



# Menopause Policy



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Target audience:	All Colleagues

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

<b>Version</b>	<b>Date Issued</b>	<b>Brief Summary of Changes</b>	<b>Author</b>
1		New Policy – read full document	Gill Pickersgill

## Contents

	<b>Page No.</b>
1 Introduction.....	4
2 Purpose .....	4
3 Duties and Responsibilities .....	5
3.1 Colleagues are responsible for: .....	5
3.2 Line Managers should: .....	6
3.3 Recording Menopause Related Absences.....	6
4 General Information.....	6
5 Training/support .....	7
6 Monitoring compliance with the procedural document.....	7
7 definitions OF MENOPAUSE .....	8
8 Equality impact assessment .....	9
9 Associated Trust procedural documents .....	9
10 Menopause and the law.....	9
<b>11 APPENDIX 1– CHECKLIST FOR MANAGERS .....</b>	<b>11</b>
<b>12 APPENDIX 2 – WELLBEING ACTION PLAN .....</b>	<b>16</b>
<b>13 APPENDIX 3– SYMPTOM CHECKER .....</b>	<b>17</b>
<b>14 RESOURCES.....</b>	<b>18</b>
<b>15 APPENDIX - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING .....</b>	<b>19</b>

## 1 INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is committed to providing an inclusive and supportive working environment for all employees.

Increasingly women are working well into their 60s and beyond with the number of older women in the workforce expected to rise. This policy is to increase understanding of how menopause impacts people at work and ways we can support employees experiencing it. The menopause is a natural phase of life when women stop having periods and experience hormonal changes such as a decrease in oestrogen levels. People who are non-binary, transgender and intersex may also experience menopausal symptoms.

Women are working through perimenopause, menopause and beyond and this can mean managing the demands of work and home life whilst also dealing with sometimes severe symptoms and other issues.

The Trust recognises that women experiencing the menopause, whether before, during or after this time of hormonal change and associated symptoms, may need additional support and adjustments. The **menopause** and **perimenopause** are a very individual experience, and people can be affected in diverse ways and to different degrees, and therefore different levels and types of support and adjustments may be needed. Women experiencing **early menopause**, periods stop before the age of 45, also need to be supported. Early menopause can happen naturally if a woman's ovaries stop making normal levels of certain hormones, particularly the hormone oestrogen. It can also happen if undergoing treatment for cancer due to radiotherapy and chemotherapy. Surgically removing both ovaries will also bring on premature or early menopause.

This policy is to encourage a more transparent environment, so colleagues felt supported and Line Managers knew where to go for information.

## 2 PURPOSE

Menopause is a time of transition when women's oestrogen levels decline. It is a time when women stop having periods and experience hormonal changes. Typically, this occurs between the ages of 45 and 55 and may last between four and eight years. Menopause is defined as having occurred when a woman has not had a period for 12 consecutive months (for those reaching menopause naturally).

Menopause and perimenopause are very personal experiences and will differ from individual to individual and six out of every ten women experiencing menopausal symptoms say it has a negative impact on their work.

The policy aims to ensure managers and colleagues are aware of their responsibility to understand how the menopause can affect colleagues, and how they can support those experiencing menopause symptoms at work. The policy will:

- foster an environment in which colleagues can openly and comfortably instigate conversations, or engage in discussions about the menopause in a respectful and supportive manner.
- raise wider awareness and understanding among all employees about the menopause.
- enable workers experiencing the menopause to continue to be effective in their jobs.
- outline support and reasonable adjustments available.
- help us recruit and retain employees experiencing menopause symptoms.

DBTH has a predominantly female work force and currently employ approximately 13% of women of menopausal age, 51yrs to 55yrs, this doesn't account for the 1 in 100 who will go through early menopause. It is therefore important to provide comprehensive guidance for our Line Managers and colleagues so that they could have open and helpful conversations now and in the future.

Good menopause care has both direct and indirect impacts on workforce retention, productivity, presenteeism and absenteeism.

### 3 DUTIES AND RESPONSIBILITIES

Managers should ensure that all employees are aware of this policy and understand their own and the employer's responsibilities. Employees should be encouraged to discuss the impact of their menopausal symptoms on their work-life and encourage them to access the support offered.

Managers should be ready and willing to have open discussions about the menopause, appreciating the personal nature of the conversation, and treat the discussion sensitively, confidentially, and professionally.

All requests for support or adjustments must be dealt with confidentially and in accordance with the data protection policy and should be completed using Appendix 1.

Colleagues should familiarise themselves with 'My Wellbeing Action Plan' Appendix 2.

#### **Occupational Health (OH)**

OH can advise on managing the symptoms and also identify health risks and introduce preventative strategies and discuss reasonable adjustments.

#### **Health and Wellbeing (HWB)**

HWB can support and signpost employees to up to date advice and further support including webinars, Wellbeing Wednesday sessions, drop-in sessions and much more.

The team are also trained Menopause Advocates.

#### 3.1 Colleagues are responsible for:

- Taking personal responsibility to look after their health.
- Being open and honest in conversations with managers/HR and Occupational Health.

- If a colleague is unable to speak to their line manager, or if they perceive their line manager is not supporting them, they can speak to their People Business Partner, Occupational Health or the Health and Wellbeing team.
- Contributing to a respectful and productive working environment.
- Being willing to help and support their colleagues.
- Understanding any necessary adjustments their colleagues are receiving because of their menopausal symptoms.

### 3.2 Line Managers should:

- Familiarise themselves with the Menopause Policy.
- Attend menopause training events run by the Trust to gain a better understanding of the transition
- Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally.
- Provide employees with support and guidance and sign post them.
- Document conversations and record any actions/adjustments required using the form provided at Appendix 1.
- Ensure ongoing dialogue and review dates.
- Ensure that all agreed adjustments are adhered to.
- Be familiar with the Reasonable Adjustments Policy: [CORP/EMP 57](#)

### 3.3 Recording Menopause Related Absences

Menopause related absences will be recorded to give the Trust a better understanding of the impact menopause is having on colleagues and put in place the necessary support.

## 4 GENERAL INFORMATION

Many women will experience menopausal symptoms. Some of these can be quite severe and may have a significant impact on their everyday activities including work life. Common symptoms include:

- Hot flushes
- Palpitations
- Headaches
- Night sweats
- Joint problems/osteoporosis
- Insomnia
- Difficulty sleeping
- Skin irritation
- Vaginal dryness
- Low mood or anxiety

- Depression
- Problems with memory and concentration.

Menopausal symptoms can begin months or even years before periods stop and last around four years after the last period, although some women experience them for much longer.

## 5 TRAINING/SUPPORT

The Trust has trained Menopause Advocates who can provide support including colleagues from HR, Occupational Health and Health and Wellbeing. For a list of advocates, go to: <https://extranet.dbth.nhs.uk/health-and-wellbeing/menopause-guidance/>. Also included is a Symptom Checklist that will help colleagues to prepare for a discussion with their healthcare professional about the menopause (Appendix 4).

## 6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Suitability of policy	Health and Wellbeing Team	At least every 3 years, or if legislation changes	Monitor best practice and legal updates
Managers, Care Groups and Corporate Directorates must monitor and analyse menopause sickness absence.	Managers for their individual team (Care Group/Corporate Directorate).	Monitor as you would any other sickness related absence	Input Reported to ESR
Reasonable adjustments implemented ensure are carried out and adhered to.	Line Managers	Monthly	

Wellbeing Conversations during appraisals	Line Managers	At least once a year	

## 7 DEFINITIONS OF MENOPAUSE

### Early menopause

Menopause happening between the ages of 40 and up to 45.

### Menopause

Menopause is when periods stop due to lower hormone levels. This usually happens between the ages of 45 and 55 but for some it can be earlier or later. Family history, surgery and medical conditions can affect the age menopause occurs. Menopause is reached when there has not been a period for 12 consecutive months.

### Perimenopause

The time leading up to menopause when ovulation cycles and periods can be irregular, continuing until 12 months after the final period. Perimenopause usually begins during the mid-40s, although it can start earlier and extends until 12 months after the final period.

### Early menopause

This happens when a woman's periods stop before the age of 45. It can happen due to illness, genetics, or medical procedures.

### Post menopause

This is the time after menopause (12 consecutive months without a period). Symptoms of menopause may continue and may require ongoing support.

### Premature menopause

When menopause occurs under the age of 40, it is termed premature menopause or premature ovarian insufficiency (POI).

### Menopause transition

Refers to the stages: perimenopause, menopause, and post-menopause

### Male Menopause

The male menopause "andropause" is used to describe aging-related hormone changes in men including - Low energy; Changes in sleep patterns; Emotional changes; Physical changes and Changes in sexual function.



## 8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation, or religious belief. No detriment was identified.

## 9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- [CORP/EMP 1](#) – Sickness Absence Policy
- [CORP/EMP 4](#) – Fair Treatment for All
- [CORP/EMP 31](#) – Health and Wellbeing Policy
- [CORP/EMP 48](#) – Flexible Working Policy
- [CORP/EMP 57](#) – Reasonable Adjustments Policy
- [CORP/EMP 49 \(amended July 2019\)](#) – DBTH Leave Policy (including Annual, Study, Professional and Duty for all colleagues, including medical)
- [CORP/EMP 20](#) – Dress Code and Uniform Policy

## 10 MENOPAUSE AND THE LAW

While menopause is not a specific protected characteristic under the Equality Act 2010, in accordance with the Advisory, Conciliation and Arbitration Service (ACAS), “if an employee is disadvantaged and treated less favourably in any way because of their menopause symptoms this could be viewed as discrimination if related to a protected characteristic, for example, age, disability, gender reassignment or sex”.

**[Equality Act 2010:](#)** legally protects people from discrimination in the workplace and in wider society. Menopause is largely covered under three protected characteristics: age, sex and disability discrimination.

**[Health and Safety at Work Act 1974:](#)** which states, “An employer must, where reasonably practical, ensure everyone’s health, safety, and welfare at work. “

Further information regarding menopause and the law can be found on the ACAS website:  
<https://www.acas.org.uk/menopause-at-work/menopause-and-the-law>

## APPENDIX 1– CHECKLIST FOR MANAGERS

Before using this checklist, line managers are advised to familiarise themselves with the general health and wellbeing framework for the workforce which can be accessed here.

**Employee name:**

**Date of assessment:**

**Line manager name:**

What are the hazards?	Considerations	Level of risk	What is already being done?	What further action is necessary	Action by whom	Action by when	Date achieved
Information on menopause	Does colleagues have access to information on menopause, relevant policies on attendance management, flexible working?						
Sickness reporting	Is there the facility for those who are not able to attend work due to menopausal symptoms to report these to a female manager or other point of contact? Is it entered correctly on ESR?						

Stress	<ul style="list-style-type: none"> <li>• Are the appropriate mechanisms in place to deal with other related issues such as stress?</li> <li>• Does a stress risk assessment need to be completed?</li> </ul>						
Occupational health	<ul style="list-style-type: none"> <li>• Are colleagues aware of the facility to make an occupational health (OH) referral and support to remain in the workplace?</li> <li>• Do they need an OH referral?</li> </ul>						
Support groups	<ul style="list-style-type: none"> <li>• Are colleagues aware of support groups, staff networks or champions/advocates in the workplace that may be able to help?</li> </ul>						
Workstations	<ul style="list-style-type: none"> <li>• Are workstations/locations easily accessible to sanitary and rest facilities?</li> </ul>						

Facilities	<ul style="list-style-type: none"> <li>• Are there private changing and washing facilities available?</li> <li>• Is there access to sanitary products?</li> <li>• Do rotas and schedules ensure that colleagues have easy access to sanitary products and washing facilities?</li> </ul>						
Temperature	<ul style="list-style-type: none"> <li>• Is ventilation available and is it regularly maintained?</li> <li>• Is additional ventilation provided if necessary?</li> </ul>						
Environment/duties	<ul style="list-style-type: none"> <li>• Have workstation risk assessments been reviewed to take menopause into account?</li> <li>• Are there opportunities to switch to lighter or different duties if a risk assessment</li> </ul>						

	<p>identifies this as required?</p> <ul style="list-style-type: none"><li>• Do manual handling assessments take any issues around menopause into account?</li><li>• Are there flexible arrangements in place in relation to breaks?</li><li>• Can start and finish times be adjusted as part of flexible working agreement?</li><li>• Is the role suitable for agile working?</li><li>• Have work processes been assessed to see if any reasonable adjustments are needed?</li><li>• Are humidifiers functioning, if applicable?</li><li>• Is the noise level suitable?</li><li>• Is the worker experiencing any</li></ul>						
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	<p>fatigue – mental or physical?</p> <ul style="list-style-type: none"> <li>• Is there sufficient and suitable workspace?</li> <li>• What mechanisms are in place to manage remote working and access to facilities?</li> </ul>						
Working conditions	<ul style="list-style-type: none"> <li>• Is there a suitable work pattern?</li> <li>• Is the person working alone?</li> <li>• Is there overtime in the schedule?</li> <li>• Is there travel for work involved? Other hazards: please identify</li> </ul>						
Uniform							
Other hazards: please identify							

## APPENDIX 2 – WELLBEING ACTION PLAN

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### My Wellbeing Plan: What I know about my wellbeing



General self-awareness	<p>I am at my best when ... I feel... I am doing... I am with ... I am thinking ...</p> <p>The difference this makes for me is ...</p>	<p>My wellbeing is drained when ... I feel ... I am doing... I am thinking ... I face challenges of ...</p>	<p>Warning signs for a drop in my wellbeing are: What I notice... What others might notice ...</p>
Snapshot: How things are right now	<p>The things I am doing to maintain/enhance my wellbeing are:</p>	<p>The challenges for my wellbeing right now are:</p>	<p>What would it be most helpful for me to focus on right now to enhance my wellbeing? Where can I go to get help?</p>
The way forward	<p>The things I am doing now that I should continue to do to enhance my wellbeing are ...</p>	<p>The things it would be helpful to start doing to maintain/ enhance my wellbeing.....</p>	<p>The things it would be helpful for me to stop doing to enhance my wellbeing are ...</p>



## APPENDIX 3– SYMPTOM CHECKER

<b>SYMPTOMS</b>				
0 = NO PROBLEM   1 = MILD SYMPTOMS   2 = SEVERE SYMPTOMS 3 = EXTREMELY SEVERE SYMPTOMS				
<b>PHYSICAL SYMPTOMS</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Hot flushes/Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin (dryness, itching or acne)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aching joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain or bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UTI, urinary frequency & leakage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>PSYCHOLOGICAL SYMPTOMS</b>				
Worry or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low mood or depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased ability to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain fog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to multi task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## RESOURCES

### NHS menopause information

#### The Hive

The Hive has lots of Menopause information within the Health and Wellbeing section:

<https://extranet.dbth.nhs.uk/health-and-wellbeing/menopause-guidance/>

The NHS website has lots of information, visit:

<http://www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx>.

#### Royal College of Obstetricians and Gynaecologists (RCOG)

RCOG offer further information in a dedicated area of their website at:

<https://www.rcog.org.uk/en/patients/menopause/>

#### National Institute for Health and Care Excellence (NICE) guidelines

The NICE guidelines explain how GP's determine what types of treatments and interventions they can offer: <https://www.nice.org.uk/guidance/ng23>

#### Early menopause

Premature Ovarian Insufficiency (POI) information and support on very early menopause.

Visit <https://www.daisynetwork.org.uk>

#### Hysterectomies, oophorectomy information

For comprehensive information about hysterectomy, visit:

<https://www.womenshealth.gov/a-z-topics/hysterectomy> <https://www.womens-health-concern.org/help-and-advice/factsheets/hysterectomy/>

#### Women's stories

For more information on managing the menopause and an insight into women's stories, visit the Henpicked website at: <https://henpicked.net/menopause-hub/>

#### National Institute of Medicinal Herbalists

Here's a link to find a qualified medical herbalist in your area:

<https://www.nimh.org.uk/find-a-herbalist/>

#### Cognitive Behavioural Therapy and menopause

<https://www.womens-healthconcern.org/help-and-advice/factsheets/cognitive-behaviour-therapy-cbtmenopausal-symptoms/>

#### NHS guidelines for taking vitamin D

<https://www.nhs.uk/conditions/vitaminsand-minerals/vitamin-d/>

#### Complementary/alternative therapies

<https://www.womens-healthconcern.org/help-and-advice/factsheets/complementaryalternativetherapies-menopausal-women/>

#### The British Menopause Society (BMS)

Is the specialist authority for menopause and post reproductive health in the UK.

Established in 1989, the BMS educates, informs, and guides healthcare professionals, working in both primary and secondary care, on menopause and all aspects of post reproductive health

<https://thebms.org.uk/>

## APPENDIX - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
		Gill Pickersgill	New	May 2023
1) <b>Who is responsible for this policy?</b> Name of Care Group/Directorate: P&OD				
2) <b>Describe the purpose of the service / function / policy / project/ strategy?</b> Who is it intended to benefit? What are the intended outcomes? All colleagues				
3) <b>Are there any associated objectives?</b> Legislation, targets national expectation, standards:				
4) <b>What factors contribute or detract from achieving intended outcomes?</b> –				
5) <b>Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] – Race, Gender				
<ul style="list-style-type: none"> <li>• <b>If yes, please describe current or planned activities to address the impact</b> [e.g. Monitoring, consultation] – Ensure policy access to all</li> </ul>				
6) <b>Is there any scope for new measures which would promote equality?</b> [any actions to be taken]				
7) <b>Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected ?</b>	<b>Impact</b>		
a) Age	Yes			
b) Disability	No			
c) Gender	Yes			
d) Gender Reassignment	Yes			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) <b>Provide the Equality Rating of the service / function /policy / project / strategy</b> – tick (✓) outcome box				
<b>Outcome 1</b>	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.				

<b>Date for next review:</b>	<b>June 2026</b>		
<b>Checked by:</b>	<b>Katie Smith</b>	<b>Date:</b>	<b>2 May 2023</b>