HOUSE OF COMMONS

Women and Equalities Committee

Oral evidence: Menopause and the workplace, HC 602

Wednesday 9 February 2022

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Watch the meeting

Members present: Caroline Nokes (Chair); Caroline Dinenage; Jackie Doyle-Price; Carolyn Harris; Kim Johnson; Anum Qaisar; Kate Osborne and Bell Ribeiro-Addy.

Questions 109 to 137

Witnesses

I: Deborah Garlick, founder and director, Henpicked – Menopause in the workplace; Nikki Pound, policy and campaigns support officer, Trade Unions Congress and Claire McCartney, senior policy adviser (resourcing and inclusion), Chartered Institute of Personnel Development (CIPD).

II: Lynda Bailey, co-founder and director, Talking Menopause and former inspector, West Midlands Police; Chris Pitt, chair executive officer, First Direct and Sharon Ollivier, senior training and development partner, South Tees Hospitals NHS Foundation Trust.

Examination of witnesses

Witnesses: Lynda Bailey, Chris Pitt and Sharon Ollivier.

Chair: Thank you for coming along for our second panel in this afternoon's meeting. I very much appreciate that you will all have listened to the first set of questions and, therefore, have an idea of where we are going. These three witnesses are going to talk to us about best practice.

Before we start, though, I formally welcome to the Committee our newest Member, Carolyn Harris—a menopause legend, so she has turned up at the right time.

Firstly, we have Lynda Bailey from Talking Menopause and a former inspector at West Midlands Police; Chris Pitt, the CEO of First Direct; and Sharon Ollivier, who is the senior training and development partner at South Tees Hospitals NHS Foundation Trust. I think you got an honorary mention in the first session, did you not? I am going to turn to Caroline Dinenage for the first set of questions, please.

Q109 **Dame Caroline Dinenage:** Welcome to you all. Can I start with you, please, Lynda? I am fascinated by the work that you did with the police, and we have been looking at your case study of the initiatives that you put in place. I was just really interested to know how this all started, how it all came about.

Lynda Bailey: It came about because I suffered from menopausal symptoms and they absolutely floored me. I had no idea that I was even old enough to go through menopause. I had no idea that the mental health challenges, the cognitive challenges that I faced, would absolutely knock me over. That is how I became interested in menopause because nobody was talking about it way back in 2014; there did not seem to be obvious help and support.

I was a leader in a male-dominated organisation and I had this overwhelming feeling, this sense of responsibility, that if I could not talk about it in my capacity as an inspector in the second largest police service in the country who else was going to talk about it? Who else is going to have this conversation if I am not? I say "brave", but I do not mean brave because it is about managing symptoms, but if I cannot do it, who the hell can?

That was my motivation to do it, and I am so pleased that I did because I know that from me talking about it then other people talked about it. Even the chief talked about it because we made him. We had that conversation with the chief, and so getting the most senior leader onboard really makes a difference. That is what we are talking about here.

We have heard lots of things this morning, and I am not trying to score points or anything here, but this is not about being friendly about menopause. This is about the fact that menopause exists: it is real, it hurts, but we do not have to be knocked over by it. This is part of equality and part of diversity and inclusion, and we have got to get that right. This, eventually, should be what we do—business as usual, not an exceptional conversation. That is where we have got to get to, I think. That is why I feel so passionate about it because I know what it feels like.

My story is that I went from kicking front doors in, literally, to hiding behind my front door. My husband had to take me to work with him because I could not function. That is how debilitating it was. I do not think people understand that that is how bad people can be affected by it—not everybody, because it is a unique experience and every single person is different—but all we are asking from employers in the work that I do at Talking Menopause is, "As a menopausal employee, if I need some help what does it look like? I do not want the spotlight on me. I just want some help if I need it." It is as straightforward as that.

Most employers have got policies in place that support menopause. Most employers are just not alive to the conversation because sitting on the top table are not the people who are experiencing the symptoms. Sitting here are the people who are, and somewhere in the middle is where we meet, and that is how we make a difference. Every single person can make a difference because every single person can talk about this.

When my daughter and I walked in here today there was a guy—"What are you here for?" "We are here to talk about the menopause." "What?" I have not got the time to tell him about it, but that is what we are up against. Somebody mentioned earlier about this wider society. It is wider than just the workplace. The workplace has a responsibility, but everybody else in society has a responsibility and there is too much focus on the individual and the woman. I say woman, but for people who are experiencing menopause there is too much focus on them having to make the difference. Menopause is everybody's business, and everybody needs to make the difference in my opinion. Sorry.

Q110 **Dame Caroline Dinenage:** No, it is a good opinion. I have to admit to being a little bit in love with you already.

When you started on this crusade, when you were in the police, was there already anything around you in the way of support? Was any of this in place, or were you literally starting from the ground up? What were the kind of obstacles and challenges that you found along the way?

Lynda Bailey: I joined the police service in the 1980s. The world was a very different place then and it was a very different place in the police service. In the 1980s I could not have spoken about menopause. In 2014 I could speak about menopause because my organisation supported diversity and inclusion. They supported females in the workforce and the organisation had changed considerably.

Menopause was not talked about because nobody had thought about it; it was as simple as that. Once you started to talk about it, first of all, it was about leadership. I had to be the leader. I thought, "I am not the only person in this organisation of, what, 11,000 people who is experiencing menopausal symptoms. I need to gather the people around me who feel as passionate as I do about it, create that support network for ourselves—which is what we did—but also let's be an action group, let's lobby the organisation, let's get in on HR meetings, let's get in on equality and diversity, let's get in all those places." Because those places already existed.

We made a real decision not to have a policy around menopause because menopause is a natural life health event. It is not exceptional; it happens. As other people have said, we did not need a separate policy that sits on the table and we do not do anything with it.

I know about culture, working in an organisation that I did: if we are going to change culture, then we do it slowly and we do it by continuing to have this conversation. When somebody asked me at work, "How are you today?" "Well, do you know what? I don't feel very good today. I've got menopausal symptoms." "What? Why are you telling me?" "I'm telling you because you asked me. And if I've got a headache, I'll tell you I've got a headache." That is how we change it, and all of us can do that.

I just said to Chris here, "Oh, gosh, you're here. There's a guy here talking about it." Again, that is really important. When we go out to organisations now, that is what we are doing. People ask me, "How do I get men engaged in this conversation?" And it is a real challenge for people. The public sector has a fantastic opportunity here to lead the way because it has that duty to make menopause mandatory for every single line manager in their organisation.

Shropshire Fire and Rescue, who we have worked with, made it mandatory for all their line managers, 99.9% of whom were male. Every single one of them afterwards was like, "Oh, I get it. Oh, actually, my partner's experiencing those symptoms. Oh, this is really interesting. Now I really want to know about it." That is what we have got. I really do think the public sector has got a way to go.

To go back—and I know I have gone on a bit now—it is about leadership. It is about having that support group. It is about educating people. We put on so many events to educate partners, to educate line managers, to educate everybody else. What we do with every single organisation is a survey to try and baseline, what is the conversation? What are people saying? Are people confident to talk about it? If they are not confident to talk about it, that is the bit that we have to change because all we are asking is, "I am a menopausal employee. I need some help. What does it look like?" "Oh, we have already got an absence management policy." "Oh, we've already got a performance management policy."

No employee should have to feel that they have got to leave their organisation because they are not getting the right help and support and being forced out because they are on performance management plans or absence management plans, for example. We just need to put that conversation in there.

When I talk to people I just say, "It is no different from any other conversation that you're having with an organisation." We do not need to badge it up. We have just got to get this as business as usual, as I say, not this exceptional conversation. There is a real fear that because we then make it this exceptional conversation people are scared. They do not know what to say. We are talking about women's hormones here. People are scared to say the words because they are scared to upset somebody.

We have gone through exactly the same thing with race. People are scared of what they can and what they cannot say. When we have that knowledge then we can just say these things. We might not say, "Oh, I've got a dry vagina today." We might not want to say that and we might not want to share that kind of information, but we might want to say, "Do you know what? I can't even remember your name. Who are you, because I forgot?" Why can we not be confident to say that? Or if we are in the middle of a sentence and then we forget exactly what we are going to say, do not judge me because I cannot remember that word or do not judge me because I have stopped midsentence.

We did some work in a military barracks with the head doctor there. I literally had 150 managers in front of me. I was standing in the biggest room I have ever been in in my life. Somebody asked me a question and halfway through I forgot what I was going to say. I completely forgot; it had gone. I could not get it back; I could not do anything. Afterwards the doctor said, "That was really good pantomime you did there." I went, "It wasn't pantomime, it was real." Those are the kind of things that we are up against I suppose. Every time that happens, we have this opportunity to change that conversation, do we not?

Somebody mentioned earlier about physical changes. The other day somebody said to me, "I have to take 222 steps to get to a toilet." They work in an educational establishment and they take 222 steps to get to the toilet, and that is real basics. Unless somebody points that out to somebody who can do something then they are not going to know, are they? It is that ground-up approach and that top-down approach, meet in the middle and we will tick the box if you like.

Q111 **Dame Caroline Dinenage:** Lynda, when you were doing this work, did you encounter any specific challenges in how you filter it through an entire organisation? Were there different considerations, depending on what someone's role or grade was within the business?

Lynda Bailey: Yeah. Obviously, in the police service, you have got operational roles where you have got people wearing uniform, who have

to take fitness testing, and then you have people in support roles who, primarily, are going to be working in an office.

If you have got to be at work at 10pm at night and you have got to wear a stab-proof vest and your uniform, then those reasonable adjustments or considerations are probably going to be different for somebody who is working in a different kind of role. I am not sure whether the Committee is aware, but there is a Menopause Action Group, the national police action group for menopause, which came about round about the same time that we were doing this work in West Mids, and that covers all the 43 forces. The National Police Chiefs' Council has got guidance as well. The Federation has done a survey, and the College of Policing has also done some national guidance. You have got this guidance and then they are saying it is down to individual forces.

Some of the things that the MAG is looking at are fitness testing and uniform, such as what the uniform is made of and how many changes of uniform you get. An example—the same kind of thing—is that as a female officer in West Mids you have to wear a cravat. That went through a line manager process: to actually be permitted to take your cravat off during a tour of duty. That should be autonomous to that line manager and it should be acceptable that it happens, but it became a bit of a battle.

Yes, every person's menopause is unique. Everybody's role is unique. Every organisation is unique. The way we change this is to listen to that individual. How is my job made harder by my menopausal symptoms? That is what we are looking at here, and that person then contributes to how that change might come about, and that is going to be different for every single person.

Q112 **Dame Caroline Dinenage:** Is that your kind of "killer line"? What would be your one piece of advice—the key thing that you would say?

Lynda Bailey: Most research is based on female research: 80% of females will experience menopausal symptoms, and 25% of that 80% will suffer severe symptoms. It is a unique experience. We have got to listen to that person. That is the person who is going to tell me as a manager, for example, what my challenges are and how it is different in an organisation. If I am not suffering cognitive challenges but I am suffering hot flushes, for example, then the adjustment I am going to need is going to be different, so it is unique.

West Midlands police have got something called a reasonable adjustment passport, which was part of some of the work that we did. The reasonable adjustment passport allows for the individual to identify what menopause is to them and how it affects them, but also what kind of adjustments can be put in place. That passport stays with that individual when they move role and have a new line manager, and it really allows that conversation to take place.

Menopausal symptoms fluctuate and, if it is a day where my symptoms are a little bit more manageable, I might not need those reasonable adjustments. That reasonable adjustment passport fluctuates with that individual. That is my comfort blanket, if you like, to say that I have got that help and support; I can draw it in when I need it. But on days when I do not need it, then I can feel more confident because I feel better and, actually, I do not want to bring those adjustments in because I want to be able to work and I want to carry on doing my job. That helps with your confidence if you are allowed to do that and then you have got that safety blanket in place as well.

Q113 **Dame Caroline Dinenage:** One thing I was really keen to know—clearly you are very dynamic; I would not cross you—was whether what you were trying to achieve was universally welcomed, or if there was there any pushback. Did you have to change any mindsets about this, or was it a welcome step forward?

Lynda Bailey: I suppose my worst example is when I sat in an equality and diversity meeting and spoke about menopausal challenges and somebody laughed. I told them that that it was not appropriate to laugh because it is not funny.

Menopause is about hormones and about what people feel about hormones and how people attach this emotion to hormones. If you get upset about something or you get emotional about something, then you are just being female. This is all wrapped up in this menopause conversation. We will change this menopause conversation when we change that.

I do not mean that to be defeatist because I am not defeatist in any way at all, but that still exists now and so we have to play that off with menopause as well. You are going to get the, "Oh God, they're talking about menopause. What are we talking about that for? It's another women's thing to talk about, isn't it?" It is not an excuse for people not to achieve and most women that I speak to who suffer symptoms want to stay at work. They want to stay in the workplace, but they just cannot find a way to do it. If employers are providing this work-based support, then they are giving them the option to stay in the workplace because that is what they want to do.

I did not want to leave my job as a police officer. I loved my job. It was the best job ever, and the reason I could stay was that my male line manager, who did not understand menopause, said, "I don't want you to go. I don't want to lose you. We want you to stay." Because he could say that to me and he supported everything else I did, then I could stay, but I also had a change of role because otherwise I do not think I could have managed threat, risk and harm for the organisation and managed 100 staff when I could not even manage myself. By being allowed to sidestep slightly, it allowed me to carry on with my role. It also gave me the opportunity to talk about menopause as well, so it was a win-win.

Chair: Thank you very much for that, Lynda. I suspect that we might have other questions that crop up at the end for you. Kate Osborne, please.

Q114 **Kate Osborne:** Chris, can I just echo what Lynda has just said around welcoming you, as a man, entering into this conversation with us? It is really good to have you here.

I understand that First Direct started planning their campaign to gain menopause-friendly accreditation in March 2019. Why is it important to you that First Direct be accredited as a menopause-friendly employer?

Chris Pitt: Thank you for saying hello. There are two reasons. One is that it is just the right thing to do to be able to allow everybody to succeed and thrive. Echoing an awful lot of what Lynda has just said, I think that accreditation shows that it matters to the organisation in a way that is observed across the organisation—not only within First Direct; I am also representing HSBC UK and M&S Bank here, which are part of the one organisation.

That observation of us really talks to the culture that you want to create. We use the words in our company about 'breaking the taboo', and the fact that you can say this and we can talk about this without anybody sniggering afterwards is so important. That observation of it is key to it. It then allows other things to happen within the organisation because people feel as though it is okay to say that.

I am glad that I have been allowed to come and talk about this. In some ways, I do feel like a fish out of water to an extent, but reflecting upon coming here, yesterday or the day before one of my colleagues who is in her 50s, who works in Hamilton in Scotland, phoned me by accident. She sent me a text afterwards saying, "Sorry, I had a brain fog." The whole nature of us talking about that allows us to have that sort of conversation where I did not really think anything of it.

Equally, I mentioned I was coming here today and someone in a Zoom meeting said, "Thank you so much for talking about the menopause, and even just mentioning it and creating it being a natural thing." You talked about it in the previous conversation: it is a sensible thing for us to do. In First Direct there are an awful lot of women, and there are an awful lot of women who are going through the perimenopause and menopause. The average tenure of someone in First Direct is over 11 years.

We would like to think we have a culture of empathy, not only with our customers, but with each other. I spend a lot of time doing exchanges where I come onto a Zoom call—as we do now—and often I will speak to 10, 11 people in the team who will all be impacted by the menopause directly. I completely accept that everybody is impacted by the menopause. They would not remain with us and they are less likely to be loyal to us and they are less likely to do a good job for our customers if they do not think that we care about them. We are observant of the

impact of what is happening in their lives. It is the right thing to do from a moral perspective, but it is also the right thing to do relative to a purely sensible commercial perspective.

Q115 **Kate Osborne:** Did you face any resistance in developing new policies? If so, where from, and how do you overcome that?

Chris Pitt: Again, you were talking to the police force. There is none of this in our organisation where you've got lots of men who think, "It's a load of old tosh. I'm not talking about that." I think the resistance really is on a number of levels, especially people of influence actually understanding it and understanding what is going on so that they can just be empathetic and observant of what is happening.

The example I use for that is that I attended a workshop on the menopause. I entered it on the basis that it was my role to show that I cared and engaged. It really dawned on me—hearing the experiences and going through that—that I had actually been a pretty rubbish husband the five years previously when my wife was going through it. I was thinking, "Why is she doing this and why she behaving like that?" and it really started to dawn on me; the scales fell from my eyes, if you like. I was thinking, "Blimey, you weren't much cop there really as a husband," reflecting how I could have been more supportive. That talks to D&I more generally. We need people who do not necessarily think it is for them involved in this so they can actually help.

Then the other filter within the organisation—as you go down the organisation—is exactly that. We make training for our team leaders something that is compulsory around this, that talks to the men because otherwise the men and a lot of the younger women will not turn up because they think, "I don't know anything about that."

You actually need to get the horse to come to water and then make it sip a bit before it understands that it needs to be involved. I think the pushback is not necessarily that we are not doing that. This morning I had a meeting with some very senior people within my organisation and I said I was coming here and what I was going to talk about—lots of men, and none of them blinked an eyelid. They said they were very proud that we, as an organisation, could talk to this. But it is getting it through the company rather than from the top down necessarily.

Q116 **Kate Osborne:** Earlier on, we were talking about women leaving the workplace, often well before their time through lack of support and so on. A recent report by Standard Chartered Bank and the Financial Services Skills Commission found that one in 10 employees in the financial services sector is currently going through menopause. I was quite amazed that it was so high. However, for almost half of these employees, the menopause makes them less likely to want to progress in their role. What has First Direct and Marks and Spencer's etc done to turn the tide around that?

Chris Pitt: Again, I think it is themes that you have already heard here. It is the culture. You can have a hot flush. You can experience these things and speak up about them.

I was talking to a colleague before and she was saying that she had had a job with a lot of stress and given the anxiety she was going through she just thought she was starting to fail. She was really worried about going to meetings and actually missing out really "important" people's names. So she bailed from that job and took a different job, which actually was at a different status because she got no support from her line manager, and she did not think that she could continue to succeed. The anxiety was far too much.

You have got to create an environment where the manager in that environment—who was not very good—is under pressure to actually engage and empathise rather than the other way round, just to deliver. You have got to create a pressure the other way, I think.

Then there is the education. We do hubs, newsletters, training. It is a constant flow of things. I was reflecting on some of the debates you have been having. The best people in business, in my experience, are the people who are inquisitive, and you need to remain inquisitive, on a personal level and as a business, to what you can learn about how you can get better. This job is never done.

Finally, there is practical support. We have got 125 accredited menopause advocates and champions within the organisation. They create a constant flow. We have changed the nature of the uniforms in our branches so that they can deal with menopause-related issues. When you ring up and want a fan or a new uniform, you do not need to say why. In an organisation like a bank, the procedures can be slightly onerous, but this idea of, "Why do you want one of them?", we have taken all of that away.

The other thing—picking up on what Lynda said—is that corporate interspecific. We have a BUPA menopause health line and we know that that is getting extraordinarily good feedback because you can be symptomatic to the menopause and go away and get personal advice rather than broadcast it or be part of a group. It is in those three levels, I think.

Q117 **Kate Osborne:** Since March 2019 when you first joined the accreditation and started looking into this, maybe more than you had previously, have you have done any monitoring of female staff turnover figures and whether or not this has improved? Is the change in policy or the conversation now changing things in terms of keeping women in the workplace?

***Chris Pitt*:** Yes, I think it is, but I can only talk to anecdote more than specifics, to be honest. We are starting to see tick up the tenure of our people who have been here a while and the people within that who are

impacted on the menopause. Clearly we have been impacted by the pandemic in terms of the furlough and the movement of staff and all those sorts of things, so it is lost a little bit in the data relative to what has happened over the last two years, if I was to be brutally frank. But it is something that we are absolutely going to monitor because, like any good bank, we manage what we measure, and so we need to measure that relative to the impact.

Q118 **Chair:** Sharon, can I come to you, please? We have heard from Lynda about a very male dominated sector. I would argue that the financial sector, Chris, is also too heavily male dominated, but that is not the case with the NHS.

Sharon Ollivier: No.

Chair: Has that made it easier within the NHS to implement good, effective menopause policies?

***Sharon Ollivier*:** We have probably been more well received in some ways. In our organisation we have about 9,500 members of staff and 3,500 of those would be women aged 45 or over, so we have got quite a receptive audience already. We do a huge amount of coaching conversations, and in about March 2019 we started off understanding a bit more about the issues around the menopause. A lot of senior nurses were coming with their experiences of a lack of confidence, a lack of self-esteem, talking to consultants but then not being able to challenge them, and not being able to do their job properly.

That really was the start of our journey. But it is not just the nursing staff; we have got to look at the whole of the organisation, which is very difficult. There are so many wards, so many areas, so many different cultures within the hospital itself. The key is to take an individualised approach and understand that each woman would go through a different journey, no matter what her occupation, no matter what her profession. You may have a different journey if you are ward based or you are corporate staff or you are working in a different area. It all comes in, so we do take an individualised approach to our training.

Q119 **Chair:** Lynda mentioned passports. Do you have anything similar?

***Sharon Ollivier*:** No, we do not at the minute but we have now started a steering group. Our steering group has just been formed and includes myself from the training and development team, HR colleagues, occupational health and also our facilities. We are now starting on that journey.

We obviously went through Covid and the pandemic. The starting point and key issue for us was about raising awareness for staff in the organisation, to make line managers understand that they have got to be more supportive, and getting buy-in from all of the senior leadership team as well. Also, looking at our EDI policy and looking at how we can make sure that we are inclusive with everybody. That piece of work has

embedded now in the organisation. We are now an accredited organisation in our own right, so that has been really helpful. We are now on to: how do we further embed it? What else do we need to do to make this more friendly and more accessible to everybody who needs to use it? That is where we are at the minute.

So no, not passports, but absolutely talking to line managers about reasonable adjustments and how they can support staff. Through our training we also talk to staff and say, "You have every right to ask for these adjustments. You have every right as a transition that you are going through to ask, 'Can I do this differently? Can I work slightly differently?'." We have also done things like provide water bottles—hydration. Nurses cannot leave the ward so we provide water bottles, just as a point to encourage them to remain hydrated and look after themselves.

On a ward area you are not allowed to have fans because of infection prevention control so a reasonable adjustment would be, "Can you leave the ward area for a few minutes? Get some fresh air, go to an open window." We need to go back to issues as basic as that. Reasonable adjustments will work and the passport is a great idea. I am going to take it back to the organisation because I think it is a brilliant idea, but it has to be on an individualised basis.

Q120 **Chair:** Individualised has been a repeated theme. We know every woman will have a different menopause experience. It is a very pressured emergency service. You have already mentioned water bottles on wards and the challenges around people not being able to have fans. How do you balance the competing challenges of having to provide a service to patients that requires really intense work with perhaps wanting to empower women to ask to work more flexibly?

***Sharon Ollivier*:** It is a challenge; there is absolutely no doubt about it. We have to go back to basics. We have to talk to each line manager and we have to manage it, but we have to bear in mind that the patient comes first. If you have got an emergency happening, that emergency will take priority for all of those nursing staff. If you imagine, during the pandemic, having to wear full PPE on shift for an extensive amount of time must have created such difficulties for those nurses who did it. They are absolutely amazing, the way they have managed it.

Again, I can only say it is an individualised approach that we have to take, and we have to look at it from each person. It is about making a safe space for that person, that woman, to come forward to say, "I am not coping, I need some extra help. I need some extra support. What can I expect from you as an organisation?" It is about equality in terms of, what is right for one person may not be right for another.

I could not answer it on a generic basis because I do not think it is possible to do that. We had one story of a lady who was working who came to one of our support groups. She was literally flooded off her feet

and they wrapped a towel around her until she had finished doing what she was doing and then she left to carry on. That is the dedication of those nurses. It should not happen, but the patient came first so she put the patient first.

Q121 **Chair:** Lynda spoke to us about eye rolling and a man who sniggered. From what all of you have said, it is line managers who are absolutely key to this. What sort of resistance, if any—please tell me none—did you experience?

***Sharon Ollivier*:** We did from males, in some ways, and getting younger people in that you had alluded to. We took a different approach. We put on menopause sessions for men because they would be afraid of using words like vaginal dryness; they would just be, "Don't want to talk about things like that." We decided we wanted to create that safe space where they could ask the questions but not feel embarrassed, so we set up menopause for men sessions. We had a piece in the *Daily Mail* about it and we used our line manager to be our role model for that as well. They have gone down incredibly well.

Men come in and they sit like this. By the end of it they are much more open minded and they are asking questions. As Lynda said, it is about, "Oh, yeah, my wife has gone through that." "Oh, yeah." It is creating that safe space that they can ask those questions.

Younger females can come to our training sessions as well and we are encouraging all managers now. We have set up what is called our management essentials and we have included the menopause training in that as well. All new line managers are put on that training, and we also include it at induction. Every new member of staff either sees myself or my colleague Julia, who does the training with me, in our lovely pink bright jackets and we say, "We are here, you need to come and see us if there is anything that you want to ask about the menopause." That is now part of our induction as well and part of our wellbeing policy. It is in our education policy and our EDI policy.

Operationally, it is embedding it in everything that we do and having that culture that Chris talked about; ours is always about being respectful, supportive and caring. We include it in all of the work that we do. It is interlinking and interweaving it into all the other pieces of work that you do.

Q122 **Chair:** I am very conscious that there are more people of different ethnicities working in the NHS than in many other organisations. How are you adapting strategies to make sure that they are included as well?

***Sharon Ollivier*:** We do have a menopause policy and the reason we do is that we feel it is such an important subject and that it has to include everybody. Our menopause policy does that. As part of our steering group going forward we sit on other networks; we have got a BAME network and an LGBT network. The next part of our steering group work

is to go to those networking groups and ask them for their support and help in how we can adapt and how we can amend.

We do not want to be presumptuous of anything; we want to take the time to understand how that can help. We also talk about male menopause in our training sessions; we talk about andropause and we also mention transgender. We allude to all that in our training sessions to our line managers, to make them aware that there could be that issue arising.

Q123 **Chair:** Any of you can answer this. One of my big worries is that because of the challenges that all of the surveys identify, women do not take on additional responsibilities. I always use the phrase, "So that is the promotion lost." Or they leave work all together, so that is their income lost. This is all having an ongoing financial impact for women in later life. Do you have those conversations with them as well?

***Sharon Ollivier*:** I do with senior nurses and senior staff, yes. All the time. We do it in coaching conversations. We do it in training sessions. We also have a support group, so every month we have an expert speaker who comes in and talks about different issues.

Our director of education is a qualified dietician so she has come in and talked about nutrition, and we ask those questions in that as well. We just have an open forum and talk about those sorts of issues and what it means to be affected by the menopause. For a lot of women the key issue is, "I do not even know who I am anymore. I look in the mirror and I do not know who I am and where I have gone." So that is key.

Lynda Bailey: I can relate to that.

Q124 **Chair:** Lynda, you told us that you used to kick in doors and then you did not want to go out of your own.

Lynda Bailey: I totally relate to that. If anybody had said to me, "That is how you would feel", I would have just laughed because I would not have thought it was possible. It is a real issue and, feeling like I have come out the other side of it now and feeling okay again, you are probably not going to be that person but you spend all this time trying to get back to be somebody. It is okay to be different as well, but sometimes we are so desperate to try and get back to be that. Actually we do not and it is okay and that is a real positive at the other side of it.

That is why I feel so strongly that if we can support people through this time when they really need it in the workplace, they will get to the other side of it. They might be a little bit different but they are still going to be dynamic and wanting all the things that they wanted before. Really, it is nurturing and keeping people in the workplace for that time when they need it, and then they will come out the other side and take on the world because that is what we do.

***Sharon Ollivier*:** I think it is really important to know as well that the transition, although very natural, can be a grieving process to some women.

Lynda Bailey: Yeah.

***Sharon Ollivier*:** It is really important to acknowledge that some women grieve for the loss of their identity and who they are, while some women—and we have heard this quite a bit in our support groups—grieve for the inability to have children. Not that they wanted to have any more children, but the ability to do it. That affects women greatly in terms of "Who I am, what I am here for, my purpose, my identity." It is so important to acknowledge that as well when you are having these conversations and supporting women through that transition, making sure they understand it is natural, "This is part of your ageing process."

It is also looking at our culture in terms of how we address menopause as our kids are growing up. In all our groups, we always say, "When you were growing up did you know about the menopause? Did your mum talk about it? Did your gran?" Normally the answer is, "No, we did not have a clue. My mum seemed to go a bit mad for a while when I was a kid." Those sorts of conversations. Whereas my daughter who is 17, says, "Will you shut up about it, mother? I am sick of listening!" You can imagine.

I know it is on the national curriculum now, but for me the journey starts much earlier and the conversations we need must start much earlier so that women become much more informed and much more aware much earlier on in life, so it is not such a shock to people as they go through it. That is education as well, and going through that stage as well.

Lynda Bailey: It is a generational thing, as well though, definitely.

***Sharon Ollivier*:** Yeah. Definitely.

Q125 **Chair:** Chris, did you want to come in, get a word in edgeways?

***Chris Pitt*:** Yeah.

Lynda Bailey: Between two women.

***Chris Pitt*:** Reflecting on your question, there is the observed stat that so many women do not go for promotions or leave the workforce, but it comes down to every individual person's perspective on it.

A number of the women who directly report to me are menopausal. We do a session in First Direct where we talk to every member of staff over the course of the Christmas period about the plans for the year. Our opening gambit was me and my deputy chatting to each other, and she was talking about going through a stage in her life. She is a very successful part of my organisation; she is a second in command of the company. Relative to your question, she is openly talking about being menopausal and being successful.

You have got these generic stats and you think you can consume them and understand them, but then it comes down to an individual's perspective and response. I think the best way of doing it is to show someone calling it out and actually being successful.

The person who ran the commercial bank within the UK, again, was a menopausal woman who spoke openly about it and was talking about it and she was very, very successful within the company, and succeeding. Another anecdote, which was mentioned to me before, is about a woman in a meeting, a very senior group of people. She forgot someone's name and someone came out afterwards and she said, "A senior moment?" She said, "No, menopausal moment" and completely pulled the rug under not being observed in concerns about the menopause.

Chair: I am going to come to Carolyn Harris and Jackie Doyle-Price in just a minute; this is not about me grilling you for an entire hour. One of my big worries or concerns is about role models and the danger of losing them—losing a police inspector or losing senior nurses because they feel that they have lost confidence. Potentially losing your deputy because she was menopausal. There is a massive message there that we have to make sure that you keep these senior women in role by making adjustments so that the 20-somethings can point to them and go, "You can progress in this organisation. You do not disappear at 49." Carolyn?

Q126 **Carolyn Harris:** Thanks, Chair. Sharon, do the doctors actually come to your awareness sessions?

***Sharon Ollivier*:** No, they do not. But at South Tees we have medical education—we have undergraduate and postgrad doctors—and my colleague Julia and I are very, very much trying to get into their training. We want to go to them because we feel we have got a lot more to teach them about the menopause than they have us at the minute. We are trying to do that. We do talk to our clinical lecturers and send them on the training so they can pass the message on, but really we want to get in and do it. Training with GPs is really poor.

Q127 **Chair:** Yeah, we keep hearing that.

***Sharon Ollivier*:** It is. It is much improved in some areas. A couple that I have been to I have heard better stories, so I am hopeful and optimistic. But there absolutely is a need so we are trying to get in. We are trying to get where the wind does not whistle with the menopause, to be perfectly homes with you, and get to everybody. But we are trying to get into our undergraduate doctors.

Q128 **Carolyn Harris:** Just very quickly, do the trust offer any medical intervention when menopause is identified as an issue for a member of staff?

***Sharon Ollivier*:** Because my colleague and myself are not clinical, we offer all of the advice that we can give that is non-clinical and we always ask to refer back to the GP. What we have in our trust is people who can

come to our support groups and offer medical guidance from that support, but we do not have a specialist menopause clinic. That would be something; we are on the start of our journey and we have never really looked at it. But how many women? In the north-east, there is one specialist clinic compared to however many—20, 30—in London, so I think that is a big generic NHS England issue.

I have got to say, though, NHS England sent a questionnaire out about menopause this morning. They have sent a generic one about menopause and what each organisation is doing, so there must be something.

Q129 **Jackie Doyle-Price:** Sharon, we often talk about the NHS as if it is one big monolith, when actually it is not—it is a collection of very different organisations, all with very different cultures and styles of leadership. Listening to you, you are clearly somebody who sees the people you represent as a training development manager as an asset that you have got to look after.

What is missing from those organisations within the NHS who do less of that? I ask the question because we see so many returns where, although we are preaching good practice in terms of making good concessions for people to make it easier at work with lots of different kinds of conditions, quite often the NHS does not perform as well as we would like it to. What are the magic ingredients? Do you need support from not just yourself as a kind of driver, but do you need leadership and support from above as well?

***Sharon Ollivier*:** Absolutely, without a doubt. For us we have a three-pronged approach. Senior leader input is really important; so input from our HR director, from my director of education, from facilities. All of those people key in and that is why our steering group has now been set up so that we have that senior leader.

Leadership training, first line leadership, is also needed, but it is also about educating everybody around menopause, so it is a three-pronged approach. There is not one bit that will work; it is a collective of all those coming together, of training, development and awareness. It is offering support in terms of a listening ear because some people just want to talk. For me there is not one answer, there is not one fits all. It is definitely much more of top-down/bottom-up, interactive approach to it all.

Line management is key. We need to raise awareness with direct line managers so that staff feel safe to be able to say, "I'm not coming in today because of menopausal symptoms." But they will come in and say, "We have heard that 'I have got a headache' or, 'I do not feel very well' or whatever and they are very rarely the case." We have got to open up the conversation and not make it taboo.

Q130 **Jackie Doyle-Price:** It is embedding it throughout the culture. You cannot just have one person being in charge of making the workplace more menopause-friendly.

***Sharon Ollivier*:** Not at all. No. It is getting women to open up. This jacket is amazing; I know it is a bit bright pink and everything.

Jackie Doyle-Price: It is great.

***Sharon Ollivier*:** It is. We are stopped everywhere. Today we got stopped in the coffee shop and getting on the train. The porter who was cleaning the train said, "My partner." They stopped, we have to chat with them. There was three people just now that we have just had coming in here that was, "What is all this about then?" It does raise the issue—we get stopped in our corridors all of the time.

Q131 **Jackie Doyle-Price:** Caroline is going to make us all wear one next week.

***Sharon Ollivier*:** Caroline, yeah. It is.

Lynda Bailey: I am not wearing pink.

***Sharon Ollivier*:** We chose pink; we wanted it to be girly. We really did want it to be about women. Yeah, we did.

Q132 **Jackie Doyle-Price:** Yeah, let us be out and proud and shout about these things.

Carolyn Harris: You could have a brooch on it as well.

***Sharon Ollivier*:** Oh yes—we could do with a bit of bling actually. That would be lovely.

Chair: We are drifting somewhat—*[Laughter.]*

***Sharon Ollivier*:** Nice thought!

Q133 **Chair:** We all know that at senior levels in the NHS there are more and more women. The profession is being feminised.

***Sharon Ollivier*:** Yes.

Q134 **Chair:** Fabulous. Why are your consultants not coming? Why are your senior nurses feeling anxious about talking to consultants?

***Sharon Ollivier*:** Senior nurses are feeling anxious because they are going through the menopausal symptoms. So these women—

Q135 **Chair:** There is no cultural problem?

***Sharon Ollivier*:** No, definitely not. No, if they are normal they are actually fine; it is when they do not do it that the problems are hit. But it is menopausal. Consultants, because we have to do a lot more work as well, to be fair, it is advertised as a training session but there is a lot more work to be done. I cannot answer, to be honest, but we need to get into do training with GPs as well in our undergraduate and our postgraduate departments.

Q136 **Chair:** Thank you very much. Do any of the Committee have any additional questions they want to ask? Do any of the panel have anything that you have not told us that you wish to?

Lynda Bailey: Just about changing culture, I think. It is bigger than menopause itself, this conversation.

Sharon Ollivier: Yeah.

Chair: Yeah. If you have good diversity and inclusion policies across your organisation and a culture that enables people to talk about it, guess what: talking about the menopause is no big deal, is it? I thank you all for your evidence this afternoon; it has been fantastic and hugely informative for us. I draw the meeting to a close.