Menopause at Work Policy

# Document Control:

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| Author / Lead | Senior HR Business Partner  |
| Responsible Executive Director | Chief People Officer  |
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| Stakeholders engaged in development of Policy (internal and external)  | * Mid and South Essex Staff Engagement Group
* Trade Unions
 |
| Impact Assessments Undertaken *(Delete if non-applicable)* | * Equality and Health Inequalities Impact Assessment
 |

# Version History

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| --- | --- | --- | --- |
| Version | Date | Author (Name and Title) | Summary of amendments made |
| 0.1 | Dec 2023  | Senior HR Business Partner  | First draft ICB Policy |
| 1.0 | 23/01/24 | Governance Officer | Approved Final version |
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|  |  |  |  |

# Contents

[1. Introduction](#_Toc102319446) 4

[2. Scope](#_Scope) 4

[3. Definitions 4](#_3._Definitions)

[4. Purpose 5](#_4.__)

[5. Roles and Responsibilities 6](#_5._Roles_and)

[5.1. Integrated Care Board 6](#_Toc102319451)

[5.2. Chief Executive 6](#_Toc102319452)

[5.3. Policy Authors](#_Toc102319453) 6

[5.4. Executive Chief People Officer](#_Toc102319454) 6

[5.5. Line Managers](#_Toc102319455) 6

[5.6. All Staff 7](#_Toc102319456)

[**6. Menopausal Symptoms 8**](#_Menopausal_Symptoms)

**7.** [**Relevance of Menopause to the ICB**](#_Relevance_of_Menopause)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9**

**8.** [**Managing Menopause in the Context of the Workplace**](#_Managing_Menopause_in) **­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ 11**

**9.** [**Legislation**](#_Legislation) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_12**

**10.** [**Absenteeism**](#_Absenteeism) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12**

**11.** [**Line Managers & Leaders**](#_Line_Managers_&) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13**

**12.** [**Employee Assistance Programme**](#_Employee_Assistance_Programme) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13**

[13. References 14](#_References)

[14. Monitoring Compliance 14](#_Monitoring_Compliance)

[15. Staff Training 5](#_Staff_Training)

[16. Arrangements For Review 15](#_Arrangements_For_Review)

[Appendix A – Equality Impact Assessment 16](#_Appendix_A_-)

[**Appendix B – A Manager’s Guidance for Colleague Discussions\_\_\_\_\_\_\_\_\_\_\_ 1**](#_Appendix_B_–)**8**

[**Appendix C – Menopause Advice Sheet**](#_Appendix_C_–) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 21**

[**Appendix D – Risk Assessment**](#_Appendix_D_–)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 23**

[**Appendix E – Confidential Colleague Discussion Template**](#_Appendix_E_–)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 29**

## Introduction

1.1 The Integrated Care Board (ICB) is committed to providing an inclusive and supportive working environment for all staff and to raise awareness of how the menopause may affect staff whilst at work.

1.2 This policy is intended to support staff who are experiencing symptoms associated with the menopause i.e. the perimenopause or postmenopause. Not everyone will experience symptoms during the perimenopause but offering support to those who do should help improve their experience at work. These natural symptoms are associated with a lack of oestrogen but can have an adverse impact. This policy includes those who are perimenopausal, postmenopausal or menopausal, but the term ‘menopause’ will be used throughout this document.

1.3 Menopause should not be taboo or stigmatised. We want everyone to understand what menopause is, and to be able to talk about it openly, without embarrassment. This is not just an issue for women, men should be aware of the symptoms and how to support colleagues too.

1.4 The ICB acknowledges that it has a predominantly female majority workforce.

1.5 Research shows that the majority of women with the condition are unwilling to discuss menopause-related health problems with their line manager, nor ask for the support or adjustments that they may need.

1.6 This policy sets out the guidelines for members of staff and managers on providing the right support to manage menopausal symptoms at work.

### The HR Team will be responsible for monitoring that this procedure is followed and may be consulted at any stage through the process to offer advice to those involved.

## Scope

 This policy applies to all staff employed by Mid & South Essex ICB, together with those on a joint contract with the organisation and another employer. Staff employed through agencies or outside contractors will be required to comply with this policy.

## 3. Definitions

| **Term/Word Used** | **Definition**  |
| --- | --- |
| **Menopause** | Is defined as a biological stage in a woman's life that occurs when her hormone levels change and she stops menstruating and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for twelve consecutive months (for women reaching menopause naturally). The average age for a woman to reach menopause is 51, however, it can be earlier or later than this due to surgery, illness, or other reasons. Around 1% of women experience the menopause before 40 years of age. This is known as premature menopause or premature ovarian insufficiency. |
| **Perimenopause** | Is the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause, however, usually 4-8 years. |
| **Post-menopause** | Is the time after menopause has occurred, starting the day after a woman has not had a period for twelve consecutive months and lasting for the rest of her life. |

## 4. Purpose

4.1 The purpose of this document is to support staff to feel that menopause is not taboo nor is it an issue that needs to be hidden; they should be able to talk about it openly without hesitancy or fear of embarrassment. It should be noted, however, that there is no obligation for staff to disclose that they are experiencing the menopause and, if they do, they should be confident that they will be listened to, understood and supported.

The aim of this policy is to encourage staff to declare any menopausal symptoms to their line manager and:

* + Foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussions about menopause.
	+ Educate and inform managers about the potential symptoms of menopause, and how they can support women at work.
	+ Ensure that women suffering with menopause symptoms feel confident to discuss it and ask for support and any reasonable adjustments so they can continue to be successful in their roles.
	+ Reduce any absenteeism, presenteeism, performance issues and turnover that may arise due to menopausal symptoms.

## 5. Roles and Responsibilities

### 5.1 Integrated Care Board

The ICB Board is accountable and responsible for ensuring that the ICB provide an inclusive and supportive working environment for all staff. To ensure an effective process for the management of absence and providing reasonable adjustments in accordance with relevant legislation and best practice guidance.

### 5.2 Chief Executive

The Chief Executive is accountable for the policy and procedure being in place to ensure fair and equitable approach to sickness absence and pay for employees.

### 5.3 Policy Authors

Policy authors are responsible for ensuring that this document is updated when any changes are made to the NHS Agenda for Change Terms and Conditions for Service for sickness absence/pay.

### 5.4 Executive Chief People Officer

The Chief People Officer oversees the implementation of this policy and is responsible for ensuring that managers take action to meet the organisation’s obligations to ensure equity and consistency.

### 5.5 Line Managers

Familiarise themselves with the Menopause Policy and Guidance:

* Attend menopause training events run by the ICB to gain a better understanding of the symptoms and support that can be offered.
* Be ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally.
* Recognise symptoms experienced are different for everyone, no one individual can be compared to another and cultural differences may exist. Do not use personal experience to measure whether you believe the staff member’s symptoms are reasonable.
* 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.
* 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 employees with support and guidance and sign post them to the information provided at Appendices B and E.
* Document conversations and record any actions/adjustments required using the form provided at Appendix C.
* Undertake a work-based risk assessment utilising the checklist provided at Appendix D documenting any actions/adjustments to be implemented.
* Ensure ongoing dialogue and review dates.
* Ensure that all agreed adjustments are adhered to.
* Where adjustments are unsuccessful, or if symptoms are proving more problematic, the Line Manager may,
* Discuss a referral to Occupational Health for further advice,
* Review Occupational Health advice, and implement any recommendations, where reasonably practical, &
* Update the action plan and continue to review.

5.6 **All Staff**

Are responsible for:

* Taking personal responsibility to look after their health.
* Being open and honest in conversations with managers/HR and Occupational Health.
* Prepare for your meeting if you wish to discuss your symptoms; keep a diary and how they affect you. Think about what reasonable adjustments may help.
* If a member of staff is unable to speak to their line manager, or if they perceive their line manager is not supporting them, they can speak to the Menopause Champion/advocate, HR, OH or a Trade Union official.
* Contributing to a respectful and productive working environment by being willing to call out inappropriate behaviour and help and support their colleagues.

## Menopausal Symptoms

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

|  |
| --- |
| **Common Symptoms include:** |
| * Hot flushes, Palpitations, Headaches, Night sweats, Joint problems/osteoporosis, 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 a woman’s periods stop and last around four years after the last period, although some women experience them for much longer.

**Note:** Menopausal symptoms can begin months or even years before a woman’s periods stop and last around four years after the last period, although some women experience them for much longer. |

6.2 It is important to re-iterate that menopause is an inclusive subject;

* + - Anyone can be affected by menopause, either directly or indirectly through their relationships at work and at home.
		- Some people can have a menopause induced as a result of surgery or medical treatments, such as chemotherapy or pelvic therapy, or endometriosis.
		- Some individuals can experience early menopause which is referred to as POI (Premature Ovarian Insufficiency), and this can start as early as teenage years.
		- Men can also experience a male menopause, called the andropause.
		- Other life stages can also bring about symptoms similar to those experienced during menopause including pregnancy, fertility treatment, or treatment for illness or surgeries.
* Transgender, non-binary and intersex staff may also experience symptoms.

## Relevance of Menopause to the ICB

### 7.1 77% of our workforce is female and 51% consists of females aged 41 and above. This means that a significant number of our staff will be experiencing menopausal transition whilst in employment. In addition, between 1% and 10% of women experience an early or premature menopause and so may be trying to deal with the same symptoms.

7.2 Taking into account the labour market trend the ICB is invested in supporting this section of the workforce to remain as healthy, safe and productive as possible.

Equality and diversity

Trans, Non-Binary and Intersex people and the Menopause

* ‘Trans’ is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex they were assigned at birth. Transitioning is the steps a trans person may take to live in the gender with which they identify. Each person’s transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.
* Trans men (those who identify as male but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.
* Trans women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited ‘pseudo’ menopausal (menopausal like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).
* As such, many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time). Negative and discriminatory attitudes may make it more difficult to disclose difficulties or ask for adjustments. Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status.
* Non-binary people may also experience menopause and these experiences with depend on a variety of factors including their sex assigned at birth and their medical treatments. Whilst it is not appropriate to ask about these things it is important to be aware of them and allow space for the individual to take the lead on the support and adjustments they may require.
* Intersex people may also experience menopause and these experiences with depend on a variety of factors including their sex assigned at birth and their medical treatments. Whilst it is not appropriate to ask about these things it is important to be aware of them and allow space for the individual to take the lead on the support and adjustments they may require.
* The menopause may also induce dysphoria for trans individuals (dysphoria is when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender. This may be so intense it can lead to depression and anxiety and have a harmful impact on daily life.) This should be considered when talking to trans and non-binary people about the menopause. If a trans, non-binary or intersex person does disclose their menopausal symptoms and their trans or intersex status, it is important that this information is not passed on to others without their consent. For trans people who have a Gender Recognition Certificate it is illegal to disclose their trans status without consent.

LGBTQ+ and the Menopause

* Women in same sex relationships may have a partner who is going through the menopause at the same time. While this can be positive in terms of increased mutual understanding and support at home, sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression or mood swings at the same time.

BAME Community and the Menopause

* There is a variation in the average age at which the menopause takes place between individuals of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman’s ethnic origin.
* People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work.

## Managing Menopause in the Context of the Workplace

Each person will have a different experience of the menopause and, as such, different adjustments will be needed for each individual. It is also recognised that the impact may reach wider than the individual directly experiencing menopause, such as relatives and carers. Support should be considered for anyone impacted so that we support all staff in work.

The effects on a woman’s physical and emotional health can significantly impact on how she undertakes her work and her relationships with colleagues. Furthermore, some working conditions and environments may aggravate symptoms.

The ICB will work proactively to make adjustments where necessary to support individuals experiencing the menopause and to ensure the workplace does not make their symptoms worse.

The ICB will carry out risk assessments which take the specific needs of individuals into consideration (including stress risk assessments) and to ensure that the working environment will not make their symptoms worse. The risk assessment will assist in identifying any potential adjustments which may be required (see Appendix D).

Sickness/absence related to menopause will be managed in line with the ICB attendance policy. When recording sickness/absence a specific reason is available on ESR in the Related Reason field when adding in an absence there is an option to state that it is related to the menopause.

Provided below are examples of adjustments but, support should not be limited to those shown.

General Adjustments

* Flexible working such as changes to start/finish times or adjustment to breaks.
* Flexibility to attend Doctor or hospital appointments relating to the menopause.
* Phased return to work after an extended period of sickness absence.
* Review of workload demands.
* Completing an individual stress risk assessment to identify areas of support.

Adjustments relating to periods and urinary problems

* Easy access to toilet facilities.
* Access to shower facilities.
* Storage for sanitary items.
* More frequent breaks.

Adjustments relating to hot flushes

* Adjustable temperature.
* Access to windows/cool air.
* Adjustment to duties.
* Wearing loose, natural fibre clothing.
* Alternative uniform where the standard one exacerbates symptoms.
* Flexible working.

Adjustments for psychological/psychosocial problems

* Encourage open discussion about concerns.
* Completion of the individual stress risk assessment tool.
* Providing information for useful menopause groups.

 Ensure that the menopause support assessment is completed and regularly reviewed.

Consequently, the ICB will take a proactive stance and will promote a greater understanding of the menopause and seek to eradicate any exclusionary or discriminatory practices.

## Legislation

9.1This policy complies with current employment legislation: -

9.2 **Section 2 of the Health and Safety Work Act 1974** requires employers to ensure ‘the health and safety and welfare at work’ of all employees. Under the Act, employers are required to do risk assessments under the Management Regulations which should include specific risks to menopausal women if they are employed (see Appendix D).

9.3 **The Workplace (Health, Safety and Welfare) Regulations** **1992** place an overriding duty on employers to make workplaces suitable for the individuals who work in them.

9.4 **The Equality Act (2010)** This Act protects people from discrimination in the workplace because of ‘protected characteristics’ and includes both direct and indirect discrimination and harassment. The protected characteristics are: 1) age 2) disability 3) gender reassignment 4) marriage or civil partnership 5) pregnancy and maternity 6) race 7) religion or belief 8) gender 9) sexual orientation.

## Absenteeism

10.1If an employee has a series of short-term absences related to the menopause, these should be recorded separately as part of an ongoing health condition. Reasonable adjustments and support will be offered following a risk assessment (see Appendix D).

10.2Long-term absences should be managed in accordance with Occupational Health assessment and HR guidance.

## Line Managers & Leaders

If you are supporting someone who is experiencing symptoms of the menopause, we would encourage you to:

* **Normalise asking for help** and reassure colleagues that it is ok to ask for help even when their symptoms are not too bad.
* **Increase your own and your team’s knowledge and awareness** about the menopause: [Menopause – NHS](https://www.nhs.uk/conditions/menopause/).
* **Link in with local occupational health and wellbeing services and employee assistance programmes**(where available) to understand how they can support you and your colleagues.
* **Share details of the wellbeing support available to colleagues**, including local NHS services and the [national support offer.](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/having-safe-and-effective-wellbeing-conversations/)
* **Encourage attendance at organisational menopause support groups and peer networks** (where available) to meet others who are experiencing similar symptoms.
* **Link with organisational health and wellbeing champions** to hear about any local support being offered to staff affected by the menopause. Find details here about [support for colleagues affected by the menopause](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/supporting-colleagues-affected-by-the-menopause/).
* **Access free training to learn how to have safe and effective wellbeing conversations and offer regular health and wellbeing conversations** to check in and see how colleagues are feeling. Here is a link to the national [wellbeing conversations offer](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/wellbeing-conversations/).
* **Use these health and wellbeing conversations** to discuss whether it would be helpful to consider any reasonable adjustments to their working pattern: for example, asking if working flexibly would support them in the workplace.
* **Consider**[**flexible working**](https://www.england.nhs.uk/looking-after-our-people/the-programme-and-resources/we-work-flexibly/) as one of the measures to help colleagues cope with symptoms.
* **Read the guidance produced** by the [NHS Staff Council’s Health, Safety and Wellbeing Partnership Group](https://www.nhsemployers.org/people/health-safety-and-wellbeing-partnership-group) to consider best practice in supporting colleagues experiencing menopause, as well as the guidance published by [CIPD](https://www.cipd.co.uk/Images/menopause-guide-2022_tcm18-55426.pdf) aimed at managers and employers.

## Employee Assistance Programme

A confidential 24/7 support service is available to all NHS staff, especially in respect of menopause - **0800 028 0199**

## References

* Menopause - NHS (www.nhs.uk) <https://www.nhs.uk/conditions/menopause/>
* [NHS England » Having safe and effective wellbeing conversations](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/having-safe-and-effective-wellbeing-conversations/)
* <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/having-safe-and-effective-wellbeing-conversations/>
* [NHS Staff Council’s Health, Safety and Wellbeing Partnership Group](https://www.nhsemployers.org/people/health-safety-and-wellbeing-partnership-group)
* <https://www.nhsemployers.org/publications/guidance-menopause-work>

## Monitoring Compliance

The HR Team will be responsible for monitoring that this procedure is followed and may be consulted at any stage through the process to offer advice to those involved.

Monitoring information will be published and reported as appropriate.

Should the monitoring uncover any shortfalls in the implementation of the policy, the HR team will work with the relevant management team to draw up an action plan for improvement. This action plan may include, for example:

* Training for line managers
* A risk assessment

It is also anticipated that any issues in respect of the implementation of the policy may be identified as a result of staff exercising their right of appeal.

## Staff Training

### 15.1 Although no essential (including mandatory) learning and development requirements have been identified for any staff groups, in order to fulfil the requirements stated within this policy. All staff can access menopause awareness training via ESR however it will be highly recommended for line managers.

###  Guidance can be sought from Human Resources team.

## Arrangements For Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

**A risk assessment:** It is also anticipated that any issues in respect of the implementation of the policy may be identified as a result of staff exercising their right of appeal.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Menopause at Work **Version number (if relevant):** 1.0 | **Directorate/Service**: People Services |
| **Assessor’s Name and Job Title:** Julia Atigla - HR Business Partner | **Date:**  |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| The organisation is committed to supporting and providing a fair and consistent framework to support staff. The policy provides a mechanism for supporting discussion at times of need in a fair and consistent manner.  |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| The ICB monitors the composition of its workforce under the nine protected equality characteristics and reports on this annually. This information helps the ICB to assess the potential impact of its policies upon staff. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| Relevant Trade Unions have been consulted on the policy and any comments will be taken into consideration when the policy is published. |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome*** *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age | √ |  |  |  |
| Disability(Physical and Mental/Learning) | √ |  |  | Provision re reasonable adjustment |
| Religion or belief |  |  | √ |  |
| Sex (Gender) | √ |  |  |  |
| Sexual Orientation | √ |  |  |  |
| Transgender / Gender Reassignment | √ |  |  | Section on transgender |
| Race and ethnicity |  |  | √ |  |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | √ |  |
| Marriage or Civil Partnership |  |  | √ |  |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| It is anticipated that any issues in respect of the implementation of the policy will be identified as a result of staff exercising their right of appeal or via the ICB’sGrievance Procedure.  |

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| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – A Manager’s Guidance for Colleague Discussions

We recognise that every woman is different, and it is therefore not feasible to set out a structured set of specific guidelines. All advice is given and written in accordance with the Faculty of Occupational Medicine (FOM) recommendations and best practice.

If an employee wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if a male employee wishes to speak about a family member, please ensure that you: −

* Allow adequate time to have the conversation.
* Find an appropriate room to preserve confidentiality.
* Encourage them to speak openly and honestly.
* Suggest ways in which they can be supported (see symptoms below).
* Hand out the Menopause Advice Sheet (Appendix C).
* Agree actions, and how to implement them (you should use the template at Appendix E to record the meeting, so that all parties agree what has been discussed, and the next steps, before the meeting ends). Ensure that this record is treated as confidential and is stored securely.
* Agree if other members of the team should be informed, and by whom.
* Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters in the corridor or break room.

**Symptoms Support**

Symptoms can manifest both physically and psychologically, including, but not exhaustively or exclusively support for women should be considered as detailed below:

**Hot Flushes**

* Request temperature control for their work area, such as a fan on their desk (where possible a USB connected desk fan to ensure environmentally friendly) or moving near a window, or away from a heat source.
* Easy access to drinking water.
* Be allowed to adapt prescribed uniform, such as by removing a jacket.
* Have access to a rest room for breaks if their work involves long periods of standing or sitting, or a quiet area if they need to manage a severe hot flush.

**Heavy/light Periods**

* Have permanent access to washroom facilities.
* Request an extra uniform.
* Ensure sanitary products are available in washrooms, in order to obtain personal protection.
* Ensure storage space is available for a change of clothing.

**Headaches**

* Have ease of access to fresh drinking water.
* Offer a quiet space to work.
* Offer noise-reducing headphones to wear in open offices.
* Have time out to take medication if needed.

**Difficulty Sleeping**

* Ask to be considered for flexible working, particularly suffering from a lack of sleep.

**Low Mood**

* Agree time out from others, when required, without needing to ask for permission.
* Identify a ‘buddy’ for the colleague to talk to outside of the work area.
* Identify a ‘time out space’ to be able to go to ‘clear their head.’
* Contact the Trust’s Employee Assistance helpline.

**Loss of Confidence**

* Ensure there are regular Personal Development Discussions.
* Have regular protected time with their manager to discuss any issues.
* Have agreed protected time to catch up with work.

**Poor Concentration**

* Discuss if there are times of the day when concentration is better or worse, and adjust working pattern/practice accordingly.
* Review task allocation and workload.
* Provide books for lists, action boards, or other memory-assisting equipment.
* Offer quiet space to work.
* Offer noise-reducing headphones to wear in open offices.
* Reduce interruptions.
* Have agreements in place in an open office that an individual is having ‘protected time’, so that they are not disturbed.
* Have agreed protected time to catch up with work.

**Anxiety**

* Promote counselling services provided by the Trust’s Employee Assistance.
* Identify a ‘buddy’ for the colleague to talk to outside of the work area.
* Be able to have time away from their work to undertake relaxation techniques.
* Undertake mindfulness activities such as breathing exercises or going for a walk.

**Panic Attacks**

* Agree time out from others, when required, without needing to ask for permission.
* Identify a ‘buddy’ outside of work area.
* Be able to have time away from their work to undertake relaxation techniques
* Undertake mindfulness activities such as breathing exercises or going for a walk. Discuss whether the member of staff has visited their GP. Depending on the discussion, this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety. If they have visited their GP, and are being supported by them, it may be helpful at this point to make an Occupational Health referral to give specific advice regarding the workplace.

## Appendix C – Menopause advice sheet – how to talk to your GP about menopause

If you are suffering from menopausal symptoms to the point they’re getting in the way of you enjoying life, it’s time to talk to your doctor. But, sometimes, that’s easier said than done.

We all know how difficult it can often be just to get an appointment, and then it’s often only ten minutes. And talking about symptoms can be hard, let alone if you feel rushed or unprepared. So, what can you do? We’ve put together some helpful, straightforward tips to help you get the best from your appointment.

**Don’t wait.** It is all too common for women to feel they must simply ‘put up’ with menopausal symptoms as a part of life, but if they are affecting you, there are things you can do, and support available. There is no need to wait until symptoms feel unbearable.

**Read the NICE guidelines**. This stands for National Institute for Health and Care Excellence and these guidelines are what your doctor will use to determine the type of conversations to have with you and treatments to offer. There are guidelines for patients, which are really useful to read before you see your GP, so you know what to expect.

**Prepare for your appointment**. It’s easier for your doctor to understand what’s going on if you provide them with all the information. That may sound obvious, but blood tests to say where you are on the menopause transition aren’t always available or accurate – your hormones can fluctuate daily during this time. So, your doctor will be thinking about what to recommend for you, based on your symptoms.

**Keep a list of your symptoms**, your menstrual cycle, hot flushes, how you’re feeling, and any changes you’ve noticed. Write them down, and take them to your appointment. Your doctor will thank you for it, and it’s more likely that together, you’ll find the right solution faster. And, if you have any preferences about how you manage your symptoms, tell them that too – for example, if you’d like to try hormone replacement therapy (HRT), or not.

**Ask the receptionist which doctor is best to talk to about menopause**. They are often the font of all knowledge at a surgery, and can help you find the best person to speak to – it might not be your usual GP, it could be someone who has had special training in the subject.

**Ask for a longer appointment**. If you don’t think your standard appointment will be long enough, try to book a double appointment, as some surgeries do offer this.

**Don’t be afraid to ask for a second opinion**. If you don’t feel you’ve received the help you need, ask to speak to someone else. Don’t be put off, you know how you’re feeling, and how it’s affecting you.

**Ask if there is a menopause clinic in your area**. Occasionally, there are regional clinics, specifically devoted to menopause. If there is one in your area, and you think this would be helpful, ask for a referral.

**Take your partner or a friend with you**. The chances are, you spend your life supporting others and, during menopause, it’s your turn to ask them for support. Your partner, or a friend, will know how the symptoms are affecting you. They could support you at the appointment, and also find out how they can continue supporting you.

**What to expect from your doctor** There are certain things a GP should – and should not – do during your appointment.

**They should**:

* Talk to you about your lifestyle, and how to manage both your symptoms, and your longer-term health;
* Offer advice on hormone replacement therapy and other non-medical options;
* Talk to you about the safety and effectiveness of any treatment.

**They should not**:

* Tell you that it’s just that time of your life. Yes, menopause is a natural stage, but please don’t feel that means you should have to put up with every symptom without help;
* Tell you they don’t prescribe HRT. It’s up to you what you want to try, and for them to say whether it could be right for you, depending on your medical history;
* Impose unnecessary time restrictions, such as they will only prescribe this once, or for a year or two. This is an ongoing conversation, and if your symptoms persist, you will still need help to manage them.

**Remember**, your GP is there to help and support you, and you should feel comfortable and confident in talking to them about your symptoms, and any help you need. Don’t think you have to struggle through menopause when there is help and support available.

## Appendix D – Risk Assessment

This document should be retained on the individual’s e-file and reviewed by the individual and manager on a regular basis.

Agreed adjustments must be put in place to lower any risks to an acceptable level. (It may also be necessary to seek further guidance from People Hub and/or Occupational Health).

| **What are the hazards**  | **Considerations** | **Who might be harmed and how, including 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 the employee have access to information on menopause, relevant policies on attendance management, EAP, Occupational Health etc? |  |  |  |  |  |  |
| **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 ofcontact? |  |  |  |  |  |  |
| **Stress** | Are there the appropriate mechanisms in place to deal with other related issues such as stress management? e.g., Counselling services, HSE Stress Management Standards |  |  |  |  |  |  |
| **Occupational health arrangements** | Has the employee been made aware of what facilities are in place for OH referral and support to remain in the workplace? Do they need a referral?  |  |  |  |  |  |  |
| **Unions support /discussion groups** | The employee has been made aware of other support mechanisms in the workplace which m a y be able to help? E.g., Occupational Health, EAP Menopause Cafe |  |  |  |  |  |  |

|  |
| --- |
| **Physical** |
| **Work stations** | Are work stations / Locations easily accessible to toilet, and rest facilities? |  |  |  |  |  |  |
| **Facilities** | Are there private washing and changing facilities available?Is there access to sanitary products?Do Rota/shifts and schedules ensure that workers have easy access to sanitary and washing facilities? |  |  |  |  |  |  |
| **Temperature** | Are the employee/ employer aware of the workplacemaximum and minimum temperature and is it implemented? |  |  |  |  |  |  |
|  | Is ventilation available and is it regularly maintained? |  |  |  |  |  |  |
|  | Is additional ventilation provided if necessary? E.g. Desk Fan, ability to open / sit by a window. How is this implemented? |  |  |  |  |  |  |
|  | Do uniforms and PPE equipment reflect the needs of the individual? |  |  |  |  |  |  |
|  | Is the employee aware of what additional uniform can be provided and how to get this? |  |  |  |  |  |  |
|  | Are the clothes provided made of Natural fibers? |  |  |  |  |  |  |
| **Environment / duties** | Have workstation risk assessments been reviewed to take menopause into account? |  |  |  |  |  |  |
|  | Are there opportunities to switch to lighter or different duties? |  |  |  |  |  |  |
|  | Do manual handling assessments take any issues around menopause into account? |  |  |  |  |  |  |
|  | Are there flexiblearrangements in place in relation to breaks? |  |  |  |  |  |  |
|  | Can start and finish times be adjusted as part of a flexible working agreement? |  |  |  |  |  |  |
|  | Is the role suitable for agile working? If not, why not? |  |  |  |  |  |  |
|  | Is there access to natural light? |  |  |  |  |  |  |
|  | Have work processes been assessed to see if any adjustments are needed? |  |  |  |  |  |  |
|  | Are air conditioning / Humidifiers functioning efficiently? |  |  |  |  |  |  |
|  | Is the environment too noisy? |  |  |  |  |  |  |
|  | Does the role impact on fatigue (mental and physical)? Are you able to assess, monitor and respond to frequent changes in patient acuity / job demands? Are you able to consent rate to undertake and record complex medicine calculations / complex pieces of work? Do you have the ability to deal with emotionally challenging clinical / staff / customer situations? Etc. |  |  |  |  |  |  |
|  | Does the role result in fatigue from standing? |  |  |  |  |  |  |
|  | Do you have sufficient workspace? |  |  |  |  |  |  |
|  | Are you able to move freely / adjust posture etc.? |  |  |  |  |  |  |
|  | Do you undertake remote working? |  |  |  |  |  |  |
|  | Could remote working support you to perform effectively in your role? E.g. Ad Hoc Home Working Policy? |  |  |  |  |  |  |
| **Other Risks & Issues? Please identify.** |
| **What are the hazards** | **Considerations** | **Who might be harmed and how, including level of risk** | **What is already being done** | **What further action is necessary** | **Action by whom** | **Action by when** | **Date achieved** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

PLEASE NOTE: The list above is not exhaustive. There may be other issues that are highlighted which should be considered when agreeing reasonable adjustments.

**CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED**

|  |
| --- |
| Details of adjustments agreed: Details of adjustments not approved (including reasons for the decision) |
| Date of annual review meeting (N.B. this review can be cancelled if the employee decides the meeting is not required) |
| I confirm that the meeting was undertaken and that any agreed adjustments listed above will be carried out.Signed: (Line Manager) ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name: (Line Manager) ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: (Employee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name: (Employee) ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Appendix E – Confidential Colleague Discussion Template (also consider the use of Appendix D – Risk Assessment)

|  |  |
| --- | --- |
| **Employee’s details**  |  |
| Name: |  | Job Title: |  |
| Department/Division: |  | Location (building/room number): |  |

|  |  |
| --- | --- |
| Present at meeting (line manager name and position)  |  |
| Date of discussion: |  |

|  |
| --- |
| **Summary of Discussion:** |
|  |

|  |
| --- |
| **Agreed Actions/Adjustments:**  |
|  |

Date of next review meeting ......................................................................................................

Signed (Member of staff) ...........................................................................................................

Signed (Manager) .....................................................................................................................