

Menopause Policy

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This policy applies to the Staffordshire & Stoke-on-Trent Integrated Care Board.

Where the term Staff is used this includes Non-executive Directors, Clinicians and contractors working on behalf of the ICB.

1.0 Purpose

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), (“the Employers”) recognise that the menopause can bring issues for individuals which can impact upon their work. It is to the benefit of us all that we, as an employer and system leader for the NHS, work with staff to support them in these circumstances to find mutually beneficial arrangements, maximising staff retention and wellbeing. In recognition of this and in line with organisational values, this policy outlines the range and potential impact of ‘distressing’ symptoms of the menopause to promote understanding of what our colleagues are going through. It underlines the need for recognition of the psychological impacts of peri/menopause/post being reflected in organisational policy and practice, as well as the physical impacts, addressing any potential for occupational health provision and line manager support falling short of need and identifies where advice and support can be found. This policy also outlines the actions for managers that are expected to be extended to staff in order to maximise wellbeing. The actions below clarify what the Employers expect of their managers.

Menopause is predominantly experienced by women and most existing research is based upon cisgender women; thus this document focuses on that experience. However, it is important to acknowledge that transgender, non-binary and intersex workers may also experience the menopause. Some of the information in the main policy may apply to these individuals but since they will also have specific needs and experiences, a separate section on trans, non-binary and intersex workers and the menopause has been included, also included is a section on the ‘male menopause’.

Menopause experiences differ (in part due to possible medication/surgeries). There is an extended discussion of the impact of menopause on colleagues with protected characteristics and trans colleagues [GMW-1.pdf \(nipsa.org.uk\)](#).

This policy has been created in partnership with trade unions as a commitment to work to improve response to menopause across the NHS.

2.0 Scope

Those who haven’t been through menopause – or may have experienced only minor symptoms - may find it hard to understand the significant impact that it can have on those who suffer more significant symptoms. Approximately 75% of women experience menopause symptoms and nearly a quarter of these are reported as severe. Over 70%¹ of women report that they feel unsupported at work, even though one in five (19 per cent) say their symptoms have a detrimental effect on their work. One in ten women said they have even considered leaving their job².

This policy recognises the potential impact on wellbeing at work and consequently the risk of losing excellent staff who might otherwise have been retained and seeks to raise awareness with managers and colleagues to ensure that staff receive a sympathetic and supportive response so that appropriate ways of support can be offered and it defines the expectations of our staff in supporting this transition.

3.0. Definitions

The menopause transition is a natural phase of life when women and some trans and non-binary people stop having periods as a result of hormonal **changes**, a decrease in oestrogen levels. It usually occurs between the ages of 45 and 55 and typically lasts between four and eight years, although it can last longer. Premature menopause can

¹ <http://www.fom.ac.uk/wp-content/uploads/Menopause-Focus-Infographic.pdf>

² <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>

happen naturally for 1 in 100 individuals (or because of illness or surgery). This may also be more common in trans, non-binary or intersex workers where hormonal treatments or surgeries may affect the age at which menopause starts.

- **Menopause;** a biological stage that refers to the time in life when periods stop and the natural reproductive cycle ends. Usually it is defined as having occurred when there has not been a period for 12 consecutive months (for those reaching menopause naturally). The changes associated with menopause occur when the ovaries stop maturing eggs and secreting oestrogen and progesterone.
- **Perimenopause;** The time leading up to menopause when ovulation cycles and periods can be irregular, continuing until 12 months after the final period. The perimenopause is also known as the menopausal transition or climacteric.
- **Postmenopause;** The time after menopause has occurred, starting when there has not been a period for 12 consecutive months.

As a result of the greater numbers of women in the workforce, many women are working more years in peri and post menopause than in their fertile years. The need to manage both work and family and/or caring responsibilities as mentioned above can present significant challenges at this time of life, when we may feel we need to work longer to generate sufficient pension support.

Evidence suggests that many staff still feel uncomfortable discussing menopause at work. Recent studies indicate that women may hide and/or self-manage their symptoms, developing a degree of paranoia about how their performance might be affected, or work harder to compensate.

4.0 Symptoms of menopause

The body can be affected by menopause in numerous ways, causing a myriad of symptoms, some of which will affect performance at work more specifically and as a result will potentially require consideration more than others. (See appendices 1, 2).

While symptoms vary greatly, they commonly include:

- fatigue
- insomnia;
- hot flushes and/or night sweats;
- clumsiness;
- irritability;
- reduced concentration;
- loss of confidence;
- Feeling of loss of self;
- mood swings;
- palpitations;
- anxiety and worry;
- dizziness;
- memory loss, problems with recall and/or brain fog;
- depression;
- headaches;
- recurrent urinary tract infections;
- Sexual Health; and
- joint stiffness, aches and pains

During menopause mental health symptoms can present low mood, anxiety, sleep problems, which then lead to tiredness, fatigue, a cycle that is exacerbated as the symptoms continue. Brain fog leading to reduced concentration, poor information retention and a reduced ability to learn can significantly affect confidence adding to low mood. Existing or pre-existing conditions may be exacerbated, for example, depression.

These symptoms can impact on an individual's performance in terms of coping strategies, pressure of dealing with deadlines and especially where there are changing priorities. They may also experience a lack of confidence, anxiety or panic disorder.

As a result of low levels of reproductive hormones, many of the symptoms listed above can also be experienced by post-menopausal people and may require ongoing support.

5.0 Scope

The organisation recognises and values our diversity and trans inclusive culture, we recognise that people of diverse gender expressions and identities experience menopause. This is therefore, not just an issue for female colleagues - although the physical and psychological symptoms of menopause do mainly affect women, menopause can also directly and indirectly affect others both within the workplace and at home. This can include male and female colleagues, non-binary and intersex colleagues, family members, and same sex partnerships. This policy applies to all employees of the Employer, including those on fixed term appointments. It does not apply to agency staff or contractors although a supportive approach should be taken if they do raise issues.

6.0 Principles

Employees must maintain awareness of, and comply with, the Employer's policies and procedures and behave in a manner that upholds the NHS Constitution and the Employers' values.

7.0 Confidentiality

Our aim is to handle related matters with due regard for the privacy of all individuals involved. This policy is for implementation alongside additional Occupational Health services which offer self-referral to menopause specialist nurses via a clinical assessment.

The organisation also has "Menopause Ambassadors" for staff to contact, their role will be to be an advocate, listen, signposting and provide support.

If an employee is unable to talk to their line manager, they can request a discussion with an alternative manager, a trusted colleague, trade union representative or the Ambassadors in the role of advocate can join the discussion to provide support to the employee.

Managers should remember that the effects of the menopause may result in the need to treat a colleague differently from other staff for a period. It is good practice to discuss with the employee how they wish any questions from their peers/colleagues to be managed. Confidentiality must be respected unless the employee indicates that they do not mind their team being informed in a tactful and respectful way.

8.0 The working environment

The working environment may inadvertently exacerbate menopausal symptoms and increase discomfort at work. It is also important to consider the culture which includes the values and behaviours of the workplace as well as the physical space. Working in a team which demonstrates respect and consideration can mitigate the potential for negative experiences during the menopause such as physical or emotional issues.

The main types of workplace related issues are due to:

- High workplace temperatures, humidity
- Poor ventilation
- Perceived overcrowding and noise; no access to a quiet or restful space
- Problems with accessing rest or toilet facilities
- Lack of access to drinking water
- Dryness and lack of natural light

It is important for organisations to consider the working environment and to explore what simple, practical steps could be taken to ensure the workplace is comfortable and promotes an inclusive and supportive culture.

9.0 Workplace adjustments

The **checklist** in the manager's section of the menopause toolkit can be used to facilitate a discussion between a staff member, line manager or someone who they feel comfortable speaking to. The checklist may be helpful in identifying any workplace adjustments that may be useful in supporting menopausal symptoms at work. Any adjustments can then be added into a Workplace Adjustment Passport.

It is best practice for employees and line managers to review adjustments on a regular basis as needs may change.

[09-01-How to have a menopause conversation as a manager \(hubspotusercontent-na1.net\)](https://www.hubspotusercontent-na1.net)

Here are some general ideas on possible adjustments to consider:

- Change working hours or consider remote home.
- Reduce travel and consider dialling into meetings.
- Allow for frequent toilet breaks, especially during long meetings.
- The need to take a break, get up and walk about where stiffness and joint pain is an issue.
- Recognise the potential problem of increased absence in the application of the sickness.

Whilst flexible working allows an individual the opportunity to manage their symptoms by altering their working pattern absence policy, line managers should have regular one to ones with their staff and record any symptoms/difficulties experienced and work to provide a suitable resolution.

The purpose of such adjustments is to provide a supportive work environment by removing barriers, wherever possible, that get in the way of an individual doing their job to the best of their ability.

10.0 Managing absence and performance

Menopause in itself is not an illness, but there may be times when the symptoms of menopause transition are severe enough to cause the employee to take sickness absence, or for it to affect performance. Because this issue is intensely personal, a manager may not be aware that any impacts are menopause related. A manager should make all reasonable efforts to ensure an employee is able to share information confidentially to help manage their symptoms whilst at work.

- If the impact of the menopause is resulting in the employee being absent from work, or it is affecting their performance, line managers and employees should consider if an

occupational health assessment would be appropriate, to ensure the best support can be put in place for the employee.

- A workplace adjustment passport may be necessary, after which they can decide how best to support their member of staff.
- When managing an employee with a disability or prolonged sickness (such as someone suffering symptoms related to the menopause) line managers must always follow the departmental supporting attendance process.
- Managers should exercise discretion on sickness absence relating to menopause to avoid trigger point warnings, for example when someone suffers severe menopausal symptoms - they should always seek Occupational Health (OH) advice and/or speak to a HR caseworker for further advice.

11.0 Protected characteristics

Menopause at work is covered by equality legislation related to age and gender and to the duty to provide a safe workplace under Health and Safety legislation.

11.1 Trans, non-binary and intersex employees and the menopause

Transgender, non-binary and intersex workers may experience the menopause, either due to age related hormonal changes or hormone treatments and surgeries. Some trans, non-binary and intersex workers may not wish to disclose their menopausal symptoms as this may mean disclosing their trans or intersex status. It can therefore be particularly difficult for these employees to access support and/or ask for adjustments. Within each of these groups people's needs will be different and so it is important to listen to people on an individual level and allow them to take the lead on their required adjustments.

11.2 Male Menopause

Just as women suffer from the menopause it is not uncommon for some men to experience changes in their bodies, which can also result in changes in their mood and other aspects of their lives, just as it impacts on women. Whilst not much is known/mentioned about the male menopause, we recognise that this does exist. The following link sets out some information; [The 'male menopause' - NHS \(www.nhs.uk\)](http://www.nhs.uk)

12.0 Policy implementation

Managers and colleagues who want to support colleagues going through the menopause may be uncertain how to raise the subject and offer support. Increased media coverage and availability of online support and guidance make conversations in the workplace more normalised and less taboo. Menopause transition does not necessarily lead to reduced performance at work and may be managed with consideration, understanding and in some circumstances, with workplace flexibility.

13.0 Expectations of staff

Menopause symptoms are highly individual; they can be sensitive and cause embarrassment for some for varied lengths of time, so it is entirely understandable for staff to feel unable to share and explore sensitive and personal symptoms with their managers. There are options to help you do this:

- Seek support, advice or info from the NHSE/I Menopause Network, and/or Menopause Ambassadors who can offer 1:1 supportive signposting.

- Approach someone in the workplace with whom you do feel comfortable discussing your issues who could support you in the conversation – e.g. a colleague, other manager or trade union representative.
- Differences like gender and culture may be a barrier to raising this issue so it might be that there is a more senior manager you can discuss it with first. The intention would not be to avoid your line manager but to explore what might be possible and explore support or discuss what might be addressed with your immediate line manager

If individuals do feel able to discuss symptoms, the suggestions below may be helpful to raise with the line manager;

- Sharing your experience and/or symptoms with colleagues to promote understanding if you feel comfortable.
- Recording and monitoring your symptoms and/or their severity may be helpful to understand how your wellbeing may be affected and how you can seek support.
- Considering a change in working hours or pattern or remote working if/when you are office based.
- Whether you could work from home more frequently or at short notice when your symptoms are bad.
- Consider a reduction in travel or increased comfort breaks, dialling into some meetings.

If a member of your team does change working pattern or flexibilities in order to support wellbeing and/or symptoms management, we expect all staff to behave in a professional, responsible and sensitive manner and be supportive and respectful.

14.0 Expectations of managers

If an employee chooses to approach you to discuss issues with their menopause it may be as a line manager or as a manager they feel able to discuss their situation with – for instance due to a shared culture - you must appreciate that the symptoms experienced are very personal, no one individual can be compared with another and as a result of the highly personal nature of symptoms the member of staff may not wish to discuss with their line manager. When an employee shares issues about the menopause, you should gain an understanding of what the employee is likely to need from you. You can use the information provided in this policy to help you start a conversation about the menopause and just as we advise that staff can access resources via the Menopause Network, you may also find the specialist resources and experience helpful, especially for signposting advice to staff. If you are not the line manager for the individual, you can help them explore options for raising work related issues.

In recognition of this sensitivity, you may also wish to contact the ICB Menopause Ambassadors for support.

Further information and signposting advice is available via the Menopause Network.

You should:

- Ensure that all information shared by the employee is treated in the strictest confidence and is not shared further without the employee's consent.

- Listen to and gain an understanding of any concerns your employee has about their issues or symptoms, avoiding assumptions.
- Discuss timescales and leave requirements if this has been raised as part of the discussion. It is worth underlining that peri-menopause and menopause symptoms do not have an indicative timeline for resolution.
- Take account of individual and business needs but be supportive when dealing with requests for work flexibility or leave, being mindful of the importance of being supportive of attendance at appointments and the unpredictability of symptoms.
- If more support is needed you will find it helpful to agree a support plan to identify the adjustments made to the working arrangements of that staff member.

Line managers must:

- Be prepared to discuss the points that the member of staff brings to them - promote supportive conversations about the menopause and its effects and be aware of the personal nature of these conversations: this can be a subject that requires sensitivity and must be kept under review as there is no defined end date.
- Be open to a request to have someone to support them in the conversation because of the personal nature of the discussion.
- Recognise that every experience of the menopause will be individual. Do not use your own personal experience, or that of any friends, relatives or other staff members to measure whether you believe that the staff member's symptoms are reasonable.
- Consider any changes impacting performance, attendance or behaviour and whether the impact of menopause and its distressing symptoms may be an issue – do not launch capability or conduct processes before these elements have been reasonably considered.

**As this policy offers a supportive approach through menopause, performance issues are not referenced beyond this note.*

- Provide dedicated time and quiet space for 1:1s; promote avenues of support, signposting and links to organisational resources such as associated guidance, flexible working, special leave and any changes to the working environment such as quiet spaces that you can facilitate.
- Set and demonstrate expected standards of behaviour.
- Where additional support is required, provide information on specific health and wellbeing services.
- Promote a culture and environment that values diversity, shows dignity, respect, fairness and equality.
- Do not tolerate or express what you consider to be 'workplace banter'.
- Be aware all cisgender women (and some trans, non-binary and intersex colleagues) will experience a menopause; specific information is available via the Menopause Network.

- Be aware there is a subjective range of symptoms from vasomotor (hot flushes) to mental ill-health, dryness of the eyes, excessive bleeding, brain fog and aphasia (losing words mid-sentence); all of which could present colleagues in a less favourable way.
- Discuss and agree any reasonable flexible working arrangements request - consider night sweats and/or insomnia which may require working from home or flexible working hours. Any issues that have been raised in terms of home working space, flexibility, caring responsibilities and anxiety for example as a result of working more distanced may need longer term support.
- Short notice leave of absence may be required to manage exacerbation of symptoms, lengthy periods of back-to-back meetings may need built in comfort breaks if heavy bleeding is experienced.
- Reasonable adjustments may be part of our formal organisational offer in relation to disability – and should be considered in instances where required for menopause.
- Work with the employee to consider physical working areas that minimise the distress they may suffer – considering, for instance, access to ventilation and private space when needed.

15.0 Support: what staff can expect from the organisation

The Employers are committed to supporting and maximising the wellbeing of its workforce and the provision of fair, respectful and inclusive working environments for all. This menopause policy is underpinned by the principles of support, culture and awareness. It aims to provide information and support for employees who are directly and indirectly affected.

The organisation has a positive attitude to the menopause and will work proactively to make flexible working adjustments (link to flexible working policy) where necessary as part of our commitment to staff. The Employers recognise that the menopause is a very individual experience therefore different levels and types of support and adjustments may be needed.

Information about access to specialist menopause support is available from the **Human Resources Advisory team**.

Support is available to everyone via the following:

- Access to trained **advisors, Menopause Ambassadors and Mental Health First Aiders** to provide independent and objective support.
- The **Employee Assistance Programme (EAP)** Care First, offers a confidential counselling support service for all staff.
- Informal support and signposting can also be accessed via Staff Networks (link to Staff Networks information page).
- Training and awareness raising sessions will be provided for all managers and staff both at recruitment, in management development and as an advocated best practice approach.
- Staff who are members of a trade union can access support and information from them.

- The Employers coaching offer may be helpful in providing a confidential mechanism for exploring managing issues staff are experiencing.

15.1 ICB Menopause Network

We ensure everyone is supported and health and wellbeing is the highest priority for the network.

The Menopause Network spans the whole of the Employers, there are specific resources on the Network pages on the intranet.

There are dedicated 'Teams Network' pages with direct links to external resources, peer to peer support and advice and guidance.

The network has developed a formal 'Toolkit' – this includes a dedicated space for individuals to map out symptoms and the frequency these are experienced. This can support personal knowledge and could also help with 1:1 conversations with colleagues (see Appendix 2).

The group links via the Chair to the Cross-Government Menopause Working Group to progress and develop guidance, policy and awareness. The group also links with the Women's Development Network.

15.2 Monitoring

The policy underlines collection and provision of workforce data/intelligence which could help guide our further policy development and implementation in this area;

- The Employers will offer staff opportunities to have confidential discussions about their personal experience through their line manager, HR, trade unions or staff networks so that this is sensitively fed into reviews of policies.
- As a result of the commitments above, the effects of the menopause shall be taken into account in the implementation of sickness absence, capability, disciplinary and performance policies ensuring that any factors are reasonably considered
- The ICB commits to ongoing review of the support offer and implementation of this policy as part of its annual policy review and staff engagement. Further engagement will be sought from the Menopause Network.

16.0 Impact Assessments

16.1 Policy impact assessment

As part of the development of this policy, its impact on the business has been assessed; no detrimental issues were identified.

16.2 Equality and health inequality analysis

As part of the development of this policy, its impact on equality has been analysed and no detriment identified.

17.0 Associated Documentation

The most recent copies of the Employers policies and procedures are available on IAN.

18.0 Data Protection

Any processing (i.e. handling or storing etc.) of personal identifiable information; during the application of this policy; must be compliant with relevant data protection laws - the Data Protection Act (DPA) 2018 and the General Data Protection Regulation (GDPR). Please consult; as appropriate; either NHS England's, or NHS Improvement's IG Policy for more information.

Appendix 1:

The symptoms of menopause

During menopause a person's **brain and mood** can be affected causing: low mood, depression and anxiety; sleep problems which then leads to tiredness, fatigue and/or dizziness; brain fog leading to reduced concentration, poor information retention and a reduced ability to learn; unexplained mood swings, irritability and emotional outbursts. These symptoms can impact on an individual's performance in terms of coping strategies, pressure of dealing with deadlines and priorities. They may also experience a lack of confidence, anxiety or panic disorder.

Individuals can experience **hair** loss or hair can become thin, lacklustre and brittle. Some have **mouth** problems such as bleeding gums and a dry mouth. This can lead to bad breath. They may also experience taste changes and strange oral sensations including a burning tongue.

The **heart** can be affected, causing palpitations and an increased risk of heart disease. The **lungs** can be affected as they may develop new allergies or existing allergies can become worse. For example, asthma, hay fever, dermatitis (see skin/nails below).

The **abdomen** and **gut** can be affected as people may gain weight, develop bloating, abdominal cramps, Irritable Bowel Syndrome (IBS), sickness or nausea and women can experience **urogenital problems** which bring about greater urgency and/or more frequent trips to the toilet.

Irregular **periods** can be brought about by an unpredictable pre-menstrual tension and menstrual cycle, heavy bleeding, water retention and bloating.

Individuals can suffer from general skin itchiness and formication (feels like something crawling about under the skin), allergies such as dermatitis and thinning skin. Also, nails can become dry and brittle.

People develop problems with their **muscles, joints, nerves and bones**. This can lead to muscle pain and weakness, joint pain, osteoporosis / loss of bone density and nerve function may be affected.

Some can suffer from sudden changes to body temperature, which include daytime sweats and flushes; sudden heat or redness in face; night-time sweats and flushes.

Other symptoms of the menopause (of which there are at least 34 recognised as part of the menopause) can also include loss of libido, vagina dryness and or atrophy, weight gain, bladder symptoms, such as urgency, frequency and mild incontinence, breast pain and headaches.

Appendix 2.

Mapping the symptoms of menopause for yourself or to support a conversation about wellbeing at work

Symptoms of menopause are very individual and can be embarrassing. Sensitive conversations are needed to explore what support may be helpful to maximise wellbeing. Included below is a template (guide) to assist with understanding how to support staff experiencing issues through the menopause. This list demonstrates how and when symptoms may impact on the individual. **This list should be supported with an introduction that underlines the sensitive and confidential nature of the discussion and what mechanisms or routes to support there are in addition (such as Occ Health specific support). Managers shall reiterate that support can be kept under review as symptoms change.**

Symptom	Location you have the symptom (if both tick both)		Severity of the symptom				How frequently do you experience the symptom						Adjustments you feel may assist (Examples included)
	Home	Work	Mild	Moderate	Intense	Severe	Less than monthly	Monthly	Weekly	Daily	Hourly	Constant	
Hot flushes													Fan/ extra uniform/ close to a window/ access to showers if applicable
Night Sweats													Flexible shift times
Irregular Periods													Procedures allowing for flexibility without drawing attention (Panel meetings etc.)
Loss of Libido													
Vaginal Dryness													
Mood Swings													Inform the team/colleagues to be mindful. Quiet/ Private breakout room.
Fatigue													Flexible shift times.
Hair Loss													Flexibility and sensitivity
Sleep Disorders													
Difficulty Concentrating													Flexibility in breaks.
Memory Lapses													Aide memoirs
Dizziness													Access to fresh drinking water and quiet areas
Weight Gain													Access to food preparation facilities to allow healthy eating options
Incontinence													Procedures allowing for flexibility without drawing attention (Panel meetings etc.) Access to showers/extra uniform if applicable
Bloating													
Allergies													
Brittle Nails													
Change in Odour													Access to showers/lockers to store toiletries/extra uniform if applicable

Appendix 3.

The recent BMA survey underlines this in recognition of the gender pay and pension gaps;

[Challenging the culture on menopause for working doctors report \(bma.org.uk\)](https://www.bma.org.uk/press-releases/2020/04/challenging-the-culture-on-menopause-for-working-doctors-report)

Appendix 4.

A note about COVID-19

According to current medical advice, COVID-19 is not likely to be a significant additional risk to menopausal women per se, but menopause is a time women begin to have increased risk for heart disease and type 2 diabetes, once they lose the protective effects of oestrogen. These co-morbidities definitely increase risk for women who may contract COVID-19.

Women in menopause could potentially see an increased vulnerability to severe symptoms although there is early work to explore the role of oestrogen in having a protective function, so women who are not on hormone therapy during menopause might be more at-risk than those without a decline in oestrogen.

References and additional information

There are more women in the workforce than ever before³; in the NHS women make up over 75% of the workforce and nearly half of all very senior managers are women. As women are working longer, they are often managing the demands of work and home life whilst also dealing with caring responsibilities (around 25% of women also have a caring role) at the same time as menopause.

At the time of policy development (03/2021) the NHS faces challenges;

- The average age of menopause is 51 years, 43 years is the average age of women working in the NHS.
- There are significant numbers of operational/clinical staff who work in uniform, provide shift cover and front line patient care; NHSEI represents policy and best practice, so must offer a proactive stance
- There are around 100,000 staff vacancies, of which nearly 40% are nursing gaps which remains a female dominated workforce
- High staff turnover; 1 in 5 staff left a post between 2017-18
- The largest groups affected by attrition are nurses with an 8.5% reduction and midwives reduced by over 3% since 2016

Protected characteristics and the legal framework

- Under the Equality Act 2010, menopause is largely covered under three protected characteristics: age, sex and disability discrimination.
- The Health and Safety at Work Act 1974 provides for safe working, which extends to the working conditions when experiencing menopausal symptoms.
- ACAS has introduced new codes of practice surrounding flexible working.

Discrimination may be direct or indirect;

- Direct discrimination; an employee is treated less favourably because of a protected characteristic, so in the case of menopause, it could relate to gender or age.
- Indirect discrimination is where a provision, practice or criteria is discriminatory in relation to a protected characteristic. So, even if a neutral policy (for example, flexible working) is applied across the organisation, it may be considered to place some women at a particular disadvantage compared with men.

Disability refers to; A physical or mental impairment, which has a substantial and long-term adverse (12 months or more) effect on the ability to carry out normal day-to-day activities. In the case of menopause, we do not have a firm deadline for symptoms to decline or end. In this case menopause can easily fall within the disability definition.

³ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/timeseries/lf25/lms>

NHS Choices – menopause

[The menopause - Women's Health Concern \(womens-health-concern.org\)](https://www.womens-health-concern.org/)

Other useful links:

[09-01-How to have a menopause conversation as a manager \(hubspotusercontent-na1.net\)](https://www.hubspotusercontent-na1.net)

[How to offer Menopause Support \(peppyhealth.com\)](https://www.peppyhealth.com)

[GMW-1.pdf \(nipsa.org.uk\)](https://www.nipsa.org.uk)

[Menopause and the workplace | NHS Employers](https://www.nhs.uk)

[Supporting menopausal women can help the NHS staffing crisis | Comment | Health Service Journal \(hsj.co.uk\)](https://www.healthservicejournal.co.uk)

[NHS England » Supporting our NHS people through menopause: guidance for line managers and colleagues](https://www.nhs.uk)