



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Menopause Policy

This procedural document supersedes: CORP/EMP 54 v.1 Menopause Policy



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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.

Version	Date Issued	Brief Summary of Changes	Author
1	July 2023	New Policy – read full document	Gill Pickersgill
2	September 2026	Intro, absences, policy links, feedback from staff side and PFG	Gill Pickersgill, Gavin Portier

Contents

1	INTRODUCTION	4
2	PURPOSE	5
3	DUTIES AND RESPONSIBILITIES	5
3.1	Occupational Health (OH).....	6
3.2	Health and Wellbeing (HWB).....	6
3.3	Colleagues are responsible for:	6
3.4	Line Managers should.....	7
3.5	Recording Menopause Related Absences	7
4	GENERAL INFORMATION	7
5	LEARNING / SUPPORT	8
6	MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT	8
7	DEFINITIONS OF MENOPAUSE.....	9
	Menopause	9
	Perimenopause	9
	Early menopause	9
	Post menopause	9
	Premature menopause	9
	Male Menopause	10
8	EQUALITY IMPACT ASSESSMENT	10
9	REFERENCES / RESOURCES	10
10	ASSOCIATED TRUST PROCEDURAL DOCUMENTS	11
11	MENOPAUSE AND THE LAW	12
	APPENDIX 1– CHECKLIST FOR MANAGERS	13
	APPENDIX 2 – WELLBEING ACTION PLAN	16
	APPENDIX 3– SYMPTOM CHECKER.....	17
	APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING.....	18

1 INTRODUCTION

At Doncaster and Bassetlaw Teaching Hospitals (DBTH), we are committed to creating an inclusive and supportive workplace for all colleagues. Guided by our We Care values and the DBTH Way, we recognise that menopause is a natural life stage that can bring unique challenges.

Our mission is to:

- Support our people by providing access to accurate information, practical guidance, and compassionate workplace adjustments.
- Empower colleagues to speak openly about menopause without stigma or fear, fostering a culture of understanding and respect.
- Promote wellbeing and retention by reducing the impact of menopause-related symptoms on attendance, performance, and career progression.
- Champion equality so that Team DBTH feels informed, valued, and able to fulfil their potential throughout every stage of life.

By prioritising good menopause care, we demonstrate our commitment to making our Trust the best possible place to work, where every individual feels supported, healthy, and able to thrive.

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.

DBTH has a predominantly female work force and currently employ approximately 13% of women of menopausal age, 51-years to 55-years, this doesn't account for the 1 in 100 who will go through early menopause. It is 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.

This policy is to encourage a more transparent environment, so colleagues feel supported and Line Managers know 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. Transgender women may experience menopause-like symptoms related to hormone changes, while transgender men, non-binary and intersex people may experience menopause depending on their anatomy and medical treatments.

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 colleagues 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.

Good menopause care has both direct and indirect impacts on workforce retention, productivity, presenteeism and absenteeism. DBTH is an accredited Menopause Friendly Employer (since 2023).

3 DUTIES AND RESPONSIBILITIES

Managers should ensure that all colleagues are aware of this policy and understand their own and the employer's responsibilities.

Managers should:

- invite workers to talk with them privately about how menopause is affecting them.
- know how to access awareness and education about menopause.
 - Health & Wellbeing Team and / or
 - Menopause Champions in the Trust.
- be able to discuss the menopause and know how to have effective conversations with colleagues, understand their role when offering support to colleagues.
- understand organisational policies related to menopause.
- know how menopause relates to the law and discrimination.

- 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.

Menopause can affect everyone differently and the support needed can vary from person to person.

Employees should be encouraged to discuss the impact of their menopausal symptoms on their work-life and encourage them to access the support offered.

All requests for support or adjustments must be dealt with confidentially and in accordance with the CORP/ICT 7 Data Protection Policy and should be completed using Appendix 1.

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

3.1 Occupational Health (OH)

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

3.2 Health and Wellbeing (HWB)

The Health and Wellbeing team are trained menopause advocates and can support and signpost employees to up to date advice and further support including webinars, Wellbeing Wednesday sessions, awareness sessions and much more. There is also a Menopause Peer Support WhatsApp group set up for colleagues. There are also Menopause Packs available for all Line Managers.

3.3 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.

3.4 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 CORP/EMP 57 - Reasonable Adjustments Policy
- Examples of such reasonable adjustments could be;
 - Offer flexibility where possible over start and finish times to help them manage their symptoms
 - Offer breaks to be taken when needed
 - Providing a private area where they can rest to manage their symptoms
 - Offer working from home if service needs can support
 - Review of certain duties in their role
 - Managers can order uniforms which are available to those going through menopause and can be ordered as part of the risk assessment. This can be addressed and arranged through individual conversations.
 - Where appropriate letting colleagues have control over their working environment, e.g. having a desk next to a window that opens or providing them a fan

3.5 Recording Menopause Related Absences

When calling in sick, colleagues should inform their line manager that their sickness absence is related to menopause symptoms, this information can be recorded on eRoster as a specific "Related Reason". Accurately recording menopause-related absence helps the Trust gain a better understanding of the impact on its workforce, inform national policy, and put necessary support mechanisms in place.

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 LEARNING / 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	
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7 DEFINITIONS OF MENOPAUSE

Note the ages ranges provided are not definitive and can vary from person to person. As can the reason / causes for the onset of symptoms. These will be discussed and addressed on case-by-case basis.

Early menopause

Early menopause is when you stop having regular periods before the age of 45. Premature menopause is if this happens before the age of 40. It can happen naturally or be caused by treatment for other conditions.

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), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

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 REFERENCES / RESOURCES

Cognitive Behavioural Therapy and menopause

[Women's Health Concern | Confidential Advice, Reassurance and Education](#)

Complementary/alternative therapies [03-NEW-WHC-FACTSHEET-Complementary-And-Alternative-Therapies-JULY2026-B.pdf](#)

Early menopause

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

Visit daisynetwork.org

Hysterectomies, oophorectomy information

For comprehensive information about hysterectomy, visit:

<https://www.womenshealth.gov/a-z-topics/hysterectomy> [Women's Health Concern | Confidential Advice, Reassurance and Education](#)

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: [Overview | Menopause: identification and management | Guidance | NICE](#)

National Institute of Medicinal Herbalists

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

[Find a Herbalist - National Institute of Medical Herbalists](#)

NHS guidelines for taking vitamin D

[Vitamin D - NHS](#)

NHS website has lots of information, visit:

[Menopause and perimenopause - NHS](#)

Royal College of Obstetricians and Gynaecologists (RCOG)

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

[Menopause and later life | RCOG](#)

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

[British Menopause Society | For healthcare professionals and others specialising in post reproductive health](#)

The Hive

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

[Menopause – The Hive](#)

Women's stories

For more information on managing the menopause and an insight into women's stories, visit the Henpicked website at:

[Support For Women's Hormone Health Through Life | Henpicked](#)

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 1 – Sickness Absence Policy

CORP/EMP 31 – Health and Wellbeing Policy

CORP/EMP 48 – Flexible Working Policy

CORP/EMP 57 – Reasonable Adjustments Policy

CORP/EMP 49 – DBTH Leave Policy (including Annual, Study, Professional and Duty for all colleagues, including medical)

CORP/EMP 20 – Dress Code and Uniform Policy

11 MENOPAUSE AND THE LAW

While menopause is not a specific protected characteristic under the Equality Act 2010, individuals experiencing menopause may be protected under other provisions of the Act, including sex, age, and disability. Employers therefore have a duty to ensure that colleagues experiencing menopause symptoms are not treated less favourably and are supported through appropriate workplace adjustments where required.

Health and Safety

Under the Health and Safety at Work etc. Act 1974, the Trust has a duty to ensure, so far as is reasonably practicable, the health, safety, and welfare of colleagues at work. This includes taking account of the impact that menopause symptoms may have on health, safety, and wellbeing in the workplace.

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 information on the [HIVE relating to Menopause](#).

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	Do 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 reason for absence entered correctly on Roster?						
Stress	Are the appropriate mechanisms in place to deal with other related issues such as stress?						
	Does a stress risk assessment need to be completed?						

Occupational health	Are colleagues aware of the facility to make an occupational health (OH) referral and support to remain in the workplace?						
	Do they need an OH referral?						
Support groups	Are colleagues aware of support groups, staff networks or champions/ advocates in the workplace that may be able to help?						
Workstations	Are workstations/locations easily accessible to sanitary and rest facilities?						
Facilities	Are there private changing and washing facilities available?						
	Is there access to sanitary products?						
	Do rotas and schedules ensure that colleagues have easy access to sanitary products and washing facilities?						
Temperature	Is ventilation available and is it regularly maintained?						
	Is additional ventilation provided if necessary?						
Environment/ duties	Do manual handling assessments take any issues around menopause into account?						
	Are there flexible arrangements in place in relation to breaks?						

	Can start and finish times be adjusted as part of flexible working agreement?						
	Is the role suitable for agile working?						
	Have work processes been assessed to see if any reasonable adjustments are needed?						
	Are humidifiers functioning, if applicable?						
	Is the noise level suitable?						
	Is the worker experiencing any fatigue – mental or physical?						
	Is there sufficient and suitable workspace?						
	What mechanisms are in place to manage remote working and access to facilities?						
Working conditions	Is there a suitable work pattern?						
	Is the person working alone?						
	Is there overtime in the schedule?						
	Is there travel for work involved?						
Uniform	Can a lighter weight uniform be incorporated?						
Other hazards: please identify							

APPENDIX 2 – WELLBEING ACTION PLAN

My Wellbeing Plan: What I know about my wellbeing



Name:

Date:

General self-
awareness

I am at my best when ...
I feel...
I am doing...
I am with ...
I am thinking ...

The difference this makes
for me is ...

My wellbeing is drained
when ...

I feel ...
I am doing...
I am thinking ...
I face challenges of ...

Warning signs for a drop in
my wellbeing are:

What I notice...
What others might notice ...

Snapshot:
How
things are
right now

The things I am doing to
maintain/enhance my
wellbeing are:

The challenges for my
wellbeing right now are:

What would it be most
helpful for me to focus on
right now to enhance my
wellbeing?
Where can I go to get
help?

The way
forward

The things I am doing now
that I should continue to
do to enhance my
wellbeing are ...

The things it would be
helpful to start doing to
maintain/ enhance my
wellbeing.....

The things it would be
helpful for me to stop
doing to enhance my
wellbeing are ...

APPENDIX 3— SYMPTOM CHECKER

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

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This can be completed by the individual and shared with their health clinician and / or their manager.

APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Executive Directorate and Department	Assessor (s)	New or Existing Policy?	Date of Assessment
CORP EMP 54 – Menopause Policy	People and Organisational Development	Gill Pickersgill	New	August 2026
1) Who is responsible for this policy? Name of Care Group/Directorate: P&OD				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? All colleagues				
3) Are there any associated objectives? Legislation, targets national expectation, standards:				
4) What factors contribute or detract from achieving intended outcomes? –				
5) 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? Details: [see Equality Impact Assessment Guidance] – Race, Gender				
If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – Ensure policy access to all				
6) Is there any scope for new measures which would promote equality? [any actions to be taken]				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
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) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*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.				
Date for next review: April 2029 (policy valid until September 2029)				
Checked by: Gavin Portier				
Date: August 2026				