

The truth about Single Sex provision in the NHS

Summary of findings from an audit of patient
and staff policies across the UK

May 2026

About this document

This report summarises the findings from a systematic audit of the policies governing single sex patient accommodation and staff facilities of every NHS Trust across the UK.

The policies we audited can be accessed via an interactive map [NHS FOI audit map](#)

A timeline of the political context shaping these policies can be viewed at: seeninhealth.org/map-timeline/

The audit was undertaken between February – July 2025.

Responses to a fresh set of FOI requests from March 2026 indicate that the vast majority of Trusts have not replaced the policies we audited.

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Introduction

We are a group of 40 ordinary women spurred to action by concern for the safety, privacy and dignity of women in NHS settings.

Inspired by the Sandie Peggie v Fife NHS Trust Employment Tribunal hearing, we set out to establish whether there is any genuinely single sex provision for patients or NHS staff in the UK.

Between February and July 2025, we audited the policies of all NHS Trusts in England, Scotland, Wales and Northern Ireland. We found that none of them protect single sex spaces for either patients or staff.

NHS Fife, it turned out, was not an outlier. The privacy, dignity and safety of female staff and patients is under threat every day in NHS facilities up and down the UK. We are aware of women being [raped](#), [harassed](#) and [silenced](#) as a result of the NHS policy of accommodating transgender people in the facilities of their acquired gender. There will be countless more cases that have not been reported.

Our audit revealed that women are being pressured to share facilities with men across England based on 2019 NHS England guidelines. In fact, the NHS in England has been systemically discriminating against women by removing single sex spaces by stealth since 2009.

We found that the NHS Chief Nursing Officer published guidance on "Eliminating Mixed Sex Accommodation" in 2009 which used gender, not sex, to define which ward patients should be assigned to. Tucked away in Annex E, it stated that patients with trans-identities should be accommodated "according to their presentation: the way they dress, and the name and pronouns they currently use".

All public announcements since then have misled the public to believe that they will be offered single sex accommodation.

Allowing men to access women's single sex spaces ignores women's human rights to privacy, dignity and safety. Conversely, vulnerable women with a male gender identity may be placed in men's facilities where they are at great risk.

We have been surprised and shocked by the depth and reach of gender ideology into one of our most important national institutions. Even more worrying is the level of obfuscation shown by many NHS Trusts. This is extremely damaging to the interests of women and children.

The legal context

Since our work began the Supreme Court has ruled on the meaning of “sex” in the Equality Act in [For Women Scotland Ltd v The Scottish Ministers](#). The High Court confirmed EHRC interim guidance was lawful and appropriate in [Good Law Project v EHRC](#) and subsequent employment Tribunals have followed the logic of the higher courts.

Adjudicating on [B Hutchinson & others v County Durham and Darlington NHS Foundation Trust UK](#); EJ Sweeney concluded that the Trust’s policy was unlawful: “In our judgement it [Darlington’s TIW policy] cannot be said to be ‘lawful’. As soon as the Trust permitted Rose to use the female changing room in pursuance of its TIW policy, it was in breach of these [1992 Workplace] Regulations and was acting unlawfully” (paragraph 373).

At paragraph 374 he found: “There is nothing in the [Equality] Act that we could see (or that we were taken to) that confers on a transgender employee the right to use the changing facilities that accords with their declared or affirmed gender.

This point was reinforced by EJ Tegerdine in the [LS v NHS England](#) judgment: “there is no express legal right for a transgender person to use the single-sex facilities of their gender identity under the [Equality] Act or under the Workplace Regulations.”

Crucially EJ Tegerdine found that the very existence of NHS England’s Trans Equality Procedure: “had the effect of violating her [LS’] dignity or creating the Proscribed Environment on the grounds of her gender critical beliefs”.

Meanwhile the NHS Trusts are ignoring these legal rulings and continue to follow unlawful gender self-ID practices for both patients and staff. We believe that every NHS Trust in England still has unlawful policies and practices.

Fresh FOI requests dating from March 2026 reveal 33 of the 36 Trusts which have responded have not updated their policies. Some described their policies as “under review” and the majority indicated they were waiting for guidance.

Of the three Trusts whose policies were ratified after the SC judgement, one published new policies a few days after the judgement which do not reflect its findings. Another has a new staffing policy dated February 2026. This does not make it clear that staff facilities must be provided on the basis of biological sex. The third has a new trans policy for patient care dated November 2025 which uses a “legal gender” definition for women and is not in line with the Supreme Court decision on “biological”.

Take action

We have made Trust policies and a timeline of the political context available via an [interactive map](#) hosted by SEEN in Health, so that anyone who is interested can easily look up NHS Policy for their local Trust.

The project was entirely a grass roots enterprise carried out by unpaid labour (archetypal women's work). The data was collected by about 40 ordinary women, organised through a Mumsnet* thread and crowd sourcing information in their spare time.

We hope that this report and the map will provide useful resources for those seeking to encourage the NHS to return to the lawful practice of providing protected single sex spaces for women once more.

It's time to hold the NHS to account.

40 concerned women

*the group of auditors met on Mumsnet and the work was self-organised with no input from Mumsnet Ltd.

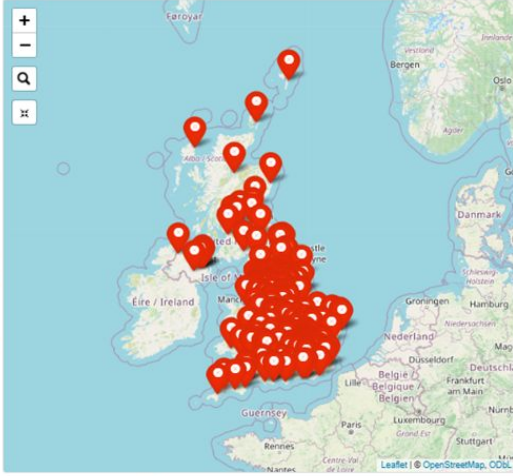
Click on a map pin to see if your Trust's policies are lawful

How to use the map

What do these policies mean?

Why was the map created?

A timeline of health policy changes



Contact your MP

Contact your NHS Trust

The image shows a screenshot of an interactive map interface. At the top, a green banner contains the text 'Click on a map pin to see if your Trust's policies are lawful'. Below this is a map of the United Kingdom and surrounding regions, including parts of Ireland, France, and the Netherlands. Numerous red location pins are scattered across the map, primarily concentrated in the southern and central parts of England. To the left of the map is a vertical sidebar with four blue buttons: 'How to use the map', 'What do these policies mean?', 'Why was the map created?', and 'A timeline of health policy changes'. Above the map are standard map controls: a plus sign for zoom in, a minus sign for zoom out, a magnifying glass for search, and a double arrow for full screen. Below the map are two buttons: a blue one labeled 'Contact your MP' and a green one labeled 'Contact your NHS Trust'.

1. **Headline findings**

There is no evidence of any protected single sex provision for patients or staff anywhere in the NHS.

Headline findings – patients

1. No protected single sex accommodation for patients anywhere in the NHS.
2. Fewer than half (47%) of Trusts provided Equality Impact Assessments. Those we saw are inadequate.
3. Overwhelming lack of transparency. Website claims differ from policies, most of which are only available via FOI.
4. Almost all policies conflate “sex” and “gender” which obfuscates the true position.
5. 56% of Trusts in England will override parental views “even if the child is not Gillick competent.”

This means: The NHS is operating gender self-ID policy by stealth across the UK. We found no policies that protect single sex accommodation despite a statutory obligation to provide this.

This means: Trusts are not fulfilling their legal obligation under The Public Sector Equality Duty to consider how their policies affect people with protected characteristics under the Equality Act.

This means: Trusts are hiding the truth from their patients. Their websites promise single sex wards whilst secret policies enable self-ID which delivers mixed sex accommodation. Only 5% of Trusts were truthful.

This means: The policies are unclear and difficult to understand. Most people would be surprised to learn that “single gender” accommodation is in fact “mixed sex”.

This means: Even if a child has been assessed and has been deemed to NOT be mature enough to understand the consequences of their decisions, they must be allowed to make this decision (and simultaneously remove their parents' ability to safeguard and make a different decision).

Headline findings – staff

1. No single sex staff toilet or changing facilities.
2. Fewer than half (43%) of Trusts provided Equality Impact Assessments. Those we saw are inadequate.
3. 81% of Trusts are affiliated with one or more LGBT campaign group advocating gender self ID.
4. 67% Made their policies available only in response to FOIs.
5. 43% signpost the special DBS arrangements available to transgender people.

This means: The NHS is operating gender self-ID policy by stealth and is not complying with the 1992 Workplace Regulations. This is unlawful.

This means: Trusts are not fulfilling their legal obligation under The Public Sector Equality Duty to consider how their policies affect people with protected characteristics under the Equality Act.

This means: Trusts have outsourced their thinking (but not their legal liability) to groups that advocate for self-ID into the facilities of the transgender person's choice.

This means: Trusts are hiding the truth from the public.

This means: Many Trusts do not have visibility of any previous identities their staff may have held.

A snapshot of qualitative data

From a biological perspective, the gender/sex spectrum is complex and the concept of a clear cut man/woman divide is, in itself becoming questionable with more and more people choosing to self-identify.

P4 of York and Scarborough Teaching Hospitals NHS Foundation Trust's TRANSGENDER GUIDANCE

Non-binary individuals should be fully supported in using the facilities in which they are comfortable and not forced to decide between 'Men's' and 'Women's' facilities based solely on gender expression."

University Hospitals Dorset NHS Foundation Trust, Transgender and Non-Binary Inclusion Guidelines Policy, p10

The Trust assumes that the staff member is the best judge of which facilities to use and that they will choose the best option for them out of the options available. It is not appropriate to question anyone about their choice of facility based on their appearance.

Royal Papworth Hospital NHS Foundation Trust, Trans Staff and Patients Procedure, p14

The starting place for making a decision on which ward to admit a trans or non-binary service users should be the individual's preference.

South London and Maudsley NHS Foundation, Policy for the Care and Support of Transgender and NonBinary People, p15

Remember: employees are under no obligation to inform anyone about their trans status – this is at odds with the public believing they can know the sex of their care provider

University Hospitals of Morecambe Bay NHS Foundation Trust, Supporting Trans & Non-binary Colleagues, Section 4.3.5b

Transgender patients (trans men – female to male and trans women – male to female) must be accommodated according to their gender in which they present unless they specify otherwise.

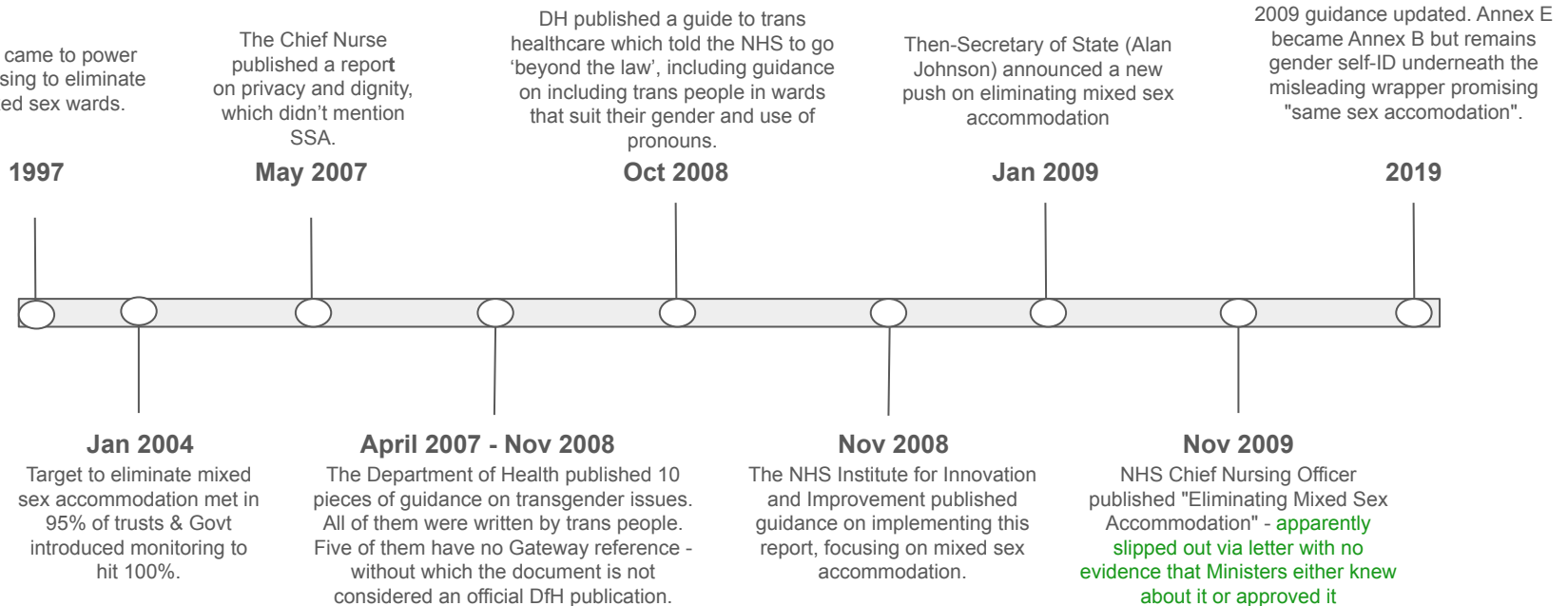
The Dudley Group NHS Foundation Trust, Privacy And Dignity (Incorporating Same Sex/Mixed Sex Accommodation) Policy, p12

This policy has been analysed for impact on equality and does not have an adverse impact on any protected characteristic.

Frimley Health NHS Foundation Trust, Delivering Single Sex Accommodation for Admitted Patients, EqIA

How this happened

A separate research project was undertaken to understand how the NHS reached the stage of institutional capture revealed by the policies we reviewed. The summary timeline below shows the role of the government and provides important political context for the audit findings. The full timeline can be viewed at: <https://seeninhealth.org/map-timeline/>

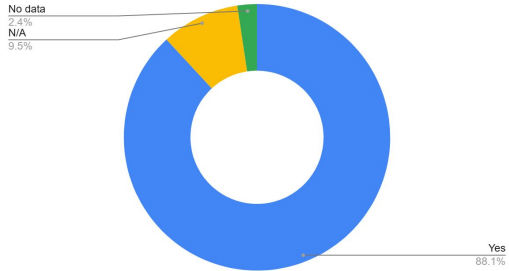


All public announcements since, misleadingly promise the public single sex NHS accommodation.

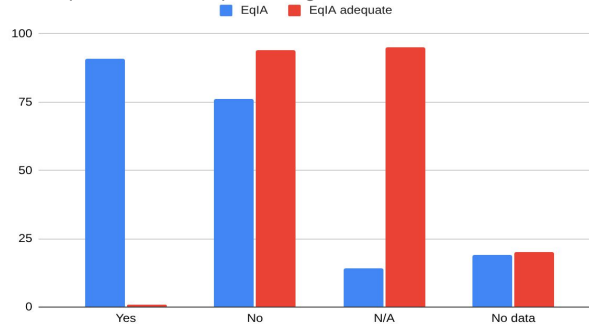
2. Results and analysis - patients

Patient data dashboard – England

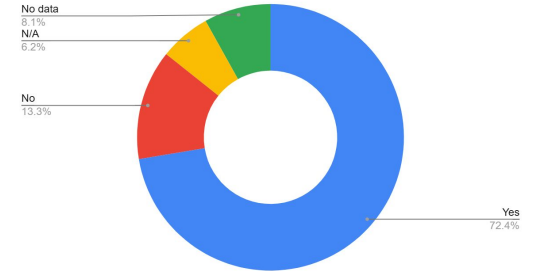
Mixed sex patient accommodation - England



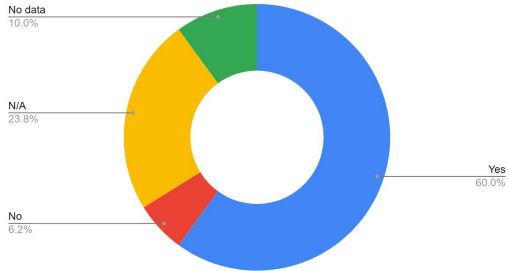
EqIA available / adequate – England



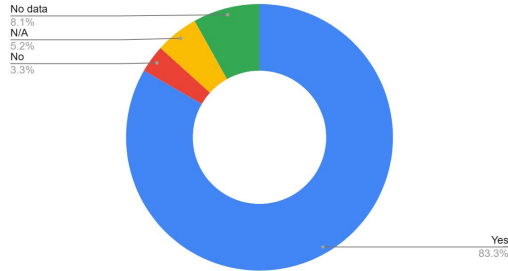
Policy available only via FOI - England



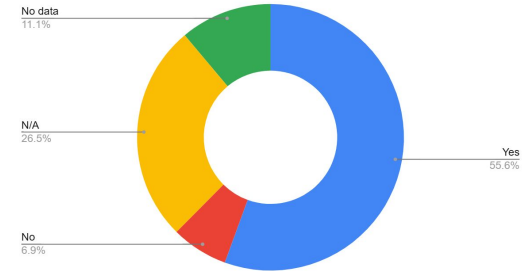
Website different from policy - England



Conflation of Sex and Gender - England

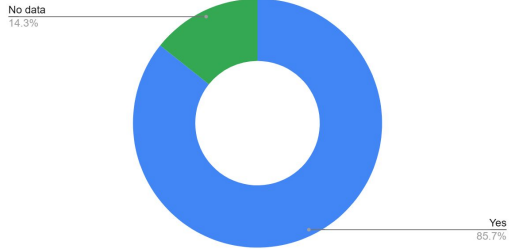


Gillick - England

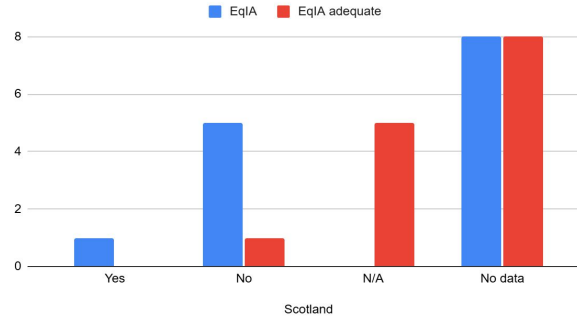


Patient data dashboard - Scotland

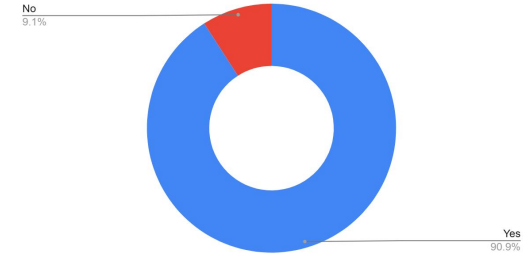
Evidence for Mixed Sex patient accommodation - Scotland
(14 trusts)



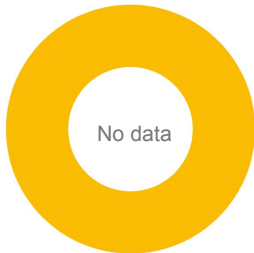
EqIA available / adequate - Scotland



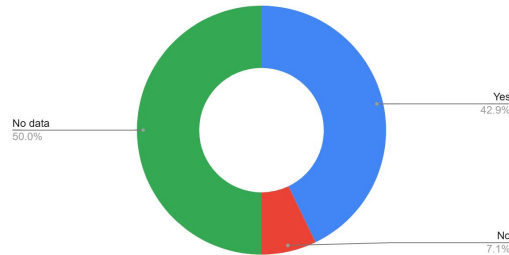
Policy only available via FOI - Scotland
(14 trusts)



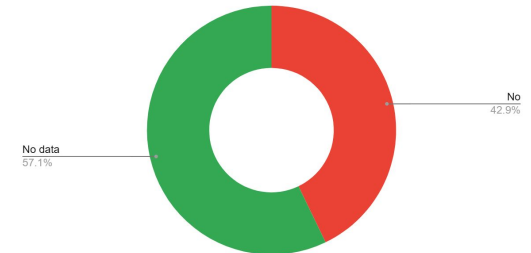
Website different from policy - Scotland
(14 trusts)



Conflation of Sex and Gender - Scotland
(14 trusts)

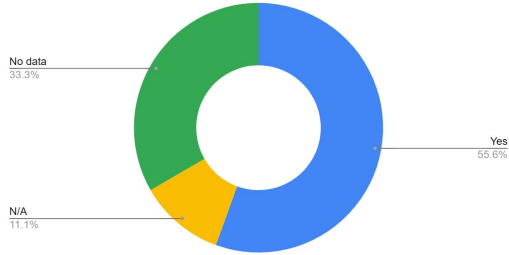


Gillick - Scotland
(14 trusts)



Patient data dashboard – Wales

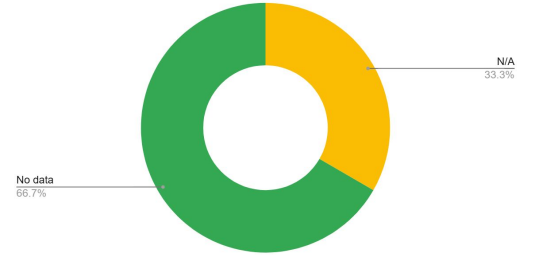
Evidence for mixed sex patient accommodation - Wales
(9 trusts)



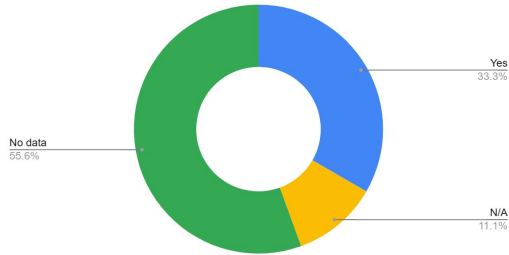
EqIA available - Wales
(9 trusts)



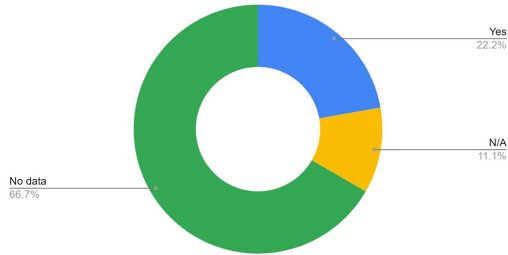
Website different to policy - Wales
(9 trusts)



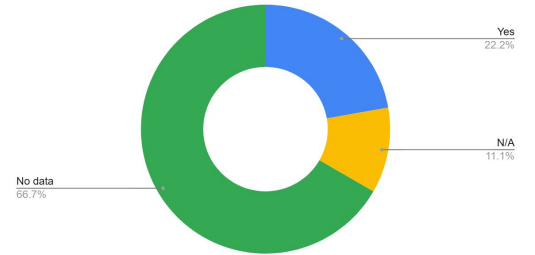
Policy only available via FOI - Wales
(9 trusts)



Conflates Sex and Gender - Wales
(9 trusts)

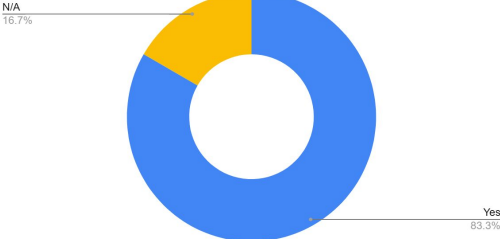


Gillick - Wales
(9 trusts)

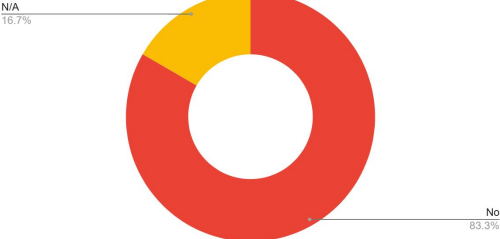


Patient data dashboard – Northern Ireland

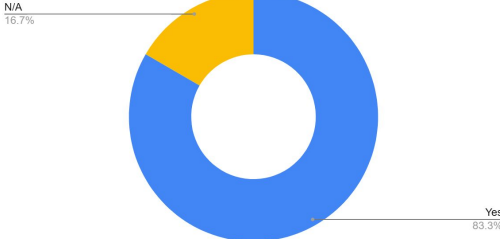
Mixed sex patient accommodation - N. Ireland (6 trusts)



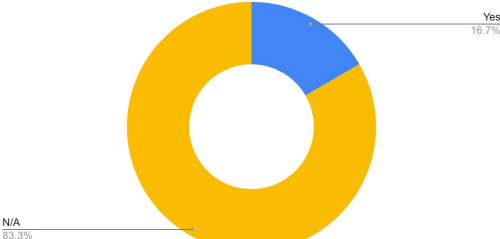
EqIA available - N. Ireland (6 trusts)



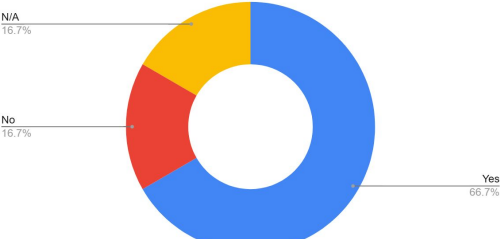
Policy only available via FOI - N. Ireland (6 trusts)



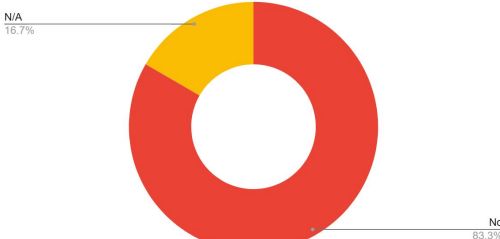
Website different to policy - N. Ireland (6 trusts)



Conflation of Sex and Gender - N. Ireland (6 trusts)



Gillick - N. Ireland (6 trusts)



No protected single sex
accommodation for
patients anywhere in the
NHS.

Patient-related data - Single Sex Accommodation

Auditors were searching for evidence of policies or practice that indicated single sex accommodation was being provided within each Trust. **No such evidence was discovered.**

England

Of the 210 Trusts across England 190 offer inpatient care (those that do not are recorded as N/A shown in the charts on the dashboard). Auditors found compelling evidence that 185 (97% of trusts with inpatient facilities) accommodate transgender patients on the supposedly single sex wards that aligns with the patient's identity, thereby rendering these wards mixed sex. There was insufficient evidence to conclude either way for the remaining five trusts.

It should be noted, that based on NHS England's guidance (currently under review following the Supreme Court ruling on *For Women Scotland Ltd vs The Scottish Ministers*) the default position across England is that Trusts will admit transgender patients to the wards of their choosing - per Annex B. It is therefore almost certain the remaining five trusts offer mixed sex accommodation.

Scotland

Of the 14 Trusts in Scotland, we found evidence that 12 (86%) offer mixed sex accommodation. We did not find any policy or other evidence to confirm the position of the other two.

Wales

Of the nine Health Boards in Wales, we found evidence that five (62% of those with inpatient facilities) operate de facto mixed sex wards, one is an Ambulance Trust and does not provide accommodation. We did not find any evidence for the remaining two to confirm their position.

Northern Ireland

We found evidence that all five (100%) Trusts offering inpatient treatment operate de facto mixed sex wards. The sixth Trust is an Ambulance Trust.

Fewer than half of Trusts provided Equality Impact Assessments. Those we saw are inadequate.

Patient-related data - Equality Impact Assessment

Across the UK 47% of Trusts with policies also provided EqIAs. We found only one example that the auditors considered adequate. However, as it had been prepared by a different Trust than the one using it, **we concluded no Trust has performed an adequate EqIA.**

The Public Sector Equality Duty (PSED) in the UK is a legal requirement set out in Section 149 of the Equality Act 2010. It places an obligation on public bodies, and on organisations carrying out public functions, to have due regard to certain equality considerations when making decisions and delivering services.

[Public bodies must consciously consider](#) how their policies, practices, and decisions affect people who share “protected characteristics” under the Equality Act 2010. While not explicitly required in legislation, Equality Impact Assessments (sometimes called Equality Analyses) are the main practical tool public bodies use to demonstrate they have met the PSED. A well-conducted EIA provides evidence that a public body has given “due regard” to its PSED obligations.

England

59% of Trusts in England whose policies were available, had undertaken an EqIA. Only one was considered adequate but it had not been undertaken by the Trust using it.

Scotland

Only one Trust in Scotland provided an EqIA (16%). This was not considered adequate by the auditors.

Wales

We found no Health Boards in Wales published an EqIA.

Northern Ireland

We found no Trusts in Northern Ireland published an EqIA.

Overwhelming lack of transparency. Website claims differ from policies (most of which are only available via FOI).

Patient-related data - lack of transparency

Across the UK, auditors relied on FOIs to obtain the relevant policies of 60% of Trusts and only 5% transparently shared information about same sex accommodation on their websites which aligned with their policies.

Very early in the auditing process it became apparent that the majority of Trusts were not transparently providing the true story about same sex accommodation to their patients.

Trusts with either no relevant policy or web content were categorised as N/A and No Data if neither was available.

Examples of how webcopy and policies differed are shown extensively in the regional tables capturing excerpts and references to weblinks and policies.

England

Only 28 Trusts in England (13%) made relevant policies publicly available. The policies of 126 were obtained by the auditors following an FOI request. Only 13 Trusts (6%) made statements on their websites that aligned with their policies

Scotland

Only one Trust in Scotland made its policy publicly available (7%). 10 were obtained via FOI and we did not capture how website and policy differed for Scotland.

Wales

No Health Boards in Wales published their policies publicly. Three were made available following FOI requests.

Northern Ireland

No Trusts in Northern Ireland published their policies, five were made available thanks to FOIs. One website differed from the policy and the remainder did not share the information on their websites.

Examples:

Bradford Teaching Hospitals NHS Foundation Trust

“Bradford Teaching Hospitals NHS Foundation Trust is committed to providing every patient with same sex accommodation.”

Trust’s website

“Bradford Teaching Hospitals NHS Foundation Trust respects an individual’s rights to self-identify gender identity.

“Accommodating Trans people in line with their preferred gender is not optional and must be the starting point of any interaction with a Trans person.”

Trans Equality Policy Staff And Patients (p24)

Sheffield Teaching Hospitals NHS Foundation Trust

“The room where your bed is will only have patients of the same sex as you.”

Trust’s website

“Transgender people, that is, individuals who have proposed, commenced or completed reassignment of gender, receive legal protection against discrimination. In addition, good practice requires that clinical responses be patient-centred, respectful and flexible towards all transgender patients who do not meet these criteria but who live continuously or temporarily in the gender role that is opposite to their natal sex (RCN 2016). Those who have undergone full-time transition should always be accommodated according to their gender presentation.”

SINGLE SEX ACCOMMODATION POLICY

Examples

Tees, Esk and Wear Valleys NHS Foundation Trust

“We have no mixed sex wards in our adult acute inpatient mental health assessment and treatment wards or secure inpatient services. Where we still have mixed sex accommodation, male and female patients may share day areas such as living rooms, activity rooms and kitchens however there is always a separate female only day space available in line with privacy and dignity in care requirements. Same sex sleeping, toilet and washing facilities are throughout all of our hospitals.”

Trust’s website

"If single or separate sex services are provided for women and men service providers should treat trans people according to the gender role in which they present."

PRIVACY AND DIGNITY POLICY

Royal Cornwall Hospitals NHS Trust

“Our aim is to provide you with high quality care and treatment that is safe, effective, and respects your privacy and dignity. This includes making sure you don’t have to share accommodation, toilets, or washing facilities with patients of the opposite sex. We’re committed to providing every patient with same-sex sleeping bays, bathrooms, and toilet facilities.”

Trust’s website

“The patient should be in a single sexed environment of the gender they have presented as.”

Supporting Individuals who are Transgender (p9)

Almost all policies conflate
“sex” and “gender” which
obfuscates the true
position.

Patient-related data – conflation of “sex” & “gender”

Almost all of the policies in this audit conflate sex and gender. This seemingly small “confusion” makes the policies very difficult to understand. Most people would be surprised to learn that “single gender” accommodation is in fact “mixed sex”.

Over time, distinguishing between the terms “sex” and “gender” has become crucial to decipher what is happening on the ground. Once used synonymously, more recently the two have been used to describe very different factors and deliberately conflated to obscure outcomes.

Auditors made no judgement on motivation for conflating these two terms but recorded as “yes” where Trusts had replaced the protected characteristic of “sex” with “gender” (or combined them).

Trusts were also categorised as “yes” for this metric where language switched from one meaning to another. A common example used in the Same Sex Accommodation policies of many Trusts would be: “Trans people are entitled to use single sex facilities in accordance with their gender identity.”

Wales

Both Health Boards in Wales for which we audited a policy conflated the terms.

England

Our auditors found 175 (83.3%) Trusts in England conflate sex and gender in some way in their policies governing where to accommodate patients. 13.3% either have no inpatient facilities or do not have a policy we were able to access. Only seven Trusts (3.3%) were found not to conflate these two terms.

Scotland

All of the seven Trusts in Scotland for which we had accessed a policy conflated the terms. A further seven (50%) had no policy available.

Northern Ireland

Four Trusts in Northern Ireland conflated the terms, one did not (but this policy dated from 2011 and the FOI response stated it was being updated “to incorporate direction regarding transgender and non-binary people.”). The remaining Trust was an Ambulance Trust which had no policy.

56% of Trusts in England
will override parental views
“even if the child is not
Gillick competent.”

Patient-related data - reference to Gillick

Annex B of NHS England's 2019 Guidance on Delivering Same Sex Accommodation includes direction for accommodating children as follows:

“Trans and gender variant young people should be accommodated according to their self-defined gender or presentation e.g. the way they dress, and the name and pronouns that they currently use. ... In some instances, parents or those with parental responsibility may have a view that is not consistent with the young person's view. If possible, the young person's preference should prevail even if they are not Gillick competent.”

Many trusts, including including Bradford Teaching Hospitals NHS Foundation Trust's TRANS EQUALITY POLICY STAFF AND PATIENTS, also include the rationale from Annex B: “.. they are extremely likely to continue, as adults, to experience a gender identity that is inconsistent with their natal sex appearance so their current gender identity should be fully supported” However, research data shows the opposite - i.e. gender questioning children are more likely to desist than continue <https://segm.org/studies>

Here what is being said is, explicitly, even if this child has been assessed and has been deemed to NOT be mature enough to understand the consequences of their decisions, you must nevertheless let them make this decision (and simultaneously remove their parents' ability to safeguard and make a different decision). This removes parental authority which is contrary to the recommendations of the Cass Review see [p164 - 165](#)

England

Overall, 56% of Trusts in England include this reference to Gillick competence. Only 3% explicitly counter the instruction to ignore parental views when the child is not Gillick competent. These Trusts use assessment of Gillick competence to guide their decisions on where to accommodate gender questioning children.

Wales

Both Health Boards for which we have seen the policies, include this wording.

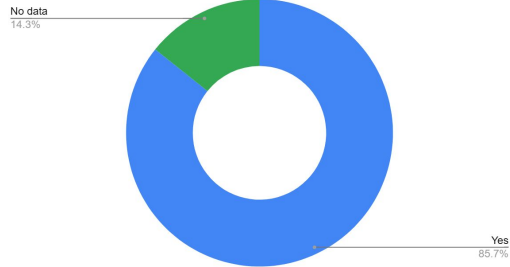
Scotland and Northern Ireland

Neither Scotland nor Northern Ireland use this wording.

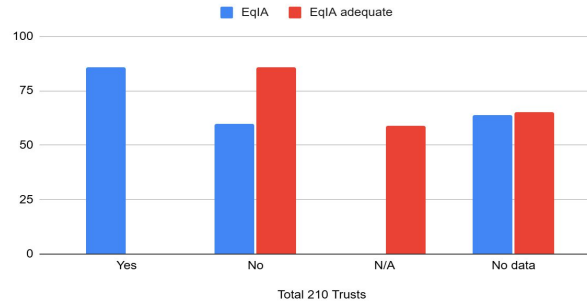
3. Results and analysis - staff

Staff data dashboard – England

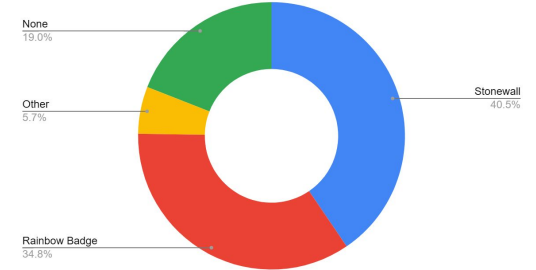
Mixed sex staff facilities - England



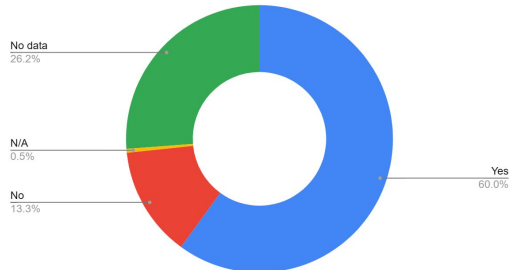
EqIA available / adequate - England



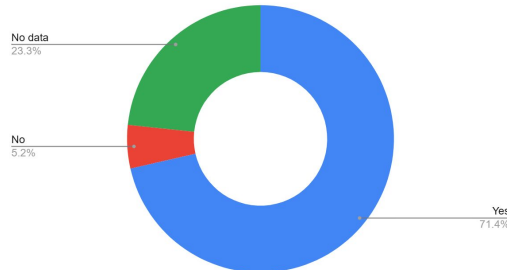
Evidence of affiliation with LGBT Groups - England



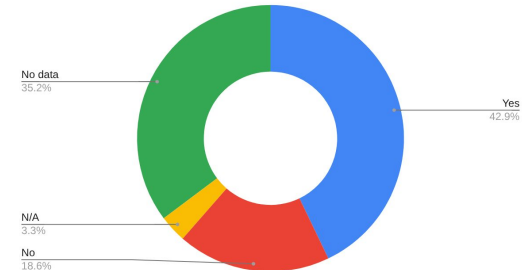
Policy only available via FOI - England



Conflation of sex and gender - England

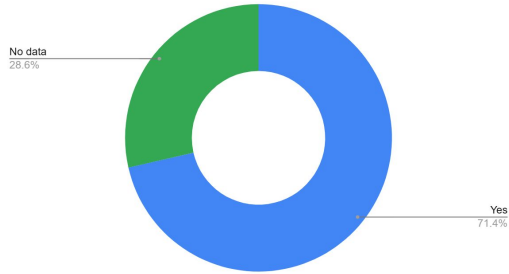


Special DBS arrangements signposted - England

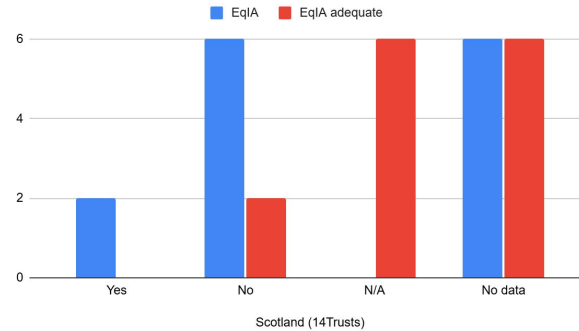


Staff data dashboard - Scotland

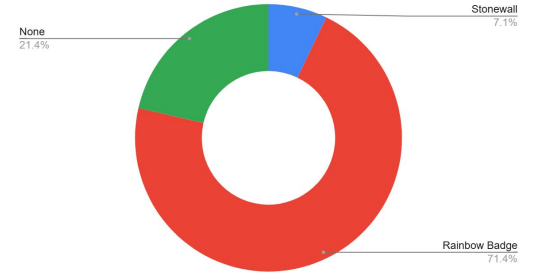
Mixed sex staff facilities - Scotland



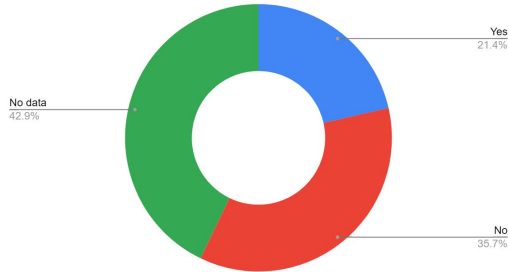
EqIA available / adequate - Scotland



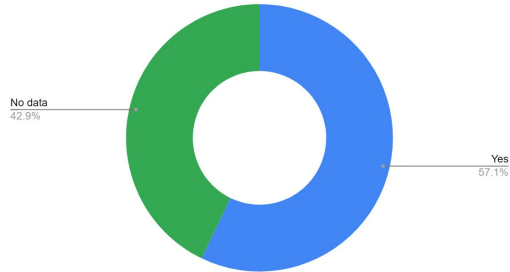
Evidence of affiliation with LGBT groups - Scotland



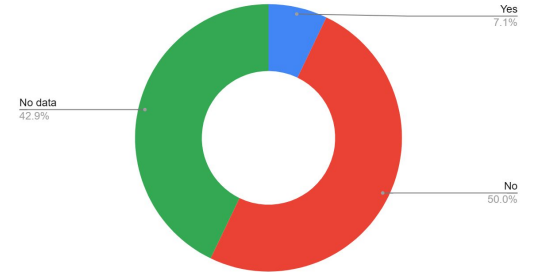
Policy only available via FOI - Scotland



Conflation of sex and gender Scotland

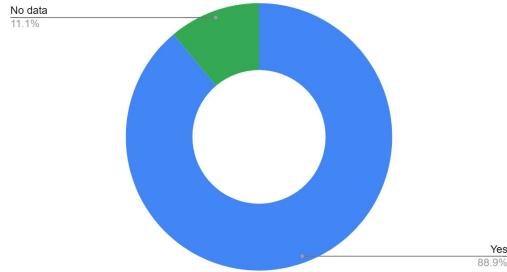


Special DBS arrangements signposted - Scotland

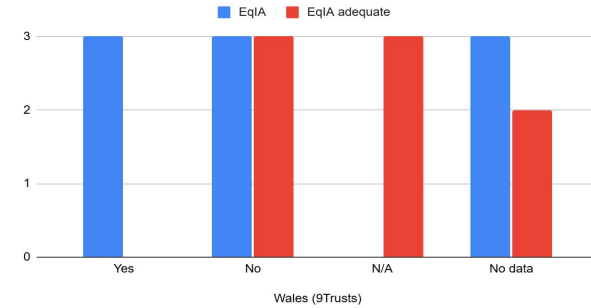


Staff data dashboard – Wales

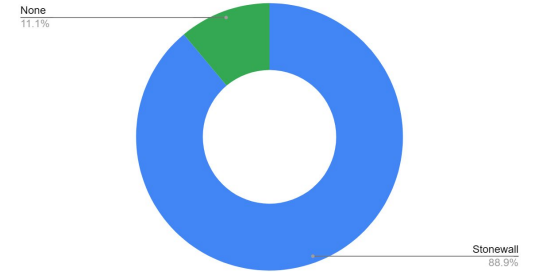
Mixed sex staff facilities - Wales



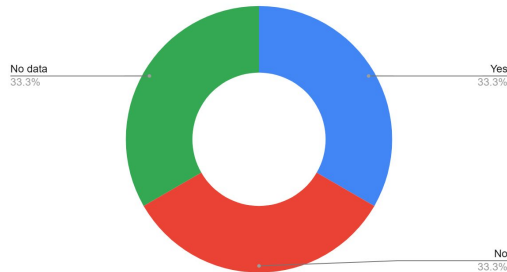
EqIA available / adequate - Wales



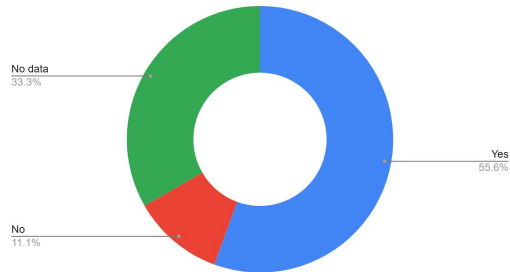
Evidence of affiliation with LGBT groups - Wales



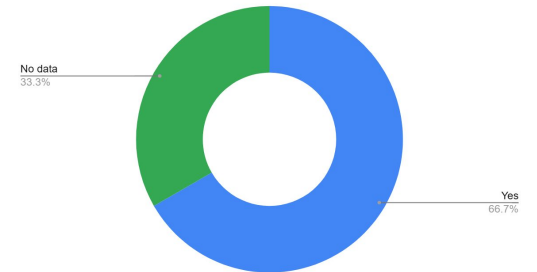
Policy only available via FOI - Wales



Conflation of sex and gender - Wales

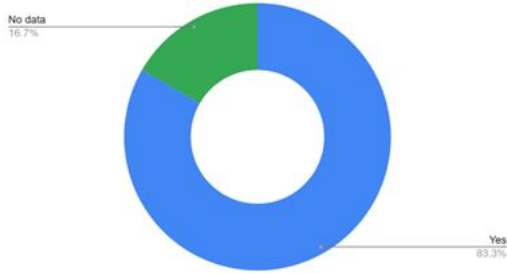


Special DBS arrangements signposted - Wales

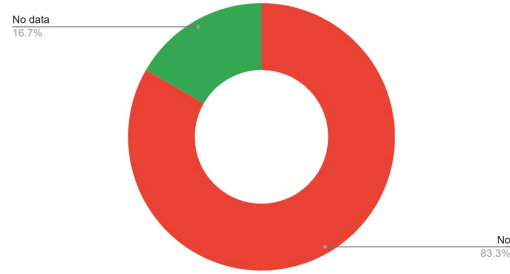


Staff data dashboard – Northern Ireland

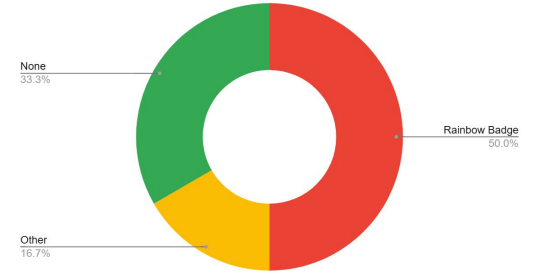
Mixed sex staff facilities - N Ireland



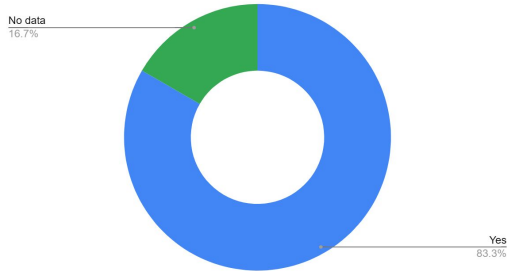
EqIA available - N Ireland



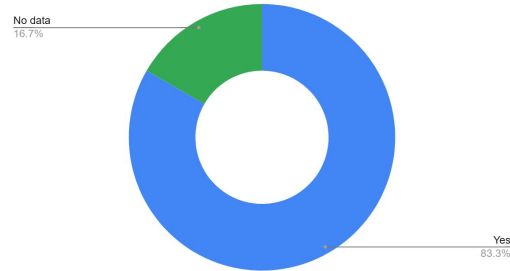
Evidence of affiliation with LGBT groups - N Ireland



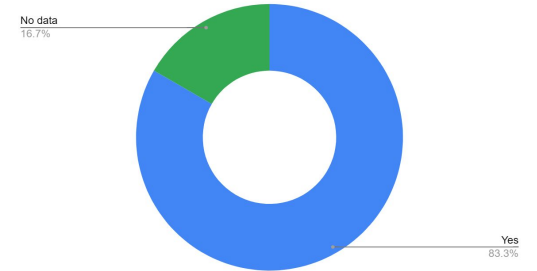
Policy only available via FOI - N Ireland



Conflation of sex and gender - N Ireland



Special DBS arrangements signposted - N. Ireland



No single sex staff toilet or
changing facilities.

Staff-related data - Mixed sex facilities

Auditors found no evidence of policies or practice that indicated single sex facilities were being provided for staff within each Trust. However, we found evidence that **85% of Trusts have policies based on self-ID.**

England

No evidence was found of any Trusts upholding single sex facilities for staff on the basis of biological sex.

We found that 86% of the 210 Trusts either had a policy explicitly covering which facilities transgender staff should use (universally, whichever the transgender colleague felt most comfortable with) or had a clear affiliation with a LGBT Group that promoted this approach.

Where Trusts did not have policies accessible, we used participation in the Stonewall Workplace Equality Index and Diversity Champions accreditations, Rainbow Badge Assessment reports and DE&I reporting as well as social media accounts as a proxy to confirm de facto self-ID and mixed sex facilities.

The remaining 15% of Trusts were recorded as having no data available.

Scotland

Of the 14 Trusts in Scotland, we found evidence that 10 (71%) have policies which make staff facilities de facto mixed sex. We did not find any policy or other evidence to confirm the position of the other four.

Wales

Of the nine Health Boards in Wales, we found evidence that eight (89%) operate de facto mixed sex staff facilities. We did not find any evidence for the remaining Health Board to confirm their position.

Northern Ireland

We found evidence that five (83%) Trusts do not protect single sex facilities for staff. We could not find sufficient evidence to confirm the position of the sixth Trust.

Fewer than half of Trusts
provided Equality Impact
Assessments. Those we saw
are inadequate.

Staff-related data - Equality Impact Assessment

Across the UK 43% of Trusts for which we found evidence of policy or practice in this area provided EqlAs covering staff policies. We **concluded no Trust has performed an adequate EqlA.**

The Public Sector Equality Duty (PSED) in the UK is a legal requirement set out in Section 149 of the Equality Act 2010. It places an obligation on public bodies, and on organisations carrying out public functions, to have due regard to certain equality considerations when making decisions and delivering services.

[Public bodies must consciously consider](#) how their policies, practices, and decisions affect people who share “protected characteristics” under the Equality Act 2010. While not explicitly required in legislation, Equality Impact Assessments (sometimes called Equality Analyses) are the main practical tool public bodies use to demonstrate they have met the PSED. A well-conducted EIA provides evidence that a public body has given “due regard” to its PSED obligations.

England

Overall, 86 (48%) of Trusts in England whose policies were available, had undertaken an EqlA. None were considered adequate.

Scotland

Only two Trusts in Scotland provided an EqlA (14%). These were not considered adequate by the auditors.

Wales

Two (33%) Health Boards in Wales published an EqlA that we discovered, neither were considered adequate.

Northern Ireland

We found no Trusts in Northern Ireland published an EqlA.

81% of Trusts are affiliated
with one or more LGBT
campaign group advocating
gender self ID.

Staff-related data – affiliation with LGBT groups

Across the UK 81% of Trusts are affiliated with one or more LGBT campaign group advocating gender self ID. Trusts have outsourced their thinking (but not their legal liability).

England

The vast majority of Trusts (81%) have links now or in the recent past with Stonewall, the NHS Rainbow Badge scheme or another local or national LGBT campaigning organisation.

40% of Trusts were affiliated in some way with Stonewall and almost 35% were signed up to the Rainbow Badge Scheme at some level. Where Trusts were associated with more than one initiative, we recorded only one on the datasheet with Stonewall recorded first, followed by Rainbow Badge and then other groups.

All the groups that we came across on Trusts' websites advocate for self-ID into the facilities of the transgender person's choice. We reviewed several Rainbow Badge assessment reports which make this clear alongside recommending the removal of all gendered language e.g. woman, mother and breastfeeding from all policies across the Trust.

Scotland

We found evidence that one Trust in Scotland was affiliated with Stonewall while 10 (71%) were signed up to the Scotland NHS Pride Badge scheme.

Wales

We found that eight (89%) of Health Boards in Wales were connected to Stonewall.

Northern Ireland

Three (50%) Trusts in Northern Ireland were linked to the Rainbow Badge scheme. One was linked to a local LGBT advocacy group and we did not find any links to campaigning groups among the other two Trusts.

From the judgment of *LS v NHS England*: “reliance on contemporaneous guidance or good practice advice cannot justify an incorrect interpretation of the law. Employers must seek their own legal advice and ensure that they are applying the law correctly.”

67% Made their policies
available only in response
to FOIs.

Staff-related data - lack of transparency

Across the UK, auditors relied on FOIs to obtain the relevant policies of 67% of Trusts for which we found evidence of policy or practice in this area.

England

Auditors relied on historic FOIs to obtain relevant policies for **60%** of Trusts. There were fewer policies covering support for transgender staff on the whole compared to patient accommodation but no greater transparency.

Scotland

The policies of three Trusts in Scotland were only available via FOIs.

Wales

We found the policies of three (33%) of Health Boards in Wales only via FOI.

Northern Ireland

Five of the six Trusts in Northern Ireland (83%) made their policies available only via FOI.

43% signpost the special DBS arrangements available to transgender people.

Staff-related data - special DBS arrangements

Across the UK, 43% of Trusts signpost special DBS arrangements for transgender applicants / employees in their staff policies. This means these Trusts do not have full visibility of any previous identities their transgender staff may have held.

A substantial proportion of Trusts overall signpost the special service offered for transgender people by the Disclosure and Barring Service (DBS). Wording is the same or similar to that used by County Durham and Darlington NHS Foundation Trust in its Transitioning in the Workplace Policy:

“The DBS has a confidential checking process for transgender applicants who do not wish to reveal details of their previous identity, allowing the individual concerned to complete the process in the standard way whilst notifying the DBS confidentially.”

England

90 Trusts (43%) signpost to this special DBS arrangement in their policies. This half of the Trusts that have policies.

Scotland

Only one Scottish Trust included this information in its policy.

Wales

Six Health Boards in Wales (67%) included the alternative arrangements for Transgender staff to be DBS checked.

Northern Ireland

Five of the six Trusts in Northern Ireland (83%) signposted the arrangements in their policies.

4. Conclusions

Conclusions

We set out to establish whether there is any genuinely single sex provision for patients or NHS staff in the UK.

Unfortunately, we did not find any. Although some policies were less extreme than others, we do not believe any of the policies we audited were lawful.

We have seen the same phrases recurring over and over again through the policies of multiple Trusts. There appears to be at least three or four original source materials, large chunks of which have been copied and pasted into their policies by multiple Trusts. This reflects the political context we set out in our timeline. Here the hand of campaigning groups is clear.

Many policies contain anachronistic and unscientific terms e.g. “intersex” and even in at least one case “hermaphrodite”; which are inconsistent with a medical environment and could negatively impact treatment of trans people if taken literally.

University Hospitals Dorset NHS Foundation Trust’s Trans and Non-Binary Patient Guidelines state: “In most healthcare situations, people’s assigned sex at birth is irrelevant, although

there are a few exceptions. Asking inappropriate questions about a person’s assigned sex at birth is invasive and potentially very hurtful” (p7).

At least one Trust explicitly allows trans-identified staff to attend patients who have requested a specific sex clinician, despite not being the requested sex. Other Trusts implicitly allow this. Royal Devon University Healthcare NHS Foundation Trust’s Transgender Workplace - A guide for Staff and Managers, states: “...patients may ask to see a specific sex/gender clinician. The Trust takes the position that trans clinicians will be supported in their identity and acquired gender to see such patients.”

All Trusts operate de facto mixed sex wards and staff facilities. However, not all Trusts enshrine this in policy. Of the majority which do, there is significant variation of where, and how transparently it is presented. Trusts will need to root out unlawful materials across multiple policies, SOPs and other guidance to bring their practice in line with the law.

Courage calls to courage

Please act to encourage the NHS to act lawfully

Appendix - Methodology

Methodology & scope

This report and the supporting materials cover the audit data for all 239 NHS Trusts* in the UK.

* It includes three privately run trusts in the South West

We used an online questionnaire platform to capture consistent and comparable information about each Trust's policies. Suggested search terms were included in the questionnaire to help auditors find the materials they needed to answer the audit questions.

Auditors searched publicly available online sources to find evidence of the provision of single sex accommodation for patients and single sex toilets and changing facilities for staff. Documentation we found include guidance and SOP as well as policies, the majority of which were only accessible to auditors thanks to historic FOI requests. We have used "policy" as a shorthand to include all these document types as long as they clearly direct practice.

Trusts' affiliation with LGBT campaigns and lobby groups was noted and used as a proxy for policies where the policies themselves were inaccessible.

Evidence from each Trust was captured including links to sources and uploaded PDFs of web pages and policies to create an archive of materials. Auditors also captured other points considered to be of public interest.

Once all the regions had been audited, a smaller group reviewed the findings, filled any remaining gaps and checked and amended anomalous results. The quantitative data across all metrics was entered into a master spreadsheet from which analysis of regional and overall results was undertaken.

The questionnaire

Patient data captured:

MSA - Was there evidence of Mixed Sex Accommodation?

CSG - Was there Conflation of Sex and Gender?

EqIA Provided – Was an Equality Impact Assessment available?

EqIA Adequate - Was the Equality Impact Assessment undertaken fit for purpose?

FOI - Was the policy/information only available as a result of a FOI?

WDP - Was the information in the policy/guidance or FOI response different from what was easily accessible on the Trust's website?

Gillick - Did the policy include a statement to say that the patient's wishes should override parents' irrespective of Gillick competence?

Staff policy data captured:

As per patients (MSA for staff relates to toilet/washing/and changing facilities) with the addition of:

Affiliation with LGBTQ groups - evidence of affiliation or practice consistent with the "best practice" advocated by Stonewall, NHS Rainbow Badge scheme or other local or national groups.

DBS - Did the policy include signposting to the special DBS process which avoids sharing previous names or genders with prospective employers?

The scoring

For each Trust we evaluated each metric on the questionnaire and assigned a score using a simple system:

Yes

No

Not applicable

No data available

We scored “Y” where we had evidence of:

- mixed sex accommodation
- conflation of sex and gender
- an EqIA
- EqIA being fit for purpose
- FOI being the only way of accessing the policy
- different messaging on website and policy
- reference to Gillick competence
- reference to the ‘special’ DBS process for transgender people

We scored “N” where we had evidence these features did not exist.

We scored “N/A” where the metric was not relevant or quantifiable e.g. where a trust offered no inpatient care or if we did not have access to both a web page and a policy we could not evaluate whether the two differed.

In the master datasheet we recorded “No Data” Where our searches and FOIs yielded no policies.

Assumptions and limitations

Assumptions

Where there were no available policies or guidance but the Trust was evidenced to be a Stonewall Diversity Champion or adhering to the NHS Rainbow Badge Scheme (or a local equivalent), we inferred that patient accommodation and staff facilities would be de facto mixed sex based on self-ID (which is the central plank of these programmes).

These affiliations offered additional evidence of lack of single sex patient accommodation beyond the starting assumption that Trusts in England would be following NHS England guidelines which already mandates mixed sex accommodation via Annex B.

Depending on the level of affiliation, the conflation of Sex and Gender (CSG) metric may also have been recorded positively as an essential component to self-ID in practice. Remaining data categories for Trusts with no policies available to review were marked "No Data".

Limitations

Auditors interpreted the "Conflation of Sex and Gender (CSG)" metric differently. Some recorded this positively based on the language to describe the mandated treatment of transgender patients and staff e.g. "should use the same sex facilities that align with the gender they identify with".

Others only recorded this metric positively if the protected characteristics listed replaced or conflated Sex with Gender. The data recorded against this metric should therefore be considered in this context and used carefully.

Most Trusts did not share their policies publicly and the auditors were heavily dependent on FOI's for accessing evidence. In particular, responses to Ermine Amies who wholesale requested policies from Trusts across England in 2024. It is possible that Trusts had updated the policies reviewed by the auditors in the meantime*.

*responses to fresh FOI requests made in March 2026 suggest that this concern is unfounded as 33 out of 36 Trusts asked have not replaced their unlawful policies.



Thanks

For more information visit
<https://seeninhealth.org/nhs-foi-map/>