someone does not want to be referred to by any third person pronoun).
- 5.1.2 The patient may not have the support of their family with regards to their gender identity i.e. they may refer to the patient in terms of the sex assigned at birth. If this is the case staff should refer to the patient as they have requested in 5.1.1
- 5.1.3 The patient should be in a single sexed environment of the gender they have presented as. However, they may prefer not to be placed on a ward/bay of their identified gender so a discussion should take place. The patient may be asked if they prefer the privacy of a side room, if one is available, but this should not be automatic or arranged without their consent. Side rooms are allocated on the basis of the relative clinical needs of all patients.
- 5.1.4 If the patient is undergoing a medical procedure connected to their sex assigned at birth they may need to be placed in the ward of that medical specialism. However, the patient should be fully consulted with regards to accommodation as it may have a severe impact on their mental wellbeing to be on a ward/bay housing only the opposite gender. The patient could be offered a side room for privacy or a bed found on a ward/bay of the gender they identify with close by if possible.
- 5.1.5 If the patient is near the beginning of transitioning staff should be aware that they may need sensitive support for some areas of their care, e.g. a trans female may need to shave facial hair, a male may need feminine hygiene products such as sanitary towels (to ensure that a sanitary towel bin is available).
- 5.1.6 The patient may be anxious and sensitive due to having high hormone levels from taking medication (this may be more notable for men transitioning to women). Additionally, the patient may be anxious about how they will be treated while in hospital due to poor previous experiences of healthcare.
- 5.1.7 If it is not possible to confirm the patient's gender as described above (because they are unconscious) staff will need to try and ascertain the person's preferred gender before contacting the family or moving to a ward/bay. For example, the staff could look for forms of identification that the patient has to see if this will indicate their gender.

- 5.1.8 If the patient is non-binary and does not identify as male or female and an inpatient they must be asked which ward/bay they wish to be accommodated on, male or female. A side room may be more appropriate but may not always be available.
- 5.1.9 Neither patients nor staff should be 'outed' as trans as this is likely to breach laws giving rights to a private life. Trans staff and patients have the right to confidentiality and staff must always seek the permission of the patient or staff member before disclosing their gender identity unless it is impossible or completely impracticable not to do so.
- 5.1.10 Discrimination from staff, volunteers, other patients or public will not be tolerated. In the case of staff being discriminatory, the manager should use the relevant policies/procedures to deal with the situation. If other patients or the public are discriminatory, they should be reminded that this behaviour will not be tolerated by the Trust.

## 5.2 Staff and volunteers

- 5.2.1 If a member of staff or volunteer is proposing to transition, a discussion should take place with their manager to negotiate a support plan to ensure appropriate support is provided to the employee or volunteer who is transitioning.

The plan should include (as appropriate):

- communicating the transition
- changing employee records
- confidentiality
- pensions and insurance
- dress codes
- use of changing and showering facilities and toilets
- absence
- bullying and harassment
- return to work following transition
- on-going support of employee who is transitioning

A detailed guide to developing a support plan is attached at **Appendix 1**.

The Trust will be supportive of the employee or volunteer using the facilities of their gender they self-identify in.

- 5.2.2 If a trans employee is absent from work because of appointments, treatment or recovery relating to their transition it is unlawful to treat them less favourably than they would be treated if they were absent due to an illness or injury. See also the Trust's policy 'Time off for doctor, dentist, interviews and other appointments'.
- 5.2.3 Discrimination from staff, other patients or the public will not be tolerated. In the case of staff being discriminatory, the manager should

use the relevant policy to deal with the situation (i.e. Disciplinary Policy/Procedure and Rules and Bullying and Harassment Policy)

## **6. Dissemination and Implementation**

- 6.1 The Executive Director of Workforce and Communications and Deputy Director of Workforce (Organisation Development) are responsible for the implementation of this policy. To be submitted to the Trust Council and Equality and Diversity Technical Group for approval. Following approval, the policy document plus Equality Impact Assessment will be added to the Trust's document library accessible through the Trust Intranet site.
- 6.2 All staff will gain an overview of this policy through mandatory training.

## **7. Monitoring compliance and effectiveness**

The policy will be monitored through the Trust grievance procedure, patient complaints, Datix reports and patient feedback.

Any trends will be reported through the Equality & Inclusion Steering Group and Patient Experience Committee

## **8. Updating and Review**

The policy will be fully reviewed in three years or earlier if indicated from the result of monitoring and review, legislative changes, a national policy instruction or a Trust decision.

## **9. Equality Impact Assessment**

The Equality Impact Assessment is at **Appendix 2**.

**Appendix 1**

### **Transgender Support Planning Guidance**

This guidance sets out the steps to be considered when supporting an employee who is transitioning. It also applies, where appropriate, to volunteers. The action plan should be shaped by the employee as much as possible and be sufficiently flexible to take account of changing circumstances and preferences. There must be agreement on the confidentiality of the plan and who will have access to it. All those who have responsibility for taking action identified in the plan must understand the need for confidentiality and data protection.

A main point of contact for developing, implementing and monitoring the support plan must be identified. Usually this will be the employee's immediate line manager.

## **1. Transitioning at work**

### **Actions to be agreed:**

- Agree a date when the employee will present for work in their affirmed gender identity.
- Agree a timeline for what needs to be done leading up to when the employee first presents at work and who needs to take action

### **Issues to consider**

- Does the employee wish to be away for an agreed period (e.g. on annual leave) and present in their affirmed gender identity on their return?
- What action needs to be taken to make the employee's first day at work in their affirmed gender identity as stress free as possible?
- How will the employee and their main contact make sure they have an open dialogue and mutual trust?
- Does the employee wish to remain in their current role or be redeployed for the period of the transition? Is this a temporary or permanent arrangement?

NB: The employee should not be pressurised to change jobs or move from a public-facing role to a back-office function.

## **2. Communicating the transition**

### **Actions to be agreed:**

- Discuss and agree the method and content of the communication. Adapt the approach as necessary for: colleagues and/or direct reports; other employees; and other relevant parties (NB: this could include patients).

### **Issues to consider:**

- Transitioning is a private matter and so the wishes of the employee are paramount
- Who needs to know about the employee's transition and why? Deciding on who is told, how they are told and what they are told must be led by the employee, with support from their main point of contact/manager
- When should those who need to know be told?



- Who should tell them?
- How should they be told (one-to-one, team briefing, email from the employee)?
- Does the employee want to be present for all or part of the time when colleagues are being informed?
- What general and specific information do they need (e.g. about transitioning, names and pronouns, use of toilets, showers?)
- How can the employee's immediate work colleagues and/or direct reports support the employee?
- How will queries and questions be handled?

### 3. Changing Employee Records

#### Actions to be agreed:

- Anything that holds the employee's name, prefix or information that could reveal their previous identity needs to be amended by the time that the individual presents in their affirmed gender identity. Examples include:
  - Staff id badge
  - Email address/email contact lists
  - NHS smartcard
  - User name
  - Phone directory entry
  - Personnel/ESR records
  - Occupational health records
  - References on Trust website and intranet
  - NHS pension scheme
  - Voicemail

This list is not exhaustive and the employee and their main point of contact should compile a list between them.

#### Issues to consider

- It is important to ensure that the employee is addressed by their chosen name and the correct (or any) pronoun and prefix are used.

### 4. Confidentiality

#### Action to be agreed:

- Steps must be taken to ensure that the information about the employee's transition are treated as sensitive and kept in accordance with data protection and other legislation. NB: 'outing' an individual as trans is likely to breach laws giving rights to a private life.

#### Issues to consider

- Are there any records that need to be retained, including details of the employee's gender history

- Any historical documents that contain references to the employee's previous name must be accessible only on a need to know basis and by a limited number of named individuals. This could include historical documents relating to an individual's training attendance/study leave, maternity or paternity leave, grievances raised, disciplinary record. This list is not exhaustive.

## 5. NHS Pension Scheme

### Action to be agreed:

- Ensure the employee understands they need to contact the NHS Pension Scheme to discuss any implications or changes needed as a result of their transitioning.

## 6. Dress code

### Action to be agreed:

- Discuss any uniform requirements with the employee – is a new uniform required?

## 7. Changing and shower facilities and toilets

### Action to be agreed:

- The expectation is that the employee will use the facilities of their affirmed gender identity. **NB:** Some trans members of staff may feel unable to express their gender identity in public, or when travelling to and from work, for fear of transphobic attack or abuse. A gender neutral changing space could be needed for members of staff who feel this way but do want to express their gender identity in the workplace.

## 8. Absence

### Action to be agreed:

- Identify any time off work needed for treatment associated with the employee's transition.
- Agree with the employee and HR how any absences associated with the employee's transition will be handled.

NB: Some people transition without any medical intervention. Treatment is not regarded as cosmetic or elective.

## 9. Training on trans issues

### Action to be agreed:

- Do immediate manager(s), colleagues, direct reports require additional training on trans issues

### Issues to consider

- Timing and context for the training is important – the privacy of the individual who is transitioning must not be compromised.

## 10. Bullying and harassment

### Action to be agreed:

- The main point of contact must ensure the employee understands that any hostility towards them by other employees and/or third parties e.g. patients, relatives, visitors will not be tolerated. Clear guidance must be given on the action to take if hostility is experienced.

Examples of hostility/bullying/harassment include for example: speculating about someone's gender (*"Is that a man or a woman?"*), purposefully ignoring someone's preferred pronoun, disclosure of someone's trans history, questioning about someone's ability to 'pass' (*"she's be more convincing if she used a bit more make up"*).

## 11. On-going support of an employee who is transitioning

### Action to be agreed:

- If the main contact is not the immediate line manager agree process for on-going support (e.g. regular meetings, ad hoc contact as needed). Where the main contact is the immediate line manager support will become part of day-to-day line management. Transitioning can be a process that takes years, including long waiting lists for medical treatment. An employee may continue to need time off for appointments for an extended period of time.

## Appendix 2

### Equality Impact Assessment

## **Local equality analysis: Proposed Updated Policy PP ‘Policy for supporting people who are trans’**

### **1. Description of decision:**

To agree a new policy that will ensure the Trust provides support for people (patients and staff) who are transgender

### **2. Main aims and purpose of the policy**

To support the trust in its delivery of inclusive services and ensures it complies with the Equality Act 2010.

### **3. Main elements of the policy**

The policy sets out how a trans person should be treated in a dignified and non-discriminatory way.

### **4. Key stakeholders**

Patients  
Staff  
Volunteers

### **5. Policy implementation date and responsibility for implementation**

The policy will be implemented immediately after approval by the Trust Council and will be implemented by Jan Bloomfield, Executive Director of Workforce and Communications and Denise Pora, Deputy Director of Workforce (Organisation Development).

### **6. Data used to inform this assessment**

The Trust does not currently monitor numbers of trans staff.  
The Gires report (funded by the Home Office) estimates that 1% of the population may be gender variant.

### **7. Consultation and engagement**

All Trust staff  
Equality and Diversity Technical Group Members  
Trust Council

### **8. Arrangements for sharing the Trust’s Equality Impact Assessment**

The final policy will be published on the Trust’s website.

### **9. Practical actions to reduce or remove adverse/negative impacts**

Ensure effective transgender training for all trust staff  
Ensure all managers are aware of their responsibilities if a member of their team is trans

### **10. Monitoring arrangements**

Action required to fully implement the policy will be identified and this will be monitored by the Equality and Diversity Technical Group and Patient Experience Committee.  
Any relevant issues will be escalated to the Trust Board.

<b>11. Does policy or function have any influence on any of the equality strands in relation to: Promoting equality, eliminating discrimination, achieving equality?</b>	<b>Yes</b>	<b>No</b>
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Race		X
Religion or belief		X
Disability		X
Gender		X
Sexual orientation		X
Age		X
Trans identities	X	
Maternity and pregnancy		X
Marriage and civil partnership		X

<b>12. Analysis of the policy</b>	
	<b>Impact on promoting equality, eliminating discrimination, achieving equality</b>
Promotes equality of opportunity	The policy promotes equality of opportunity as it provides for a supportive, fair and non-discriminatory approach to Trans issues in the workplace.
Eliminates discrimination, harassment and bullying	The policy emphasises the importance of maintaining confidentiality and states clearly that discrimination, bullying and harassment will not be tolerated. Action planning guidance sets out steps to minimise discrimination, bullying and harassment (e.g. training and communication) and the requirement for guidance to be given in the event of hostility being experienced.
Promotes good relationships between different equality groups	The policy will support the promotion of good relationships between people who are Trans and people with the other protected characteristics by ensuring difference is understood and through effective training and communication.

**Date 4.10.17**

### **Appendix 3**

#### **Definitions and commonly used terms**

<b>Word</b>	<b>Description</b>
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Transgender	An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) Transgender, Transsexual, Gender-queer (GQ), Gender-fluid, Non-binary, Gender-variant, Crossdresser, Genderless, Agender, Nongender, Third gender, Two-spirit, Bi-gender, Trans man, Trans woman, Trans masculine, Trans feminine and Neutrois
Transgender man	A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.
Transgender woman	A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.
Transitioning	The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.
Non-binary	An umbrella term for a person who does not identify as only male or only female, or who may identify as both.
Androgyne / polygender people	Those who have non-binary gender identities and do not identify as male or female, and others who may define themselves as gender variant.
Affirmed Gender	The gender when someone has transitioned from their sex assigned at birth to a different gender identity. It is possible for someone to transition fully without surgery.
Cross dresser	A term used to describe a person who dresses in the clothing of the opposite sex. Generally, cross dressers do not wish to change their body and do not necessarily have gender dysphoria. In the past the term transvestite was used. Cross dresser is now preferred.
Gender	A person's perceived sociological status as either a man or a woman, and an individual's own psychological sense of self as either a man or a woman. The terms 'masculine' and 'feminine' are gendered terms connoting these categories.
3 <sup>rd</sup> Gender	Individuals who do not personally identify as either man or woman.
Gender dysphoria	Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth
Gender identity	Everyone has a gender identity which may or may not correspond to the sex assigned at birth. It describes the psychological identification of oneself as a boy/man or as a girl/woman.
Gender Recognition Act	The UK law which allows trans people to legally change their gender and obtain a Gender Recognition Certificate (GRC). Not everyone will want to get a GRC as it is a long and expensive process.

Gender Re-assignment	Gender reassignment as defined by the Equality Act 2010 protects anyone who has, intends to or is transitioning their gender. No medical supervision is needed for this.
Gender reassignment surgery	Medical term for what trans people may also call gender confirmation surgery, surgery to bring the primary and secondary sex characteristics of a transsexual person's body into alignment with his or her internal self-perception. Some people do not desire surgery, or do not want surgery to feel comfortable with their body in relation to their gender identity.
Gender Recognition Panel (GRP)	A panel of legal and medical professionals appointed to consider application for a gender recognition certificate <a href="http://www.grp.gov.uk">www.grp.gov.uk</a>
Gender Variance	A desire to live and be accepted as a member of the opposite gender often accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to make one's body as congruent as possible with one's preferred gender.
Intersex People	Individuals who have indeterminate sexual characteristics at birth and who may have been assigned to the gender of the most dominant genitalia at or soon after birth. The majority of intersex people do not identify as Trans. Other may identify as Trans and choose in adulthood to undergo gender reassignment treatments to enable them to live in their preferred gender role, which is opposite to that in which they were raised.
Outed	When a trans person's gender identity is disclosed to someone else without their consent.
Pansexuality	Pansexuality or omnisexuality is sexual attraction, sexual desire, romantic love, or emotional attraction towards persons of all gender identities and biological sexes. Pansexuals have the capability of attraction to others regardless of their gender identity or biological sex.
Trans person/people/ man/woman	A general term commonly used only as an adjective by those who identify themselves as transgender, transsexual or transvestite. Where trans people have transitioned permanently, many (but not all) prefer to be regarded simply as men and women.
Transphobia	A fear and strong dislike of trans people, which can lead to hatred resulting in verbal or physical attacks and abuse.
Transsexual	A transsexual person is someone who proposes to, starts or who has completed a process (gender reassignment) to change his or her sex.
Sex	A person's perceived biological status as either Male or Female.
Sexual Orientation	Describes an individual's enduring physical, romantic, emotional and/or spiritual attraction to another person. Trans people may be heterosexual, lesbian, gay, or bisexual or asexual.
Stealth/Passing	Living in a way where nobody knows your previous gender history. Passing when a trans person is not visible as a trans person.

## Appendix 4

### Further resources

**ACAS guidance: Gender reassignment discrimination: key points for the workplace**

<http://www.acas.org.uk/index.aspx?articleid=2064>

**GIRES (Gender identity research and education society) e-learning modules**

<https://www.gires.org.uk/e-learning/>

**Stonewall – West Suffolk NHS Trust is a member of Stonewall’s Diversity Champions Programme**

<http://www.stonewall.org.uk/>

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Other contributors:	Denise Pora, Deputy Director of Workforce (Organisation Development)



Approvals and endorsements:	Trust Council
Consultation:	Trust Council All Trust Staff Staff Side Representatives Trust Executive Group Council of Governors Suffolk CC/Public Health Transgender and Non-Binary Health Inequalities Group Health Watch Suffolk BME and Diversity Group Equality and Diversity Technical Group
Issue no:	1
File name:	Transpolicyv7.doc
Supercedes:	n/a
Equality Assessed	Yes – form completed
Implementation	Policies will be distributed by the IG Manager to General Managers, Service Managers and all Ward/Department Managers. Policy will be available on the Trust Intranet Site.
Monitoring: (give brief details how this will be done)	<p>Implementation, compliance and effectiveness of this policy will be monitored by the Workforce &amp; Communications Directorate on an ongoing basis.</p> <p>Monitoring will include:-</p> <p>The results of equality monitoring will be published annually in accordance with the Trust duties to promote equality. The Trust will produce an annual Equality Report on monitoring forms completed by applicants, covering the protected characteristics outlined in the 2010 Equality Act.</p> <p>Other Reports will be developed for the information of Managers and the Trust Board when required, including details of any complaints made on the grounds of discrimination, or any issues raised by staff, staff groups or in employee attitude surveys.</p>