



Menopause Policy

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1 Aims and Objectives of this policy

- 1.1 South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing an inclusive and supportive working environment for everyone. The Trust aims to foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussion about menopause.
- 1.2 The purpose of this policy is to ensure everyone understands what menopause is, can confidently have good conversations, and are clear on the Trust's stance and practices, supported by the Wellbeing Hub, Human Resources and Occupational Health. It can also be used to ensure that people experiencing perimenopause/menopause symptoms can feel comfortable to discuss it and ask for support and any workplace adjustments so they can thrive in a safe workplace, whilst feeling confident that their symptoms or experience will not have a negative impact on their working career.
- 1.3 While all women experience perimenopause/menopause, they are not the only ones affected. Trans men, non-binary and some intersex colleagues may go through the menopause too. Trans women may experience menopause-like symptoms if their hormone therapy treatment is interrupted. All people experiencing the menopause need to be treated with dignity and respect. See 4.2 and [Appendix A](#) for more information.
- 1.4 Where this document refers to "women", please take this to mean all colleagues experiencing perimenopausal/menopausal symptoms.
- 1.5 This document is to assure women that the Trust is a responsible employer, committed to supporting their needs regarding the menopause and to educate and inform managers about the potential symptoms of perimenopause/menopause, and how they can support women at work. This will in turn enable our colleagues to feel confident in providing care to patients who are experiencing menopause. We aim to support women to remain in the workplace wherever possible.

2 Why does Menopause matter?

- 2.1 Menopause is a natural part of every woman's life, and it isn't always an easy transition. Whilst not every woman will experience symptoms, supporting those who do will improve their experience at work.



- 2.2 The changing age of the UK's workforce means that between 75% and 80% of menopausal women are in work. Research shows that the majority of women are unwilling to discuss menopause-related health problems with their Line Manager or ask for the support or adjustments they may need.
- 2.3 Research has identified that a number of workplace factors could either worsen symptoms of the menopause or make it more difficult for women to raise the issues and ask for adjustments.
- 2.4 Menopause should not be taboo or 'hidden'. The Trust would like everyone to understand what menopause is, and to be able to talk about it openly, without fear or embarrassment. This is not just an issue for women, men should be aware too.
- 2.5 The Trust has used guidance from the [Faculty of Occupational Medicine \(FOM\)](#) and the [National Institute for Health and Care Excellence \(NICE\) Guidelines](#), to inform this policy. The NICE Guidelines set out the recommendations for medical professionals when treating menopausal women and informs patients as to the treatment and guidance they should be offered.

3 Definitions

- 3.1 **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.
- 3.2 **Menopause** is a biological stage in a woman's life that occurs when they stop menstruating and reach the end of their natural reproductive life. Usually it is defined as having occurred when a woman has not had a period for 12 consecutive months for women reaching menopause naturally. See [Appendix A](#) for information on the physical aspects of menopause and information about symptoms which can manifest both physically and mentally.
- 3.3 **Early menopause:** 5 in 100 women experience menopause early between the ages of 40–45. Early menopause can also be caused by Premature Ovarian Insufficiency (POI) which affects 1% of women under 40 or following hysterectomy where at least one ovary remains.
- 3.4 **Surgically induced menopause** occurs following bilateral oophorectomy (ovaries removal), total or radical hysterectomy (ovaries and cervix removal), radiotherapy, or some chemotherapy before someone has gone





through natural menopause. This causes a sudden onset of the menopause immediately after the surgery.

3.5 **Post menopause:** the years after menopause has occurred. During this stage, menopausal symptoms can ease, but as a result of lower levels of oestrogen, post-menopause women may be at greater risk of a number of health conditions such as osteoporosis and heart disease.

3.6 **Andropause** (sometimes known as male menopause) is a condition which is associated with decrease in testosterone (the male hormone). Unlike menopause, the decrease in testosterone and development of symptoms is much more gradual than the occurrence in women. Approximately 30% of men in their fifties will experience the symptoms of andropause caused by the low levels of testosterone. Further information can be found in [Appendix F](#).

4 Women's experience at work

4.1 The law and menopause

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

4.1.2 The following legislation is key to note:

4.1.2.1 [Equality Act 2010](#): legally protects people from discrimination in the workplace and in wider society.

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

4.1.3 Further information regarding menopause and the law can be found on the ACAS website: [Menopause and the law: Menopause at work](#).

4.2 Transgender, non-binary and intersex staff and the menopause

4.2.1 The NHS recognises and values its diversity and trans-inclusive culture. We are aware that people of diverse gender expressions and identities experience menopause, and it is therefore not just an issue for female colleagues.





- 4.2.2 Transgender, non-binary and intersex staff may experience the menopause, either due to age-related hormonal changes or hormone treatments and surgeries. It is important to acknowledge that some trans, non-binary and intersex staff 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 crucial to listen to people on an individual basis and allow them to take the lead on their conversations and required adjustments. See [Appendix A](#) for more information.

5 Responsibilities

- 5.1 **The Chief Executive Officer** has a responsibility to ensure that the general principles of this policy are followed by all and to support mechanisms to aid the promotion of health and wellbeing.

5.2 **The responsibilities of all staff:**

- 5.2.1 To take personal responsibility to look after their own health and wellbeing, and support those around them to do the same.
- 5.2.2 Where appropriate, have open and honest conversations with Line Managers, the Wellbeing Hub, Occupational Health, and/or HR representatives, especially if symptoms are affecting them at work. See [Appendix B](#).
- 5.2.3 If anyone is unable to speak to their Line Manager or would prefer not to, they can speak to another Line Manager in their OU, the Wellbeing Hub (WellbeingHub@secamb.nhs.uk), their Union, a trusted colleague, or Inclusion. (Inclusion@secamb.nhs.uk).
- 5.2.4 Understand and accept any workplace adjustments their colleagues are receiving as a result of their menopausal symptoms.

5.3 **Line Manager responsibilities:**

- 5.3.1 Familiarising themselves with this guidance and fostering a culture where colleagues feel comfortable discussing menopause matters.
- 5.3.2 Be ready and willing to have open and honest discussions about menopause, appreciating the personal nature of the conversation, and treating the discussion sensitively and professionally.
- 5.3.3 Before and during discussions with colleagues Line Managers should:



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- 5.3.3.1 Allow adequate time to have the discussion.
- 5.3.3.2 Find an appropriate and confidential space.
- 5.3.3.3 Provide the colleague with '[Managing your menopause – 3 Step process](#)' before the meeting. It can help them identify their concerns, what they can do and what further support they need.
- 5.3.3.4 Avoid interruptions.
- 5.3.3.5 Encourage openness and honesty.
- 5.3.3.6 Avoid making assumptions.
- 5.3.3.7 Remember that [ethnic minority colleagues](#) may experience different symptoms and there are different cultural beliefs around menopause which should be considered in the conversation.
- 5.3.3.8 Where appropriate, complete an individual risk assessment.
- 5.3.3.9 Discuss whether they have visited their GP for support.
- 5.3.3.10 Consider an OH referral where appropriate for specific workplace advice.
- 5.3.3.11 Agree actions and how to implement them using the discussion template in [Appendix D](#). Ensure the record is treated as confidential and is stored securely.
- 5.3.3.12 Agree whether other members of the team should be informed, and if so by whom.
- 5.3.3.13 Ensure designated time is allowed for regular follow up conversations as the symptoms an individual can experience are dynamic.
- 5.3.4 Use this policy and the guidance in the appendices, particularly [Appendix C](#) to inform any workplace adjustments or actions to be agreed with the member of staff, and record using template [Appendix D](#).
- 5.3.5 Ensure agreed adjustments are adhered to and ensure ongoing dialogue and review dates.
- 5.3.6 Managers are encouraged to seek further advice from Occupational Health, Inclusion, the Wellbeing Hub and HR as required.
- 5.4 Wellbeing Hub responsibilities:**
 - 5.4.1 Engage with others to explore and implement support mechanisms.
 - 5.4.2 Provide support to individuals and Line Managers regarding menopause, including signposting to internal/external services or support wherever appropriate and necessary.





5.5 Inclusion team responsibilities:

- 5.5.1 Offer guidance to Line Managers on interpretation of this policy and how to support colleagues.
- 5.5.2 Monitor and evaluate the effectiveness of this policy in respect of related absence levels and performance.

5.6 Human Resources (HR) responsibilities:

- 5.6.1 Offer guidance to Line Managers on interpretation of this policy and how to support colleagues.
- 5.6.2 Monitor and evaluate the effectiveness of this policy in respect of related absence levels and performance.

6 Associated SECamb Documentation

- 6.1 [Dignity at Work Policy](#)
- 6.2 [Equality, Diversity and Inclusion Policy](#)
- 6.3 Wellbeing Strategy (under review at time of writing this policy)
- 6.4 [Flexible Working Policy](#)
- 6.5 [Special Leave Policy](#)
- 6.6 [Managing Health and Attendance Policy & Procedure](#)
- 6.7 [Managing Stress and Enhancing Wellbeing Policy & Procedure](#)
- 6.8 [Agile Working Policy](#)
- 6.9 [Clinical Call Handler Agile Working Procedure](#)
- 6.10 [Supporting Transgender Staff and Service Users Procedure](#)
- 6.11 [Your Guide to Wellbeing in SECamb booklet](#)

7 References

- 8.1 [NHS Menopause website](#)
- 8.2 [Guidance on menopause and the workplace – Faculty of Occupational Medicine of the Royal College of Physicians](#)
- 8.3 [Menopause in the Workplace – ENEI](#) (registration required to access this site)
- 7.3. [TUC Menopause Toolkit](#)
- 7.4. [Menopause at Work - ACAS](#)
- 7.5. [GMB Model Menopause in the Workplace Policy](#)
- 7.6. For other links including sources of support, please see [Appendix E](#).





Appendix A: Menopause

The average age of menopause (see definitions, item 3.2 above) is 51, and it usually happens between 45 and 55 years of age. It can occur any time up to a woman's mid-60s and can be earlier. Women may not be aware they are perimenopausal and this can start several years before menopause, when they may experience perimenopausal symptoms and changes in their menstrual cycle. 75% of women experience some symptoms and 25% have symptoms which could be classed as severe. It is important to note that not every woman will notice every symptom or need help or support.

There are three main hormones which affect the menopause:

1. Oestrogen: triggers the ripening and release of an egg every month ready for fertilisation. It nourishes the tissues of the body with blood and keeps them youthful and elastic. It regulates new bone turnover and cholesterol levels and keeps organs such as the brain, liver and heart healthy.
2. Progesterone: boosts natural feelings of calmness and helps a person enjoy relaxing, rejuvenating sleep. It increases pain threshold and helps normalise blood sugar levels. It improves mood and plays a central role in achieving and maintaining pregnancy.
3. Testosterone: helps with motivation and optimism and makes a person feel brighter and more assertive. It supports and increases bone density and helps turn fat into muscle. It helps improve cognitive function, as well as keeping the liver and heart healthy and helps sex drive.

During perimenopause women may begin to experience symptoms due to changes in their hormone levels. The severity of these symptoms may vary in different individuals from mild to very significant.

Surgically induced menopause occurs following bilateral oophorectomy (ovaries removal), total or radical hysterectomy (ovaries and cervix removal), radiotherapy, or some chemotherapy before someone has gone through natural menopause. This causes a sudden onset of the menopause immediately after the surgery which can make symptoms feel worse for the individual.

Symptoms can manifest both physically and mentally. Women may find that their symptoms change, and other symptoms may develop over time. Some women also have difficulty with not knowing how long their menopause will last.

Symptoms commonly reported can include (this list is not exhaustive):

Physical symptoms	Emotional or psychological symptoms
Hot or cold flushes	Anxiety



Night and/or day sweats	Panic attacks
Poor sleep including insomnia and sleep disturbances	Feeling low or depressed
Tiredness and fatigue	Irritability and mood swings
Changes to periods such as irregular or painful periods, or heavy bleeding	Brain fog and problems with memory
Weight gain	Poor concentration
Urinary symptoms	Inability to multi-task
Vaginal dryness, itching and discomfort	Loss of self-confidence
Loss of libido	
Worsening pre-menstrual tension	
Heart palpitations	
Hair loss	
Skin irritation and dryness	
Dry eyes	
Headaches or migraines	
Joint pain	

Because they may still be having regular periods when they first start to get symptoms, many women do not always realise that they are experiencing perimenopause and may not understand what is causing their symptoms. This can be a barrier to accessing support. A useful symptom checker which can be used to help inform conversations with a GP or Line Manager can be found [here](#).

Women may experience only some or all of these symptoms, and some may experience other, less common symptoms that don't appear on this list. Around 80 per cent of women will experience noticeable symptoms but some women do not experience any. Symptoms do not have to be unbearable before help is available.

The length of time that symptoms last can vary significantly between different women. Perimenopausal symptoms can begin months or even years before a woman's period stop, during the time known as perimenopause (the time of hormonal change leading up to the menopause). Perimenopause often lasts around 4 to 5 years, but in some cases, it can last many more years, or it may only last a few months.

According to the NHS, on average, women continue to experience post-menopausal symptoms for four years after their last period, but around 10 per cent of women continue to experience symptoms beyond this. Due to lower levels of certain hormones, post-menopausal women can be at an increased risk of certain conditions such as developing osteoporosis ('brittle bones') and heart disease. These risks increase for women who have had early or premature menopause.





A 2021 [study](#) of over 4,000 people by [The Fawcett Society](#) found that 44% of women who were or had been employed during the menopause said their ability to work had been affected. 61% said that they had lost motivation at work due to their symptoms, and 52% said they had lost confidence. 26% of women who were or had been employed during the menopause had taken time off work due to their symptoms, but just 30% of them gave menopause as the main reason on their sick note.

SECAmb colleagues may be affected by or concerned about a family member's perimenopause and menopausal symptoms which could impact them at work. The SECAmb colleague may find a referral to the Wellbeing Hub useful for them to have an opportunity to talk about it and receive support and signposting themselves. Whilst SECAmb is not able to offer direct support to people not employed by the Trust, there are resources on the Wellbeing Hub's [Directory of Wellbeing Services](#) on The Zone, which may be helpful for them.

The Experience of Trans people, people with variations of sex development (VSD) also known as Disorders of Sex Development (DSD) and non-binary employees

It might not always be obvious who is experiencing menopausal symptoms. It is important for employers to remember that menopause affects most women and can also include trans people, those with variations of sex development and non-binary employees.

- Transgender or Trans – 'trans' is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth
- Intersex is an umbrella term for people who are born with one or more traits in their chromosomes, genitals, hormones, or internal reproductive organs that do not fit the typical male or female patterns. This can also be described as Variations of Sexual Development (VSD) or Disorders of Sex Development (DSD). [Intersex: What It Is, What Causes It, And Treatment Options \(webmd.com\)](#)
- Non-Binary (Enby) people feel that their gender identity cannot be defined as male or female but understand that gender goes beyond identifying as a man or woman. [What it means to be non-binary - LGBT Foundation](#)

Employers should consider that:

- not all trans, Intersex or non-binary people take hormones, but those who do can experience menopause symptoms when stopping or restarting treatment



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- trans men may experience menopause symptoms if their ovaries remain and they're not given hormone therapy
- trans men and intersex women may experience surgical menopause if their ovaries are removed
- trans men and intersex women may not experience menopause symptoms with hormone therapy, but they may experience hormonal disruption
- trans women and intersex women may experience some of the symptoms related to the menopause if their hormone therapy treatment is interrupted or hormone levels change

Appendix B: How to speak with your manager

- If you feel unable to speak with your own line manager, you could approach another manager within your OU/Directorate instead.
- Prepare for your conversation – complete the [3-step process document](#) so you can start thinking about how you are being affected, what you can do to support yourself and what support you need.
- Check out our Wellbeing Hub [Menopause Awareness page](#) on The Zone. This provides a plethora of information on all things menopause which may help you prepare for the conversation. You can also talk to HR or one of the Menopause Champions in the Trust, see [Appendix E](#).
- Keep a diary of your menopause symptoms and how they're affecting you. Think about what practical and appropriate workplace adjustments might help, being flexible and ideally coming up with some different options. These may be for a short period of time while you work with your medical professional to alleviate your symptoms.
- Book a time in your diaries so that you'll have time and ideally a private office to talk and will be more likely to feel able to get your points across.
- Consider whether you would feel more comfortable with a trusted colleague or union representative present, to support you during the conversation.
- Explain your situation clearly. Talk about how menopause is affecting you at work, what you're doing to manage your menopause and what your line manager could do to help. Discuss what the support you would like e.g., workplace adjustments and timescales. Or sometimes just knowing someone understands and is there to listen can help.





- Agree with your manager what you can both do. They may need time to think about the best support. Remember, this may have been on your mind for a long time, but it may be the first time your manager has heard about it. Allow them time to digest the information and seek advice if necessary.
- Do you want the conversation to be confidential? Some of us are happy talking about menopause openly, others are not. Talk to your line manager about whether you want the conversation to be kept confidential or if you're happy to discuss some or all of it with colleagues. It's your choice.
- Follow up. At the end of the meeting put a time in the diary to meet again, whether that's to agree a way forward, to monitor progress or update. Menopause symptoms can change over time.





Appendix C: Symptom Support and Workplace Adjustments

As everyone will have a different experience of the menopause, different adjustments may be needed for each individual depending on role and symptoms. The impact of menopause may reach wider than the individual themselves, such as colleagues, relatives and carers. Support should be considered for anyone impacted so that we support all staff in work.

Listed below are some suggestions for workplace adjustments or support options which could be considered in a discussion between the line manager and colleague. There may be other adjustments which can be discussed that are not on this list, and just because one person has an adjustment put in place this does not mean that everyone affected by perimenopause/menopause has to be given the same adjustment, nor that the adjustment should remain in place indefinitely.

Hot Flushes

- Request temperature control for their work area, such as a fan on their desk 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.
- Consider flexible breaks to support with the occurrence of a severe hot flush.

Heavy/light Periods:

- Have access to washroom facilities.
- Request an extra uniform.
- Ensure sanitary products are available in SECamb washrooms for emergency use, arranged locally.
- Ensure storage space is available for a change of clothing, personal hygiene and washing products.
- Consider flexible or additional toilet breaks.
- Bring a hot water bottle or microwaveable heat pack into work.

Headaches:

- Have easy access to fresh drinking water.
- Offer a quiet space to work where practical and possible.
- Consider need for noise-reducing headphones to wear in open offices if appropriate for the work environment.
- Have time out to take medication if needed.

Difficulty Sleeping and Fatigue:

- Consider the flexible working policy.



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- If working in an office space, could their desk be near a window with natural light.
- Direct colleague to the [Wellbeing Hub Sleep page](#) on The Zone.
- Consider a referral to the Wellbeing Hub for further sleep advice and support.

Low Mood:

- Ensure there are regular Wellbeing Conversations happening between the colleague and line manager.
- Agree time out from others, when required, and agreed in advance and documented.
- Offer the use of a Wellbeing room or a private room for some private space.
- Direct colleague to the [Wellbeing Hub Menopause Awareness](#) page on The Zone.

Loss of Confidence:

- Ensure there are regular one-to-ones/Personal Development Discussions.
- Have regular protected time with their manager to discuss any issues.
- Have agreed protected time to catch up with work, if needed.

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 items such as notepads to make lists on, action boards, or other memory-assisting equipment.
- Offer quiet space to work where practical and possible.
- Offer noise-reducing headphones to wear in open offices if appropriate for the work environment.

Anxiety:

- Discuss a referral to the Wellbeing Hub.
- Encourage the colleague to make an appointment with their GP or other healthcare provider.
- Be able to have time away from their work to undertake relaxation techniques or mindfulness techniques such as breathing exercises.
- Allow use of the Wellbeing room or private room to reduce anxiety levels.
- Direct colleague to the [Wellbeing Hub Menopause Awareness](#) pages on The Zone.

Occupational Health – you can make a referral to occupational health at any point to support recommendations that have been made, or if further discussion is needed around workplace adjustments.





Stress Risk Assessment – If there are additional stressors within the work or home environment that are identified, please refer to the [Managing Stress and Enhancing Wellbeing Policy](#) and consider completing a stress risk assessment form, as part of identifying key discussion areas that might support menopause symptoms by reducing areas of work related stress where possible. See [Appendix G](#).

It is important to remember that the above is not an exhaustive list and whilst not every woman will experience symptoms, supporting those who do experience symptoms will improve their experience at work. For those who do experience symptoms and start a menopause-specific medication, there will be a period of physical and emotional adjustment which can take up to 3 months, so please be mindful of this in your discussion.

Menopause Information – There is lots of information on the Wellbeing Hub menopause section on [The Zone](#), as well as some support options in [Appendix E](#).

You could also direct the individual to the support on offer from the Gender Equality Network (GEN) via email GEN@secamb.nhs.uk or GEN's [Menopause Matters group](#) on Viva Engage. GEN also runs monthly Menopause Cafés via Teams. An invitation can be requested by emailing GEN. There are a small number of colleagues who have agreed to be informal Menopause Champions who are willing to come alongside and support people on an informal basis. Contact GEN to be put in touch with one of these.



Appendix D: Line Manager Discussion Template

Name	
Job title	
Work location	
Line Manager	
Date of discussion	
Discussion (symptoms, impact at work, at home etc)	
Actions agreed to be done by the colleague to manage their symptoms	
Workplace adjustments agreed by the line manager	
Actions for line manager	

Date of next review meeting

Signed (Colleague)

Signed (Line Manager)



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Appendix E: Support Options

Wellbeing Menopause page: The Wellbeing Hub has a Menopause Awareness page where you can find information ranging from identifying and managing symptoms to considering workplace adjustments.

Menopause Café: SECamb's Gender Equality Network (GEN) hosts a monthly menopause café that colleagues can attend. Some cafés are on Teams and others are in person. Email GEN@secamb.nhs.uk for a diary invitation.

Menopause Champions: GEN can put you in touch with a volunteer "Menopause Champion" if you would like to chat about your experiences in a safe space. Email GEN@secamb.nhs.uk.

Menopause Matters Viva Engage Community: request to join by clicking [here](#).

Workplace Adjustments: See [Appendix C](#) for more information and ideas on appropriate workplace adjustments.

Further support information:

Henpicked Menopause Hub is an online resource providing helpful information and top tips to manage menopausal symptoms.

Together in Surgical Menopause is a patient led, fact-based resource for those who are either experiencing or would like to learn about surgical menopause.

Information can also be found on the NHS page relating to [surgical menopause](#).

Women's Health Concern is the patient arm of the British Menopause Society and provides a confidential, independent service to advise, inform and reassure women about their gynaecological, sexual and post reproductive health. Website includes downloadable factsheets and a search function to find the nearest BMS menopause specialist.

Menopause in Ethnic Minority Women This document produced by the British Menopause Society provides some useful information and guidance for clinicians and managers.

The Daisy Network is a charity that was created to provide information and support to those who have been diagnosed with Premature Ovarian insufficiency





[Menopause Matters](#) is an independent website providing up to date and accurate information about the menopause, menopausal symptoms and treatment options.

[Queer Menopause](#) an organisation raising awareness of LGBTQIA+ experiences of menopause including inclusive resources.

The [NHS](#) website providing information on menopause symptoms and treatment.

[Self-Care Forum](#) an organisation raising awareness about the benefits of self-care, this page includes a downloadable factsheet including information on symptoms and treatment.

[Real Menopause Talk podcast](#) gives an opportunity for everyone to share and hear stories about real life experiences of peri to post menopause and the impact it has on all life has to offer, with real stories and real guests from all walks of life.

[Rock My Menopause](#) was set up to give women the confidence to recognise and discuss their symptoms and equip families, friends, employers and the wider public with information about the menopause to support women at this time of life.

[Menopause Support UK](#) website with information and support for individuals and/or managers relating to menopause.

Keeping active and building strength can help with menopause symptoms. The Wellbeing Hub has some [exercise videos](#) on The Zone, or find some sessions on the [NHS Fitness Studio](#).





Appendix F: Andropause

Andropause is a condition which is associated with decrease in testosterone (the male hormone). Testosterone is the hormone responsible for deep voices, muscle mass, facial and body hair patterns in males. Trans women, non-binary and some intersex colleagues may experience andropause too. Where this section refers to “men”, please take this to mean all colleagues experiencing symptoms of andropause.

As men get older, the level of testosterone and production of sperm get gradually lower, and they experience physical and psychological symptoms of these lower levels. This is a natural ageing process, and it is estimated that testosterone decreases about 10% every decade after men reach the age of 30.

Unlike menopause, the decrease in testosterone and development of symptoms is much more gradual than the occurrence in women. Approximately 30% of men in their 50s will experience the symptoms of andropause caused by low levels of testosterone. A man experiencing andropause may have a number of symptoms related to the drop in testosterone and may be at risk of other serious health conditions such as osteoporosis without proper treatment. Support for andropause can be found [here](#).

There are a number of symptoms that men in their late 40s to early 50s may experience:

- Depression
- Mood swings and irritability
- Erectile dysfunction
- Loss of muscle mass and reduced ability to exercise
- Fat redistribution
- General lack of energy or enthusiasm
- Difficulty sleeping or increased tiredness
- Poor concentration and short-term memory

These symptoms may interfere with everyday life and happiness so it is very important to find the underlying cause and determine what can be done to support this.

Hypogonadism (a testosterone deficiency which develops in later life) can also be responsible for some of these symptoms, but in many cases the symptoms are not related to hormones.





Appendix G: Risk Assessment of Stress at Work - Guidance Notes for Managers

This guidance note provides advice on how to conduct a risk assessment of stress at work in five clear stages using the risk assessment form, overleaf. This is adapted from guidance contained within the HSE paper *Managing the causes of work-related stress*. Quotation marks indicate where the HSE document has been cited directly.

NB the Stress Risk Assessment will ordinarily be carried out by the Line Manager in conjunction with the subject of the assessment.

The 5 steps to a Stress Risk Assessment are as follows:

1. Identify the stress risk factors

The pro-forma overleaf has been designed to assist with this. The key work-related factors with potential to cause stress related illness (the risk factors) are:

- | | |
|------------|------------------|
| a. Demands | b. Control |
| c. Support | d. Relationships |
| e. Role | f. Change |

2. Decide who might be harmed and how

Although some people may be more vulnerable to developing work related stress illness than others, any individual could be working under conditions that could cause undue pressure and so be at risk from work-related stress. Sources that may be useful in making this assessment include surveys, sickness absence data, staff turnover rates, exit interviews, number of referrals to occupational health, information from existing staff forums, as well as standard day-to-day meetings and other interactions with staff.

3. Evaluate the risks

The pro-forma overleaf has been designed to assist with this.

4. Record the findings; develop and implement action plans

The pro-forma overleaf has been designed to assist with this.

5. Monitor and review action plans and assess effectiveness

The Stress Risk Assessment should be reviewed on an ongoing basis, ordinarily through normal line management practices. Where appropriate, formal review dates may be built in.



INDIVIDUAL STRESS RISK ASSESSMENT FORM

Subject of risk assessment (Individual / Role / Team / Location / Job Type)

Reason or Trigger for Risk Assessment

Assessor's Name/Title (the Stress Risk Assessment will ordinarily be carried out by the Line Manager)

Date of Assessment

Stress Risk Factor			
A. DEMANDS <i>"Issues such as workload, work patterns and the work environment."</i>			
Issues Identified eg <ul style="list-style-type: none"> • Workload/deadlines • Hours and patterns of work • Individual capabilities, including training needs • Mechanisms to flag concerns • The physical working environment (temperature, noise, light, etc) 	Proposed Control Measures eg <ul style="list-style-type: none"> • Re-allocation of duties (temporary or permanent) • Guidance over prioritisation of tasks • Adjustment of hours/work patterns (temporary or permanent) • Training • Ensure appropriate communication mechanisms are in place and operating effectively (individual and group). • Physical adjustments – hazards properly controlled 	Responsibility/ Ownership	Priority Level (H,M,L) & Timescale



B. CONTROL “How much say the person has in the way they do their work.”			
Issues Identified eg	Proposed Control Measures eg	Responsibility/Ownership	Priority Level (H,M,L) & Timescale
<ul style="list-style-type: none"> • Pattern/pace of work • Setting priorities • Work patterns, including timing of breaks • Opportunity to act on initiative and to utilise/develop skills 	<ul style="list-style-type: none"> • Appropriate empowerment of staff members • Appropriate flexibility over work schedules • Flexible working • Ensure appropriate communication mechanisms are in place and operating effectively (individual and group). 		



C. SUPPORT “The encouragement, sponsorship and resources provided by the organisation, line management and colleagues.”			
Issues Identified eg	Proposed Control Measures eg	Responsibility/Ownership	Priority Level (H,M,L) & Timescale
<ul style="list-style-type: none"> • Staff feel ill-informed about workplace issues • Staff feel they do not have the opportunity to raise concerns. • Staff feel isolated or unsupported by management/colleagues • Support for disability or illness related issues • Failure to praise/recognise good performance 	<ul style="list-style-type: none"> • Ensure appropriate communication mechanisms are in place and operating effectively (individual and group). • Reference to appropriate existing policies and procedures. • Staff made aware of supportive mechanisms available (Wellbeing Hub, Chaplain) • Advice sought from Occupational Health/HR • Coaching/Mentoring 		



D. RELATIONSHIPS “Promoting positive working to avoid conflict and dealing with unacceptable behaviour.”			
Issues Identified eg	Proposed Control Measures eg	Responsibility/ Ownership	Priority Level (H,M,L) & Timescale
<ul style="list-style-type: none"> • Low team spirit • Staff feel bullied, harassed or victimised • Staff feel no mechanism exists to enable them to raise issues • Staff perceive there to be a lack of awareness of diversity and equality issues 	<ul style="list-style-type: none"> • Ensure appropriate communication mechanisms are in place and operating effectively (individual and group). • Encourage more team working • Encourage staff to communicate verbally rather than by email • Management intervention to resolve specific issues appropriately and at an early stage • Reference to appropriate existing policies and procedures • Advice sought from HR/Occupational Health • Consider diversity and equality training 		



E. ROLE “Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles.”			
Issues Identified eg <ul style="list-style-type: none"> Lack of clarity over role Lack of clarity over who individuals report to Perception of being pulled in different directions by conflicting demands 	Proposed Control Measures eg <ul style="list-style-type: none"> Ensure role description clearly defines the role, expectations, reporting lines, etc. Consider any necessary revisions. Ensure appropriate communication mechanisms are in place and operating effectively (individual and group). Make effective use of PADR and 1-2-1 discussions. 	Responsibility/ Ownership	Priority Level (H,M,L) & Timescale



F. CHANGE <i>“How organisational change (large or small) is managed and communicated in the organisation.”</i>			
Issues Identified eg	Proposed Control Measures eg	Responsibility/ Ownership	Priority Level (H,M,L) & Timescale
<ul style="list-style-type: none"> Staff feel ill-informed about changes to role/department/Trust and how they may be affected by them. Staff feel under-supported. Staff feel they do not have a voice 	<ul style="list-style-type: none"> Ensure appropriate communication mechanisms are in place and operating effectively (individual and group). Involve/consult staff in a timely manner during key change initiatives, allowing opportunities for staff to give their views Explain reasons for changes, and the benefits, as well as information on timescales Training needs considered 		



OTHER ISSUES Are there any other issues outside of work that we need to take account of?			
Issues Identified eg <ul style="list-style-type: none"> Personal / family relationships Life changes Bereavement Illness (self or family member) Financial worries 	Proposed Control Measures eg <ul style="list-style-type: none"> Direct employee to Wellbeing Hub, Chaplain, etc 	Responsibility/ Ownership	Priority Level (H,M,L) & Timescale

ADDITIONAL COMMENTS:



REVIEW PLAN

Review meeting date 1: _____ Review meeting date 2: _____

Review meeting date 3: _____ Review meeting date 4: _____

Review meeting date 5: _____ Review meeting date 6: _____

Assessor:
NAME

JOB TITLE

DATE

Individual:
NAME

JOB TITLE

DATE
