Northern Care Alliance *Well Women Strategy*: Research into practice on women's health in the workplace

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Contents

Executive Summary 4
Research project brief 6
Completion 6
Headline findings 7
'All Staff' Survey Highlights 7
Line Management Survey Highlights 11
Detailed findings – All staff survey 12
Section 1: Awareness and personal experiences 12
Section 2: Fertility treatment 12
Seeking support and disclosure 12
Line manager support 13
HR support 13
Organisational support 13
Fertility and organisational culture 13
Organisational supports for time off work 14
Impact of fertility treatment on work 15
Section 3: Endometriosis 15
Seeking support and disclosure 15
Line manager support 16
HR support 16
Organisational support 16
Endometriosis and organisational culture 17
Organisational support for time off work 17
Impact of endometriosis on work 19
Section 4: Pregnancy/baby loss 19
Demographic information 19
Seeking support and disclosure 19
Line manager support 19
HR support 20
Organisational support 20
Pregnancy/baby loss and organisational culture 21
Organisational support for time off work 21
Impact of pregnancy/baby loss on work 22
Section 5: Menopause transition 22
Seeking support and disclosure 23

Line manager support 23
HR support 23
Organisational support 24
Menopause transition and organisational culture 24
Impact of menopause on work 24
Organisational support around time off work 25
Section 6: Other women's health issues 26
Support and disclosure 26
Organisational support 26
Section 7: Developing NCA's provision 27
Detailed findings – Line manager survey 28
Section 1: Respondent information – line managers 28
General perceptions 28
Section 2: Awareness and personal experience 29
Section 3: Developing NCA's provisions 36
Conclusions 37
Recommendations 38
Actions taken by Northern Care Alliance 39

Executive Summary

In 2021, the Northern Care Alliance NHS Foundation Trust (hereafter NCA), a group of hospitals and community facilities in Greater Manchester UK with circa 20,000 staff, secured commitment to a *Well Women Strategy*, identifying four initial priority wellbeing topics within the remit of women's health in the workplace: endometriosis, fertility treatment, pregnancy loss and menopause. Initial activities included the development of a menopause policy and training sessions for staff delivered by company Henpicked.

In 2022, a partnership developed with Manchester Metropolitan University to design two bespoke surveys to better understand the experiences and needs of NCA employees across a range of women's health issues. One survey was aimed at all staff, and another targeted those with line manager responsibilities. The surveys were distributed within the organisation between December 2022 and January 2023. A total of 1,268 responses were logged across the two surveys, with 819 usable returns. There appeared to be a lack of demographic diversity in participation in the surveys, with most responses across both surveys coming from white female staff. In addition to quantitative responses, over 40,000 words of qualitative comments were provided in the All Staff survey, showing the strength of feeling the topics elicit.

The findings, presented to the NCA in April (headlines) and June (full report) 2023, showed areas of strength but also areas for action for the organisation. Relative to women's health issues, positively, most managers felt motivated to provide support for the various conditions/experiences, and many indicated that they were aware of legislative entitlements. Further, many employees felt that their manager was willing to listen to their issues, and also felt able to confide in colleagues. The majority also found work to be a useful distraction, a place of social support and an important part of their identity when navigating difficult health issues. However, in line with research on women's health issues in the workplace more broadly, the findings highlight that more can be done to support staff affected by complex fertility journeys (including fertility treatment and pregnancy loss), menstrual health issues (including endometriosis), and menopause transition. Whilst there was recognition that work was being done to provide awareness and policies in certain areas within the organisation, concerns were raised about the availability of relevant information; disclosing issues to line managers and Human Resources (HR); the levels of support available and access to appropriate provisions (such as paid time off and flexibility). The mental health challenges associated with women's health issues in the workplace was a notable theme, and commonly felt to be insufficiently addressed. Moreover, managers commonly felt that they had a lack of time, knowledge and autonomy to appropriately support affected employees.

The research team provided a list of recommendations to the company, including: Ongoing organisation-wide education and awareness raising across the range of women's health issues; training for line managers and HR; bespoke policies and targeted communications for different demographic groups within the workforce.

On the back of the research partnership, findings and recommendations, the Northern Care Alliance has introduced the following as part of the *Well Women Strategy*:

- Three new policies: Fertility treatment; Pregnancy loss; and Endometriosis and menstrual health
- Menopause advocates, who are running menopause awareness sessions twice monthly. When the bookings went live in April 2023, dates up to and including December 2023 were sold out quickly, so the team had to increase capacity

- Training/awareness raising sessions delivered by external providers on fertility treatment (from Fertility Network UK) and pregnancy loss (from MIST Workshops), including sessions on male perspective, childlessness, LGBT issues
- Feedback collected from staff attending sessions on menopause, fertility treatment and pregnancy loss
- A *Well Women Strategy* page has been set up on the NCA intranet, with a range of resources for line managers and colleagues
- Endometriosis champions (trained by Endometriosis UK) and currently developing in-house awareness sessions
- An update on the research findings presented to NCA Mental Health Champions in July 2023
- In the process of developing an information and training session for HR and Managers around the whole *Well Women Strategy*, research findings, and available resources/signposting
- A specific question was added to the summer 2023 Quarterly all staff Pulse Survey on the *Well Women Strategy* to ascertain how well known it has become, and staff perceptions
- Commitment to a new *Men's Health Strategy* and input into APPG paper on men's health
- Regular features in the all staff Newsletter to highlight different *Well Women Strategy* activities
- Endometriosis case studies collected, which are being included in the new Wellbeing and Attendance Management Policy, which is a collaboration across the North West. This helps raise awareness of the Strategy and project beyond the organisation
- Discussions around addressing the demographic challenges raised – including with the Equalities team and staff networks

Research project brief

In agreement between the *Well Women Strategy* Group (key contact Sharon Lord) and the research team, two original surveys were designed and distributed within NCA: an 'All Staff' and a 'Line Manager' survey. Line managers were eligible to complete both in recognition of their potential management of staff affected by women's health issues, and/or potential personal experience of women's health issue(s). The surveys were live between December 2022 – January 2023.

Data was collated based on questions regarding four key women's health issues, as stipulated by the *Well Women Strategy* Group – endometriosis, fertility treatment, pregnancy/baby loss and menopause. The research team added an 'other women's health issues' section to capture the full spectrum of women's health.

The All Staff survey asked respondents about their awareness of information and provisions within NCA, perceptions of the culture of the organisation with reference to women's health issues, and whether they would feel able to disclose related challenges in the workplace. It also asked about lived experience of each identified issue/condition. Where respondents had lived experience, they were asked about how the issue/condition affected them at work (including performance and attendance), their experience of disclosure and also the provisions they desired and utilised. The Line Manager survey included questions around general perceptions, confidence and competence, support from HR and the provisions they had offered and thought suitable. Demographic information was also captured in each survey.

A mixture of quantitative and qualitative response options were included in each survey. The 'All Staff' survey included 9 sections and 267 individual questions, 30 of which were open. The Line Manager survey included 9 sections and 133 individual questions, 12 of which were open. There were pathways for completion in each survey based on personal experience, so not all respondents were asked all questions.

Completion

The overall response rate was excellent: All staff (1101) and Line managers (167). Total: 1,268.

Unfortunately, not all the responses were fully complete. The number of usable returns for each survey was: All staff (725) and Line managers (94). Total: 819.

All staff survey completions regarding specific health conditions were as follows: endometriosis (82); fertility treatment (91); pregnancy loss (127): menopause (252); other women's health issues (100).

Respondent demographic diversity was limited in both surveys. In the All Staff survey, 98% of respondents were female (perhaps fairly predictably given the topic) and 88% were white British. In the Line Manager Survey, 87% of respondents were female and 96% white British. More diversity was apparent in the All Staff survey sample when it came to disability and sexual orientation, with 31% of respondents stating they have a disability, and a number of different sexual orientations listed.

Most engagement with both surveys came from the Salford Care Organisation (40% of All Staff respondents and 32% of Line Manager respondents) and from the Admin and Clerical Department (34% of All Staff respondents and 42% of Line Manager respondents)[1]

[1] For context, NCA provided comparison data from the annual employee engagement survey. Completions there: 82% of respondents were White British, when this group make up around 73% of the total workforce; 79% of respondents identified as female; 90% identified as heterosexual; and 25% disclosed a disability.

Over 40,000 words of employee comment were obtained in the All Staff survey. Whilst open comment boxes were also provided in the Line Manager survey, far less qualitative data was provided there.

Headline findings

'All Staff' Survey Highlights

Introduction questions:

- It was generally believed that NCA is a family friendly employer (almost 60% agreed or strongly agreed), but less so that it extends provisions beyond parents/carers, to think about those trying/struggling to get pregnant (only 23% agreed or strongly agreed).
- 55% disagreed or strongly disagreed that they know about their legal entitlements around women's health at work.
- Of all the conditions, most awareness about policies/provisions in the Trust were around menopause transition, the least awareness was apparent for endometriosis and other women's health issues.
- Overall, 63% would feel comfortable disclosing a women's health issue to their line manager, slightly less would feel comfortable disclosing to HR (53%).
- 50% would feel comfortable making a flexible working request if they needed to due to a women's health issue, and 43% thought such a request would likely be approved.

Specific lived experience sections:

- In the main body of this report, we set out the detailed responses provided by respondents with specific lived experience of each highlighted issue/experience. The following table (Fig. 1) shows how the responses varied across the different issues/experiences in terms of a number of key questions: whether they were able to find information about the rights within NCA; how comfortable they felt telling HR; the extent to which their line manager understood how to support them; levels of support received; whether they were able to take the time off work that they needed; whether the issue is a taboo subject at work; whether the issue and it's handling at work added to stress/anxiety; and whether they felt able to disclose their mental state at work.

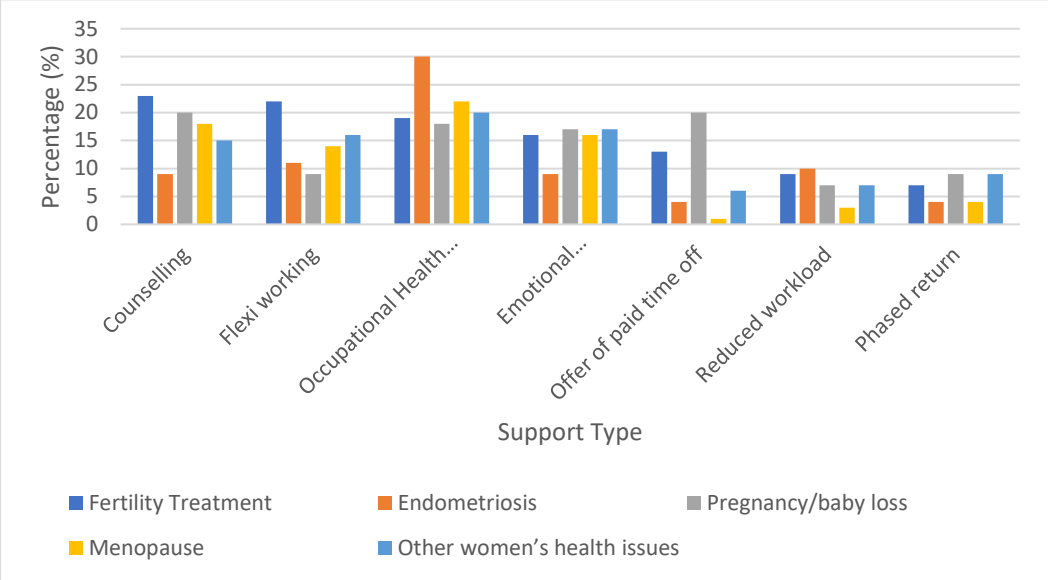
Fig. 1: The varied responses according to condition

	Endo	Fertility	Preg. loss	Meno
Disagree: could find info about rights	52%	39%	44%	47%
Strongly Disagree that comfortable telling manager	23%	20%	17%	23%
Strongly Disagree that comfortable telling HR	27%	24%	24%	29%
Manager understood how to support	23%	35%	27%	32%
More could have been done to support me	56%	65%	56%	46%
Disagree they were able to take off the time needed	52%	31%	34%	53%
Work added to stress	54%	65%	53%	53%
Didn't feel able to disclose mental state at work	46%	50%	50%	50%
Think issue is taboo subject at work	32%	35%	44%	26%
Felt I was treated negatively or disadvantaged	14%	8%	15%	20%

Around 33% of total responses came from Administrative and Clerical colleagues, whilst this group makes up around 23% of the workforce.

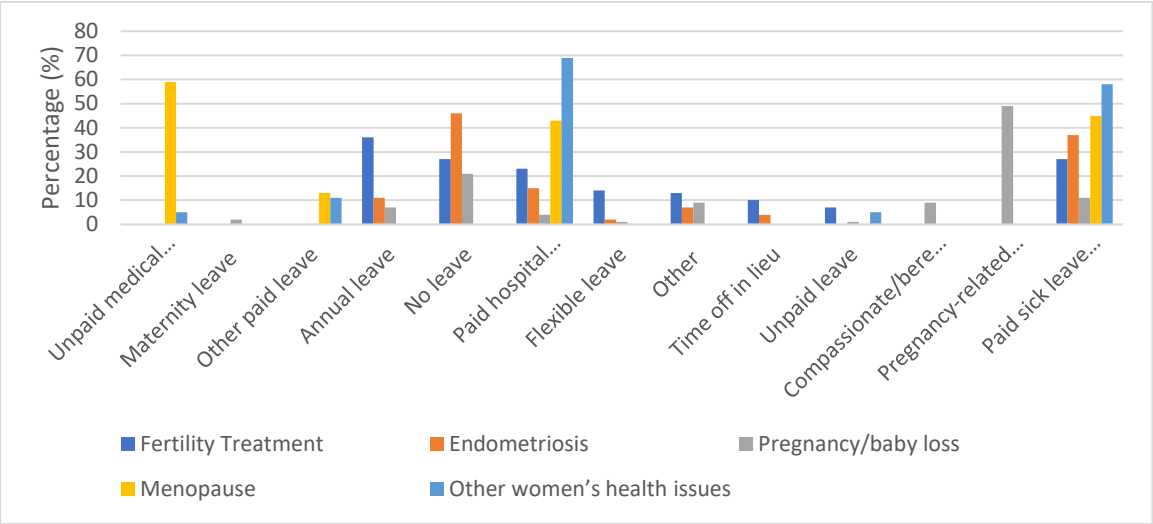
- Within the 'Other women's health issue' section, there were several references to polycystic ovary syndrome (PCOS) and heavy, irregular and painful periods. Other issues cited were abortion, recurrent urinary tract infections (UTI's) and ovarian cysts.
- The researchers listed a number of organisational provisions that NCA might consider, and asked respondents to indicate the extent to which they agreed that these were important. All suggested provisions were highly rated, but the most important ones according to respondents were: awareness raising and formal information; policies stating entitlements; manager training (awareness, consistency and ensuring no discrimination), discretion from key actors; and flexible working hours.
- The supports that respondents stated had been offered for each issue/experience are shown below in Fig. 2. There were some discrepancies regarding support options available, and these were dependent on the health issue.

Fig. 2: Supports offered according to health issue



- Counselling was most often provided for fertility treatment, pregnancy/baby loss and menopause. However, was seldom provided for endometriosis.
- Flexible working was most often provided for fertility treatment, and sometimes other women's health issues and menopause – however, this was not commonly provided for endometriosis or pregnancy/baby loss.
- Occupational Health referrals, on the other hand, were most commonly conducted for endometriosis.
- Emotional support and sensitivity were not often reported for any of the issues; however, this type of support was the least evident for pregnancy/baby loss
- The offer of paid time off exposed some key disparities between conditions, for example, this was more commonly provided for pregnancy/baby loss and fertility treatment – however, was rarely provided for endometriosis, other women's health issues or menopause.
- Reduction in workload and phased returns were sparsely provided across all issues.
- Discrepancies were also apparent for leave types utilised, again according to the issue experienced (see Fig. 3):

Fig. 3: Leave types utilised according to each health issue

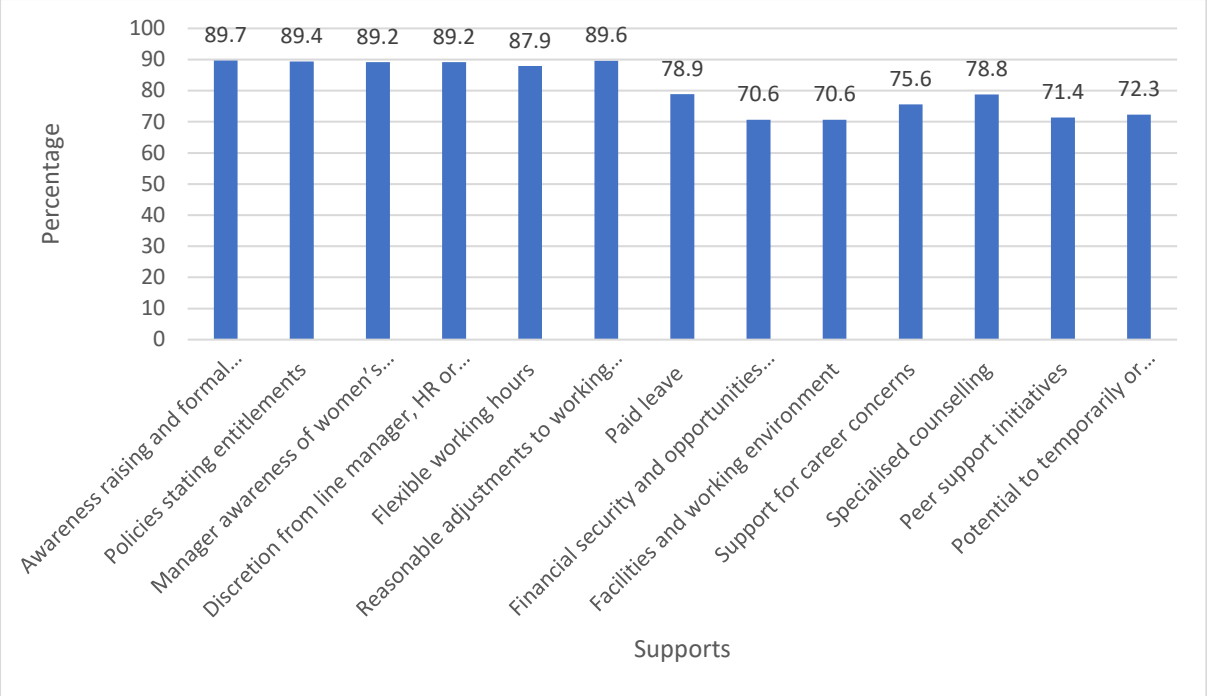


- Almost 60% of employees affected by menopause transition relied on unpaid medical appointments.
- Those undergoing fertility treatment resorted to using annual leave more than those affected by other conditions. Annual leave was also used for endometriosis and pregnancy/baby loss.
- Disconcertingly, many respondents reported taking no leave at all for endometriosis, pregnancy/baby loss or fertility treatment.
- Paid hospital appointments were available for many, notably other women's health issues and menopause, however, were less common for endometriosis and pregnancy loss.
- Flexible leave was seldom granted for endometriosis, pregnancy/baby loss, menopause or other women's health issues – and was sometimes provided for fertility treatment.
- Some employees took unpaid leave, notably for fertility treatment other women's health conditions and pregnancy/baby loss.
- Almost half of respondents affected by pregnancy/baby loss took pregnancy-related leave. However, considering that this leave is protected under The Equality Act 2010, it is important for NCA to consider the myriad of reasons as to why this uptake is not higher, for example, the fears around disclosure.

<u>Desired provisions:</u>

One of the questions in the survey asked respondents for their views on a series of different organisational provisions/supports connected to women's health. 725 respondents answered these questions, as detailed in the graph (Fig. 4) below:

Fig. 4: Types of support considered important for employees navigating women's health issues



Indeed, all the above types of support were deemed important when navigating women's health issues at NCA. The most important sources were awareness raising, formal information, policies stating entitlements, manager awareness of women's health issues, managers ensuring no discrimination, reasonable adjustments to working pattern, workload and work location, flexible working hours and discretion from line manager, HR or senior managers (approximately 90% stated these were important). Almost 80% indicated that paid leave and specialised counselling are important. 75% believed that support for career concerns are important, and 70% noted that financial security and opportunities for paid overtime, as well as facilities and working environment (private spaces, rest area, medication storage facilities, ventilation/temperature control and access to toilets), peer support initiatives, and the potential to temporarily or permanently move job roles or to go part-time, were considered important.

<u>Qualitative responses:</u>

- Comments related to all listed conditions, but most were around menopause transition.
- While many employees suggested that they had received line manager support, more were of the view that this was absent or inadequate.
- Concerns around disclosure related to the taboo/embarrassment, the notion that it might impact promotion, might encourage (further) speculation about family status, being too personal, no policies in this area which signifies that it is an unwelcome conversation and/or no support options, male managers and the environment. Worryingly, several concerns were also raised regarding confidentiality when disclosing to line managers and rumour spreading.
- Many respondents reported feeling unable to take, or guilty for taking, time off. Some were worried about pressure on staffing/colleagues. Others described the NCA culture of 'battling on'.
- Overall, there was a view that mental health/psychological tolls are less acknowledged than the physical side of the issues.
- Often staff mentioned returning too soon after pregnancy/baby loss.

- Perceptions of negative treatment included being put forward for dismissal, being demoted, being overlooked for promotion and sickness warnings.
- There were comments regarding a lack of consideration for partners, for non-successful fertility treatment, for queer women, for very early pregnancy losses and for pregnancy after loss.
- Menopause issues were also found to be trivialised.
- Employees noted the time pressures upon line managers and the impact of that on support offered.
- Some recognised that work is being done to raise awareness and support for menopause.

Line Management Survey Highlights

- Line managers generally agreed that the Trust was a family friendly employer (83%), although this was less so for those trying to/struggling to become parents (53%).
- While managers agreed that policies and provisions existed for menopause transition, there was low awareness of whether they existed for pregnancy loss, endometriosis, or fertility treatment.
- Most managers felt motivated to provide support for each women's health issue (80-90%), though their confidence in being able to do varied significantly.
- The majority of managers did not feel that they had the appropriate training on how to offer support on each women's health issue. However, around half of the managers felt they had the appropriate experience to be able to offer support. Further, most managers felt they were aware of the women's legislative entitlements.
- Managers tended to agree that HR provided the necessary advice for each women's health issue, however, a large majority were neutral as to whether the policy documentation was helpful for generating the required knowledge.
- Managers frequently reported that they had insufficient time to provide adequate support for each women's health issue.
- While nearly all felt that it was their responsibility to provide support, they were less clear as to whether they had the authority to do so. Clear policy guidance moving forward could help with this issue.
- Managers mostly felt that support varied across the different health issues, although for most there was paid time off for medical appointments, Occupational Health referral, paid sick leave and flexible working hours.

Detailed findings – All staff survey

Section 1: Awareness and personal experiences

Respondents in the All Staff survey generally agreed that the NCA is a 'family-friendly' employer (59 %) with only 19% disagreeing. However, the perception of whether family-friendly provisions at NCA extend to those trying/struggling to get pregnant was mixed with only 23% agreeing that it does, and far more selecting that they 'neither agreed nor disagreed' (55%).

Respondents' awareness of laws concerning their legal rights around women's health issues at work was low, with 55% stating they have little awareness. This aligns to their perception of information available within the organisation: Only 10% thought that current NCA policies contained information to support employees experiencing endometriosis, and perceptions were only marginally higher for most other named issues/experiences: 15% regarding information on 'other women's health issues'; 16% regarding support for employees going through fertility treatment; and 23% regarding pregnancy loss. Perceptions of information around support for menopause transition was highest, with 37% agreeing that policy documentation was available.

Respondents indicated that they would largely feel comfortable disclosing a personal experience of women's health issues with their line manager (62%), with slightly less feeling comfortable disclosing to HR (53%) and colleagues (56%). Half of the respondents said they would feel comfortable and confident making a flexible working request if they needed to for women's health issues, with 44% believing that such a request would likely be approved by the organisation.

Section 2: Fertility treatment

91 respondents answered questions regarding fertility treatment, however, crucial to note is that some questions were skipped/omitted.

Seeking support and disclosure

Only a third of respondents said they were able to seek information from NCA regarding their rights and entitlements around fertility treatment.

Many (almost 40%) felt unable to disclose their fertility journey within NCA. Only 44% felt comfortable telling their line manager. Some did not disclose to their manager due to a lack of empathy and trust/confidentiality concerns:

> *"My manager lacks empathy and has previously disclosed confidential information to the team… I felt quite harassed by the policy and how it was handled, and it wasn't dealt with very sensitively".*

Others feared affecting their career progression by disclosing. Some assumed their line manager would not support time off and so did not disclose for this reason. Those who avoided disclosure often consequently managed their treatment by utilising annual leave, amending hours and working night shifts. Confidentiality concerns were also feared beyond management, for example some feared rumours within their department.

Fewer than 20% felt comfortable telling HR about their fertility treatment journey. Some did not disclose as they were not aware of available supports, linked to a lack of policy. Some (42%) felt comfortable telling colleagues, and disclosed their fertility treatment in order to obtain support from their teams, whilst others disclosed to colleagues who they perceived as friends. However, some felt it was 'too private' to disclose. Others felt obligated to disclose due to the time off required. Some

disclosed their fertility treatment due to experiencing a pregnancy loss at work, and sometimes the nature of a role meant that disclosure was essential for them to be able to take their medication.

Line manager support

Positively, most (65%) respondents felt that their manager was willing to listen when they discussed their fertility journey. However, almost 40% disagreed that their manager had a good understanding of fertility journeys. While just over half felt that their manager was willing to help them, over a third did not feel that their manager understood what they could do to support them.

Some respondents commented that supportive line managers were often those with first-hand experience of the issue. One respondent described their experience of senior management as 'awful'.

HR support

Perceptions of HR support were rather mixed. Only 7% of respondents agreed that HR was willing to listen when they spoke about their fertility journey. Similarly, only 7% felt that HR had a good understanding of fertility journeys and understood what they could do to help. Almost 60% neither agreed not disagreed to these questions indicating that they perhaps did not seek such support in the first instance. Indeed, one respondent stated that they did not seek HR support as they were unaware that they could help.

Organisational support

Perceptions of support at an organisational level, in terms of support services, suitability of working environment and resources, varied, although notably around a third of respondents expressed dissatisfaction across these questions. Lack of organisational support appears to have had a negative impact on wellbeing, satisfaction, and ability to remain in work during their fertility journey. Indeed, 14% stated that they had wanted to leave NCA due to dissatisfaction with support provided, and some qualitative comments revealed a change in role due to their experience.

Fertility and organisational culture

Under a quarter of respondents with lived experiences of infertility felt able to talk freely about their fertility journey at work. Indeed, 35% felt that fertility journeys are a taboo subject at NCA.

When asked whether they felt they had been treated negatively/were disadvantaged as a result of their fertility treatment, only 41% of respondents disagreed. Whilst many selected a neutral option, 15 percent actively agreed that they had experienced discrimination.

One respondent described how they believed being on long-term sick at the beginning of their fertility treatment allowed grounds for dismissal; another believed they had been overlooked for promotions. Some noted a disparity in treatment compared to colleagues with children, when it came to flexibility and holidays:

> *"If you don't have any children then you will automatically be expected to do more with no consideration as to why - "They have kids so can't work Christmas", "They can go part-time but you can't"".*

Some described the pressures/expectations regarding a positive outcome from fertility treatment, perhaps due to a lack of awareness of the success rates. Sometimes advice was inappropriate, for example being told to just stop thinking about it, stop stressing, or stop trying:

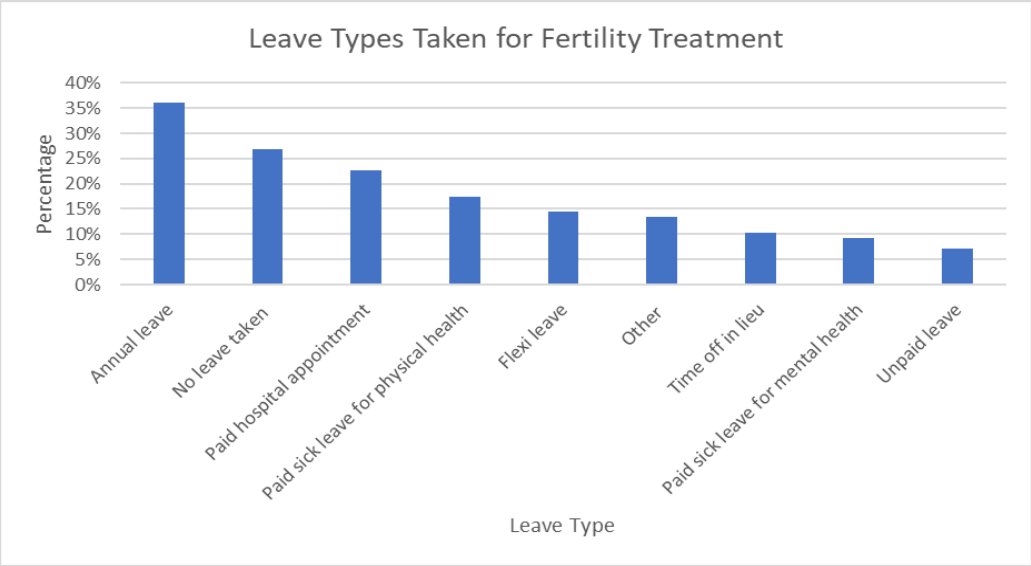
> *"the phrase 'you're thinking about it too much' or 'when my friend stopped trying she got pregnant' becomes a phase you hate to hear".*

Some respondents noted triggers at work which affected their mental well-being at work, notably, other pregnant colleagues and working with babies.

Organisational supports for time off work

Organisational supports related to time off for fertility treatment varied. Just under 40% said that they felt able to take the time off work they needed during their fertility journey. Just over half said they attended work despite feeling the need to take time off (which is defined as presenteeism) in connection with fertility treatment.

Fig. 5: Leave types taken for fertility treatment



It is important to note that the most commonly reported leave type used for fertility treatment was annual leave (36%), followed by no leave taken at all by just over a quarter of affected respondents. This is disconcerting.

Where respondents did not use leave, many tried to organise medical appointments around their work. One reported paying for private treatment to make it easier to fit appointments around work commitments. She also tried to work night shifts more often to improve logistics, until she was accused by her manager of "hiding on nights".

The perceived inability to take the necessary time off for treatment was often due to not feeling able to disclose, as well as feeling guilty for taking time off due to staff shortages and workload. There were also perceptions that only some of the symptoms were legitimate reasons for time off:

> *"I felt compelled to work and work as hard as others through my fertility journey. I only took days off when I was in a lot of physical pain due to the fertility medication. I felt this way because I was not physically ill - therefore people by nature, tend to forget what mental battles you are going through".*

Others reported that they were unaware of their rights regarding leave for fertility treatment. One respondent believes that had they taken time off, this would have impacted favourably on the success of their treatment.

Impact of fertility treatment on work

The qualitative comments reflected the individualised nature of each experience, even for different cycles for the same individual. This meant that the impact of treatment on work (including the number of days off needed) varied substantially within the sample of responses.

Challenges reported included physical effects of treatment (such as sickness), psychological effects (such as stress) and the need to travel for treatment (including overseas). 63% of respondents indicated that their fertility treatment impacted upon their ability to do their job. Whilst mental health implications were significant (including due to nature of their job), almost half felt unable to disclose this. It is important to note however, that work was also a welcome distraction for many, providing purpose and a place of social support.

Fig. 6: Supports available for employees undergoing fertility treatment

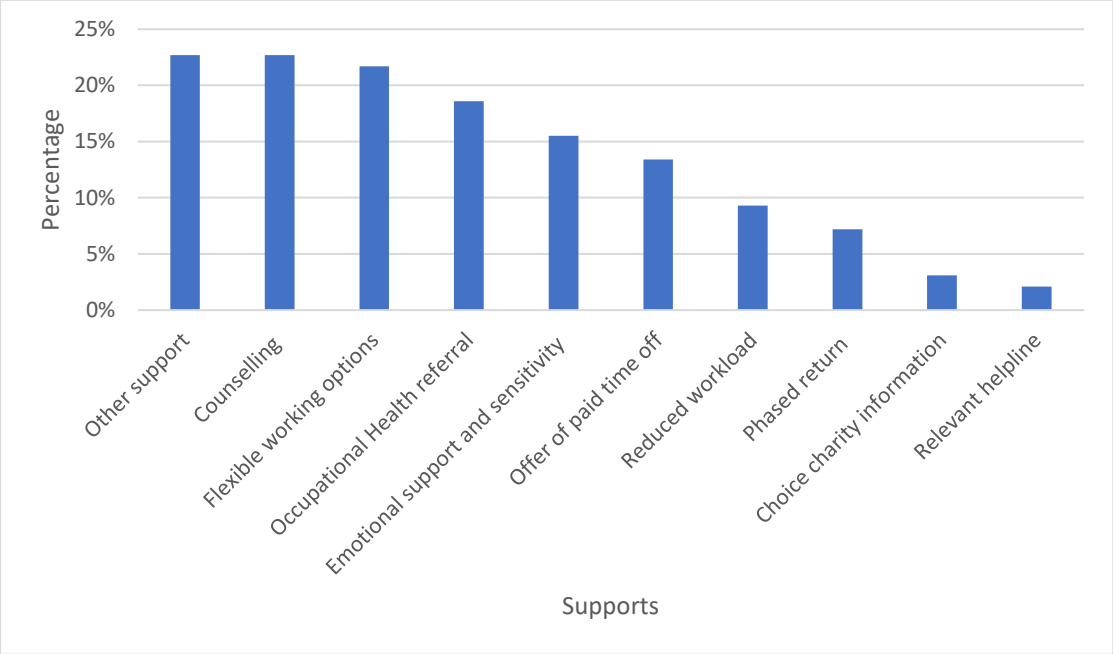


Figure 6 details the support reportedly available for fertility treatment – counselling, 'other support' and flexible working options were the most common types, followed by Occupational Health referral and emotional support/sensitivity. Fewer (16%) stated offer of paid time off was available and only 13% selected reduced workload. Fewer than 10% stated phased return, charity information and relevant helplines were available to them.

Section 3: Endometriosis

82 respondents answered the section on endometriosis.

Seeking support and disclosure

Over half of respondents (51%) stated that they did not feel able to seek information from NCA regarding their rights and responsibilities around endometriosis, with only 7% agreeing that they did. 44% indicated that they felt comfortable in telling their manager about endometriosis, and only 16% said the same about telling HR. Comparatively, half felt comfortable telling their colleagues. Overall, 34% signified that they felt able to disclose their endometriosis at work.

Reasons for reluctance to disclose endometriosis symptoms included misconceptions, general lack of awareness and minimisation of the condition. Some commented on persevering at work despite the pain, as one respondent stated:

> "*…it's not deemed as a severe situation and people don't understand how debilitating it is, so I just get on with it".*

Some respondents feared breaches of confidentiality, resulting in teams discussing personal issues, others discussed the shame associated with the condition.

Line manager support

40% of respondents agreed that their manager was willing to listen when they talked about their endometriosis. However, only a third felt that their manager had a good understanding of the condition, and only 23% felt they understood what they could do to support the employee. Overall, 38% felt that their manager was willing to help and support them.

Some respondents stated that male managers could get uncomfortable discussing endometriosis, and this influenced disclosure. Others described inconsistencies in management support, and inappropriate responses:

> *"My current team and manager are incredibly supportive and I would feel able to speak to them about any of these issues. However, I would have felt a lot less comfortable speaking to the team and manager I worked with in my previous role within the NCA".*

> *"Did feel able to tell line manager and they were somewhat supportive, but a comment was made about declining to go onto the pill (due to mental health worries) and not wanting to help myself… Overall experience was good as it propelled much needed investigation, but could have been more sensitivity relating to language chosen around informed choice*".

HR support

When discussing the support from HR, most (64%) respondents selected 'prefer not to say' when giving responses in this section. However, of the other responses, only 2% indicated that HR was willing to listen when they spoke about endometriosis, with 15% disagreeing. In one qualitative comment, the respondent simply said: "HR handled this horribly". Only 3% felt that HR had a good understanding of endometriosis – with 16% disagreeing. Only 4% felt that HR understood what they could do to help them and only 2% perceived them to be willing to.

Organisational support

37% of respondents indicated that they were not satisfied with the support services related to endometriosis they accessed through NCA. Over half (56%) felt that more could have been done at work to support them and 38% stated that their working environment was unsuitable for accommodating their needs during their experiences of endometriosis symptoms. 35% indicated that their manager did not put resources in place to ensure that the direct working environment was suitable for their needs. While 34% felt that the support they received had a positive impact on their well-being and satisfaction at work, almost a third indicated that it did not.

There was a balanced response to whether the support they received helped them to keep working during their experience of endometriosis, with 28% disagreeing, 26% agreeing and 44% neither agreeing nor disagreeing. Significantly, almost a quarter (24%) of respondents indicated that they wanted to leave NCA because of dissatisfaction with the support provided.

Some felt unable to access workplace support for endometriosis due to a lack of formal diagnosis. Another referred to blanket advice, which is not nuanced, and lack of dignity.

Endometriosis and organisational culture

Whilst some respondents with experience of endometriosis commented on an open and supportive working environment, fewer than 40% felt able to talk freely about endometriosis in the workplace, and 32% said that it is a taboo topic, despite the medical context:

> *"Issues regarding women's menstrual health are not openly discussed in the workplace as it can make people feel uncomfortable".*

> *"There is still a taboo and difficulty discussing endometriosis across the organisation which is related to the societal view of women's health issues and endometriosis…"*

In response, respondents noted concealing pain and hiding the symptoms.

15% of respondents indicated that they felt disadvantaged, or that they were treated negatively at work as a result of experiencing endometriosis. Notably, one respondent mentioned how she was considered to be underperforming and attention seeking.

A lack of awareness regarding endometriosis symptoms was repeatedly mentioned:

> *"Women are understanding of endometriosis, but unless they have experienced it, they think you are just talking about period symptoms being worse than normal".*

Some therefore suggested that support for endometriosis would likely improve with awareness raising within management.

Organisational support for time off work

Just over half (52%) did not feel able to take time off work that they needed whilst experiencing endometriosis. Many attended work when they were not fit to do so, for a range of reasons, including sickness monitoring policies:

> *"I used to come into work with hot water bottles and heat packs stuck to my trousers due to the immense pain. Often would not call in sick unless the pain was really extreme, or I vomited. This was because of the worry of having too many sickness episodes. Sickness is a taboo topic in NCA and was told it was linked to pay progression, so often came into work in lots of pain and dosed up on codeine to avoid the stress of triggering sickness…"*

While some respondents spoke positively about flexible working arrangements for endometriosis, others noted that this can prevent taking adequate time off. Others described staff shortages being a key reason for the inability to take adequate leave for endometriosis, or a perception that "period related complaints" are not a strong enough reason for absence.

Fig. 7: Supports available for endometriosis

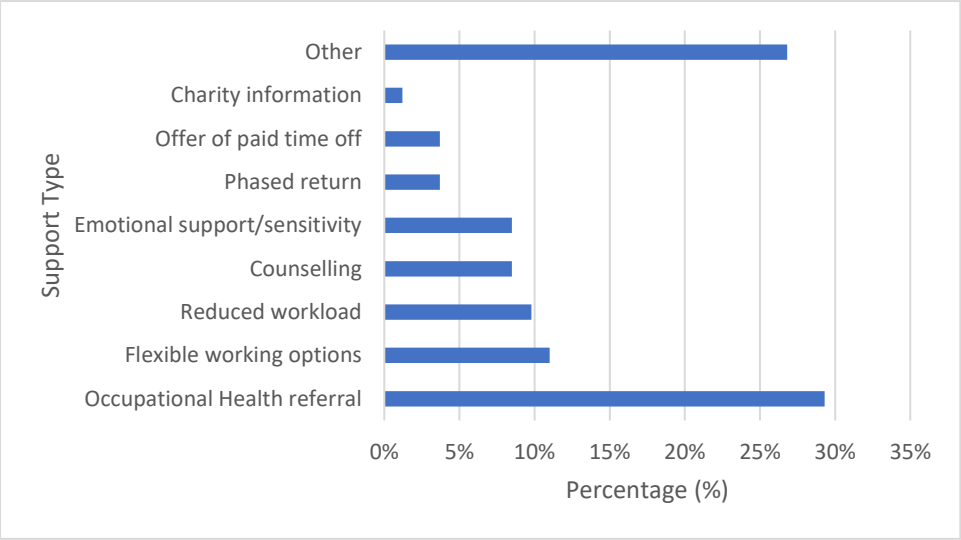
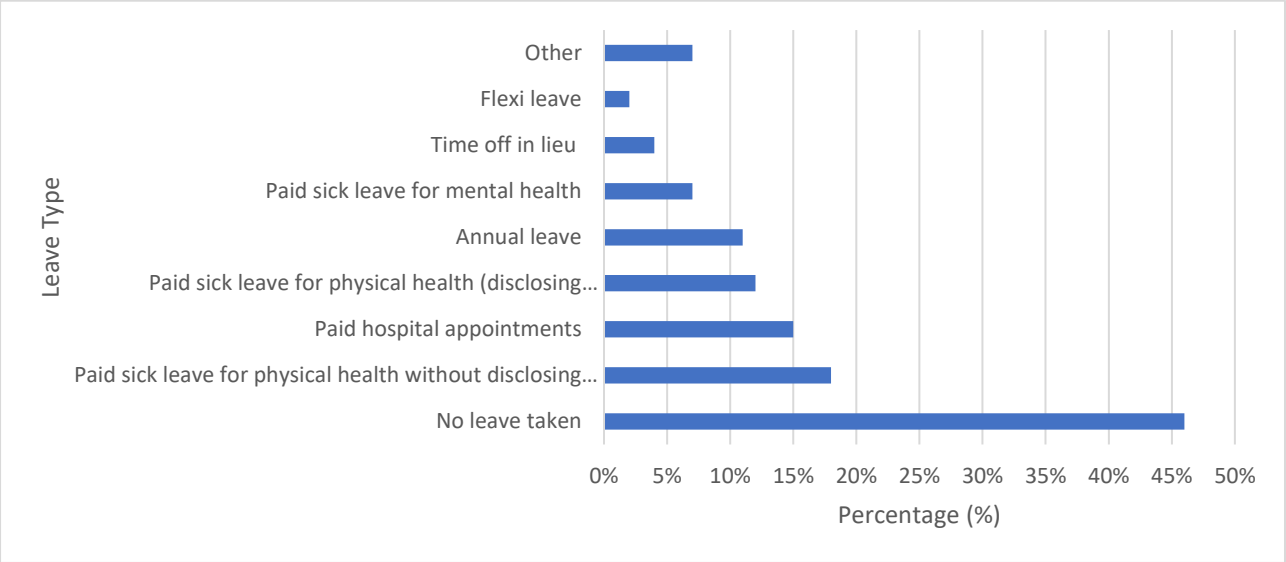


Figure 7 details the supports available to employees affected by endometriosis, the most common reportedly available were 'other' and Occupational Health referrals, with just under a third of respondents with lived experience reporting each.

One respondent provided some useful feedback on other provisions that the Trust could consider:

> *"I just think that endo is a chronic condition so reasonable adjustments would be hugely beneficial to support the wellbeing of staff who have it. Also, provision of tampons/pads in all toilets would be great and even spare scrub pants in the toilets (community especially). Or even some sort of collaboration with more sustainable period products to get NHS staff discount e.g. period pants, moon cups etc. This will not only help combat period poverty for those who have endo/PCOS etc., but might also help with sustainability and environmental causes".*

Fig. 8: Types of leave utilised for endometriosis



As shown in Figure 8, crucially, most employees affected by endometriosis took no leave for their symptoms (46%). Paid sick leave for physical health, but without disclosing endometriosis symptoms

as the reason was used by 18%. Only 12% took paid sick leave, disclosing endometriosis as the reason. Similarly to infertility – some resorted to using annual leave (11%), and some feared that taking time off would impact upon their professional reputation.

Impact of endometriosis on work

65% of respondents with experience of endometriosis felt that their symptoms (and/or the treatment – such as strong pain killers) had an adverse effect on their focus, concentration, ability to prioritise tasks, and ability to care for patients:

> *"Being in work whilst enduring pain from endometriosis is almost unbearable on occasional days and is extremely hard to focus on the task at hand. Little to no understanding from management just how severe symptoms can be".*

16% felt that their managers and colleagues perceived them to be less competent, and one respondent mentioned feeling the need to over-compensate at other times. Overall, just under half (48%) felt that endometriosis impacted negatively upon their work. Over half felt that work issues added to stress/anxiety, and that stress exacerbated their endometriosis symptoms. It should be noted, however, similarly to infertility, that many felt that work was a welcome distraction from their symptoms, gave them a sense of purpose/identity, and was a place of social support.

Section 4: Pregnancy/baby loss

Demographic information

Of the 127 respondents, 89% indicated that they had experienced early pregnancy loss (up to 14 weeks' gestation, including missed miscarriage, ectopic and molar pregnancies), 13% had experienced late pregnancy loss (between 14-24 weeks' gestation). 2% experienced stillbirth (after 24 week's gestation), and 6% preferred not to say.

Of the respondents, 91% indicated that they had carried the pregnancy. 3% indicated that their partner carried the pregnancy and 6% preferred not to say.

Seeking support and disclosure

Responses regarding disclosure were varied, with most feeling uncomfortable disclosing to HR and colleagues. 45% reported feeling comfortable disclosing their loss to their managers. Disconcertingly, 43% of respondents felt unable to find information from NCA regarding their rights and entitlements around pregnancy/baby loss.

Reasons for non-disclosure included avoiding unwanted questions and pity/judgement; having a male manager; or not wanting it known that they were trying to conceive.

Some respondents felt forced to disclose because they needed medical treatment and/or adjustments in duties (due to working with radiation etc.) One respondent received treatment from the ward she worked on, thus had no choice to keep her experience private.

Line manager support

Half of affected staff believed that their manager was willing to listen and help them, but only 35% felt that they had a good understanding of pregnancy/baby loss. As a result, 35% did not feel that their manager understood what they could do to help. Similarly, when affected employees were asked whether their line manager responded appropriately and empathetically/sensitively to them, only 54% said they did. This was accompanied by respondent comments around manager insensitivity (often minimising the impact of loss, especially when it was an early loss) and highlights the need for communication training for managers.

One partner described a lack of understanding and empathy from their manager after a third miscarriage, and that he was only granted one day of sick leave.

HR support

Almost a third of the 58 respondents had a rather negative perception of HR support – disagreeing that HR was willing to listen and help them when they talked about pregnancy/baby loss, that HR had a good understanding of the topic, and that HR understood what they could do to help. Only 12% gave positive responses to these questions. Many affected respondents did not consider contacting HR about their pregnancy/baby loss, and this could be due to a lack of policy and/or resources at NCA.

Organisational support

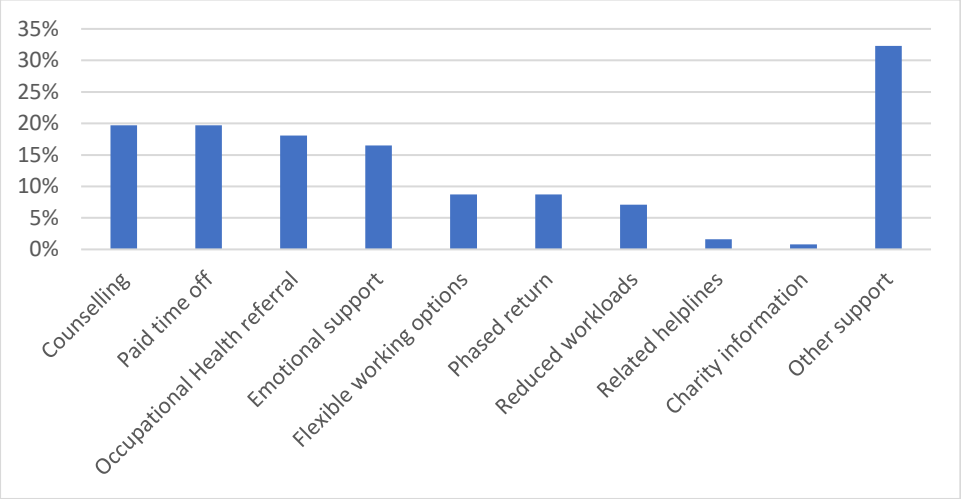
Almost 40% of respondents were dissatisfied with support services accessed through NCA, with only 26% stating they were satisfied. Over half agreed that more could have been done at work to support them with their pregnancy/baby loss. There was a rather split view regarding the suitability of the direct working environment for accommodating needs during pregnancy/baby loss. Some affected employees discussed the lack of regular, follow-up support. Only 40% stated that their manager helped to put resources in place to ensure that the direct working environment was suitable for their needs. However, fewer than 30% of respondents felt that manager support had a positive impact on wellbeing and satisfaction.

Disconcertingly, 17% indicated that they wanted to leave the organisation because they were dissatisfied with the support provided to them.

One respondent made an important point about the need for support with pregnancy following loss. It is recommended that pregnancy after loss (rainbow babies) is acknowledged in the maternity policy and manager training.

Some respondents affected by pregnancy/baby loss stated that they were unaware of any support for such loss. For those who did seek support, the most common sources were counselling, paid time off, Occupational Health referrals and emotional support/sensitivity.

Fig. 9: Available supports for pregnancy and baby loss



As displayed in Figure 9, fewer than 9% stated that flexible working (including home working), phased return or reduced workload options were available to them. Related helplines and charity information were available for fewer than 2%.

One respondent commented:

> *"The availability of a range of different support options, including flexible hours / home working / counselling etc. would be most beneficial as every loss is different. Also don't forget the fathers – they are often expected to 'just get on with it' but they experience the loss too and will also have support needs".*

Pregnancy/baby loss and organisational culture

42% respondents said they did not feel able to talk freely about pregnancy/baby loss within NCA, and 44% said that it is a taboo subject at work. For some, this was related to concerns for colleagues who maybe undergoing fertility treatment or who were pregnant.

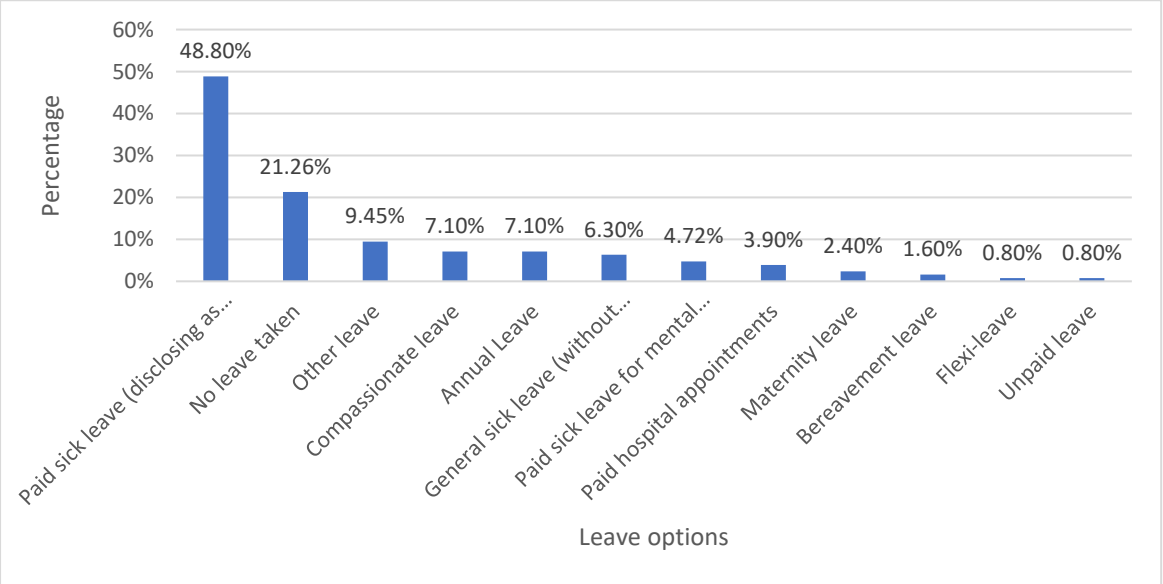
One respondent commented that her manager had responded to her pregnancy loss disclosure by saying it would just stay between him and her. Whilst this manager was clearly trying to respect her privacy, the interaction actually discouraged her from talking about her experience more broadly - reinforcing the message that pregnancy loss should be silenced in the workplace. The example highlights the individual nature of preferences around disclosure, and shows how managers should ask each affected employee (on each occasion) what they want before making assumptions about communications with the broader team.

8% of affected respondents felt they had been treated negatively/were at a disadvantage at NCA as a result of their experience of pregnancy/baby loss.

Organisational support for time off work

Almost 40% of affected respondents felt able to take the time off work required due to their pregnancy/baby loss, however, 40% did not – some expressing that they felt compelled to return too quickly. Furthermore, 45% indicated that they had engaged in presenteeism around their loss – attending work when they were not really fit to. Staffing levels and concerns about prolonged leave were cited. One partner affected by miscarriage was only granted special leave for one afternoon for the procedure his partner needed, and no other support, despite stating how their line manager was caring and understanding.

Fig. 10: Leave options for pregnancy and baby loss



As displayed in Figure. 10, the most common leave type utilised by respondents affected by pregnancy/baby loss was paid sick leave (disclosing as pregnancy-related sick leave), accounting for almost 50% of leave options. Compassionate leave accounted for a further 7%, and other types of paid leave were also cited. Concerningly, many staff took no leave at all for their pregnancy/baby loss (21%), or inappropriate forms of leave such as annual leave, general sick leave or unpaid leave.

Impact of pregnancy/baby loss on work

The majority (70%) of respondents indicated that they struggled to focus/concentrate or prioritise tasks when experiencing pregnancy/baby loss. Many (36%) indicated that the nature of their role was problematic emotionally, for example, working with patients were undergoing terminations, and a quarter stated that certain job requirements (such as travel and physical demands) were problematic.

Over half of respondents said that work issues added to their stress/anxiety at this difficult time, however most did not feel able to disclose their mental state at work.

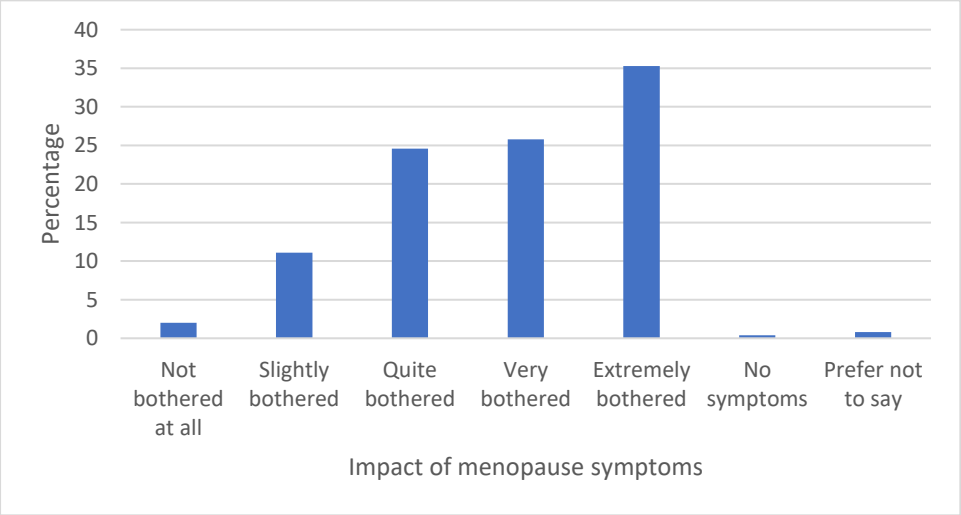
35% of respondents felt they did their job less well at the time of experiencing loss, but it seems that those around them mostly viewed this with compassion. Only a minority of respondents felt that their manager or colleagues perceived them to be less competent at the time (8% and 10% respectively).

It is important to acknowledge however that many respondents felt that work was a welcome distraction following their loss (45%), that it gave them a sense of purpose/identity (38%) and/or was a place of social support (36%).

Section 5: Menopause transition

252 respondents answered the section on menopause.

Fig. 11: How bothersome respondents found their menopause symptoms



As shown in Figure 11 above, out of the respondents who answered the question regarding how bothersome their menopause symptoms were, most experienced bother ranging from moderate to extreme, with the majority answer being 'extremely bothered'. This evidences the extent to which menopause symptoms have impact in the workplace.

Seeking support and disclosure

More than half of employees affected by menopause transition felt unable to disclose at NCA. More employees felt comfortable telling their colleagues than either their manager or HR (the latter was notably just 13%).

Reasons for feeling unable to disclose menopause at NCA were varied. One concerned perceptions of ability/competence, and even professionalism:

> *"I did not want to highlight my age and reduce future job/promotion opportunities".*

Another reason was the trivialisation of menopause transition in certain teams:

> *"It is not taken seriously and not understood. It is laughed about and easily dismissed".*

Another factor was manager gender, which was also the case for endometriosis. Male managers were sometimes seen as unapproachable, but there was also a feeling that some female managers trivialised menopause if their own experience was less problematic (for example, "suck it up, it happens to us all"). Others described the stigma of menopause, and associated symptoms including depression. Some people did not think that disclosure would lead to any useful support. Finally, for some respondents, it was their own lack of education and awareness that had prevented disclosure. They did not recognise that their symptoms were related to menopause at the time, and this had prevented support-seeking in the workplace.

Voluntary support groups were thought to help to open conversations and to promote disclosure, as was working with colleagues also experiencing menopausal symptoms.

Line manager support

Just less than half of respondents felt that their manager was willing to listen when they spoke about their menopause, and only 38% felt their manager had a good understanding of menopause transition. There was a rather split response regarding whether affected employees thought that their manager understood what they could do to help them, with 32% agreeing that they did, and 34% disagreeing. Overall, only 42% felt that their manager was willing to help and support them.

Concerns over confidentiality were apparent, including sharing personal information within teams and a lack of appropriate space for private conversations regarding menopause. One respondent mentioned a return to work interview held in a shared office space, and also that their manager printed a document in relation to their conversation, however did not know where it would print.

Some attributed appropriate support for menopause to 'luck' when it came to line managers, as support options were a matter of management discretion:

> *"The Trust is now becoming aware and is now implementing policies. The issue is that so much of it is woolly and left to management discretion. It truly does depend on what type of person your manager is if you actually can get the support the Trust says is offered…"*

HR support

There was a mixed response regarding HR support and willingness to listen to menopause-related concerns, with the majority (64%) neither agreeing nor disagreeing to these statements. Over 60% neither agreed nor disagreed that HR understood what they could do to help them, with almost a third disagreeing. One respondent stated that they did *"not have confidence in HR".* Others did not feel a need to contact HR as their manager and/or team provided adequate support.

Organisational support

Only 14% felt satisfied with the support services accessed through NCA for menopause transition. Almost half stated that more could have been done to support them. Many indicated that this question was not applicable to them, implying that they did not seek/receive any support.

More than a third indicated that their direct working environment was not suitable for accommodating their needs during menopause transition, and similar numbers felt that their manager did not help to put resources in place to ensure their working environment was suitable for their needs – with fewer than 15% agreeing that they did.

Fewer than a quarter of respondents felt that the support they received helped them keep working during their menopause transition, and 12% stated that they wanted to leave the organisation because they were dissatisfied with the support provided.

Some respondents mentioned recent policy implementation on menopause within NCA, stating that webinars on the topic have been positive and useful. The Headspace application, SCARF and Vivup counselling resources accessed through NCA were also found to be helpful. However, the level of support within NCA was often found to be dependent on the area in which employees work in, resulting in some seeking support from their GP instead. Recommendations from respondents included explicit consideration being given to queer menopause; support available to staff affected by menopause being more visible; and additional provisions, such as discounted gym memberships to alleviate some symptoms.

The temperature within the workplace environment was an issue for many, and it was noted that NCA does not having an ample supply of fans for offices, preventing some from coming into the office. Temperature was also mentioned for roles within surgery, which could be argued to be a health and safety issue: The heat, in addition to other physical issues, such as lack of sleep, was viewed to be extremely difficult in such roles which required wearing aprons and lengthy labour-intensive procedures. Light weight/cotton uniforms were perceived positively.

Menopause transition and organisational culture

Over a third of respondents with experience of menopause transition felt unable to speak freely about it in the workplace. Worryingly, 20% believed that they had been treated negatively at work due to menopause transition. Respondent examples included:

> *"During peri-menopause my line manager suggested I couldn't do my job, forced me to take a role that was 2 bands lower".*

> *"I suffered extreme migraines – and ended up on a final sickness warning which did not help the anxiety linked with menopause".*

Impact of menopause on work

Almost half of the respondents in this section of the survey felt that they did their job less well as a result of their menopause symptoms, with 70% indicating that they needed to make more effort to maintain their job performance. The majority (almost 90%) felt that they struggled to focus, concentrate or prioritise tasks at this time. 20% felt that their managers and colleagues perceived them to be less competent.

Almost 40% of respondents found that travel or physical demands were problematic, and more than half felt that the nature of their job role was problematic emotionally. 81% felt that work issues added to their stress/anxiety, however 60% felt unable to discuss their mental state at work.

On the positive side, almost half of respondents felt that their work gave them a sense of purpose/identity and was a place of social support, and over 20% felt work was a welcome distraction.

Organisational support around time off work

Over half of the respondents felt that they were unable to take the time off work that they needed whilst experiencing menopause transition, with fewer than 10% feeling that they were able to. Indeed, many respondents reported engaging in presenteeism (attending work despite feeling the need to take time off due to menopause symptoms).

Reasons for not taking required leave included feeling guilty and not wanting to let colleagues down, lack of recognition/minimisation of menopause symptoms, fear of disciplinary action, male-dominated management teams, and lack of support for sick leave. Some did not need to take time off for their symptoms as they felt that they were manageable.

> *"Even though there is menopause policy now and it is more talked about, there is still a culture in nursing of battling on. Taking time off for menopause symptoms would be scorned by manager and colleagues".*

Fig. 12: Supports available for employees affected by menopause transition

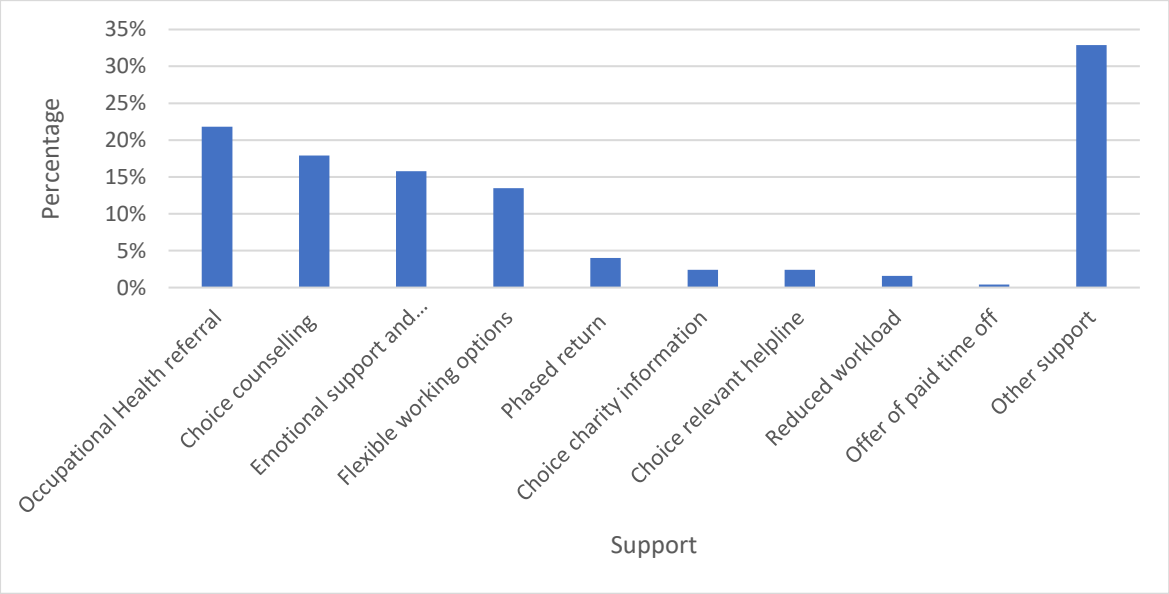


Figure 12 displays supports offered for employees in connection with menopause transition. 'Other support' was reported by over a third. Occupational Health referral, choice counselling, emotional support and sensitivity and flexible working options were reported by smaller numbers of respondents. Phased returns, choice charity information, choice relevant helpline, reduced workload and paid time off were scarcely available.

One respondent quote is quite telling in terms of how an appropriate accommodation can take a fair amount of effort to achieve:

> "*Already worked flexibly which was helpful in managing symptoms. But also asked if they could have a desk fan to manage terrible hot flushes. Unfortunately, manager denied the request. However, when they pointed out that this is a reasonable adjustment under the Trust Menopause Policy, she eventually agreed to order the fan".*

Section 6: Other women's health issues

100 respondents answered the section on 'other women's health issues'. Issues mentioned included heavy and irregular periods, other menstrual problems, breastfeeding alongside work, childlessness, urinary incontinence, trying to conceive in 40s, surgical menopause, polycystic ovary syndrome (POS) and autism.

Support and disclosure

For other women's health issues, more than half of respondents felt unable to seek information from NCA regarding their rights and entitlements, with only 11% feeling able to. Respondents were split on whether they felt comfortable in telling their line manager, but a greater number felt uncomfortable overall. Similarly, the majority did not feel comfortable telling HR.

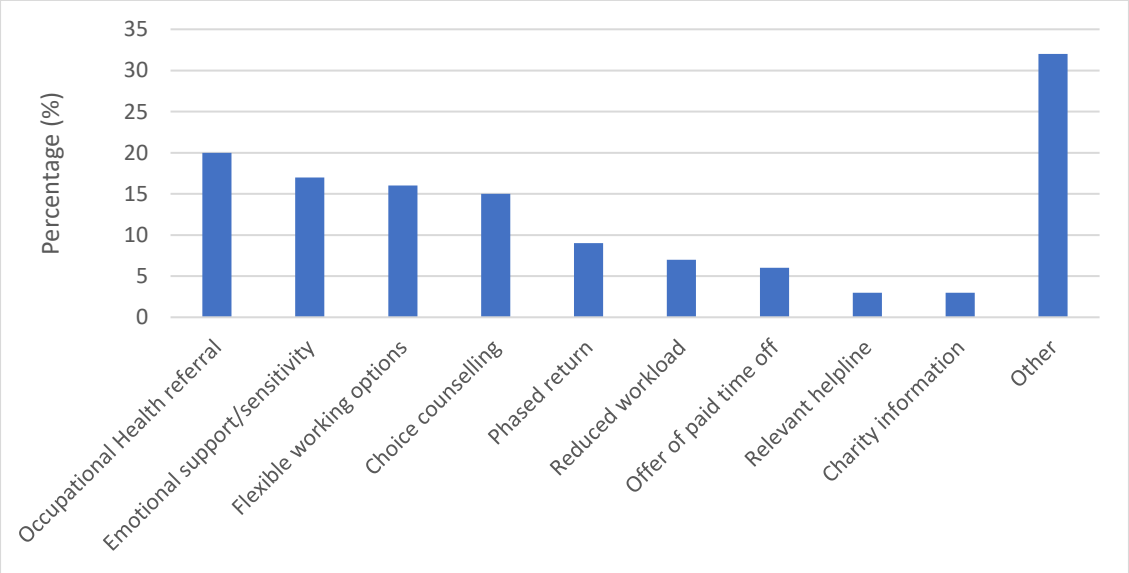
Almost half of the respondents completing this section of the survey did not feel satisfied with support services accessed through NCA, and over half felt more could have been done to support them.

35% felt that the direct working environment was unsuitable for accommodating their needs during their experience. Fewer than 20% felt that their manager put resources in place to ensure that their working environment was suitable for their needs, or that supports received had a positive impact on their well-being and satisfaction at work. Fewer than 20% agreed that supports received helped them to keep working, and 15% had wanted to leave NCA due to their dissatisfaction with support provided.

> *"We as women are biologically different to men and as such should have protected policies in place to account for that. Including a period leave policy, for women who experience difficult menstruation".*

Organisational support

Fig. 13: Supports available for other women's health issues



When asked about supports available for other women's health issues, as displayed in Figure. 13, 'Other support' was reported by over a third. Occupational Health referral, emotional support and sensitivity, flexible working options and choice counselling were available for some. Phased returns, reduced workload, other paid time off, relevant helpline and choice charity information were scarcely available.

Respondent comments revealed positive opinion about counselling, however concerns about capacity (not enough counsellors to cover the number of staff) were apparent.

Section 7: Desired provisions

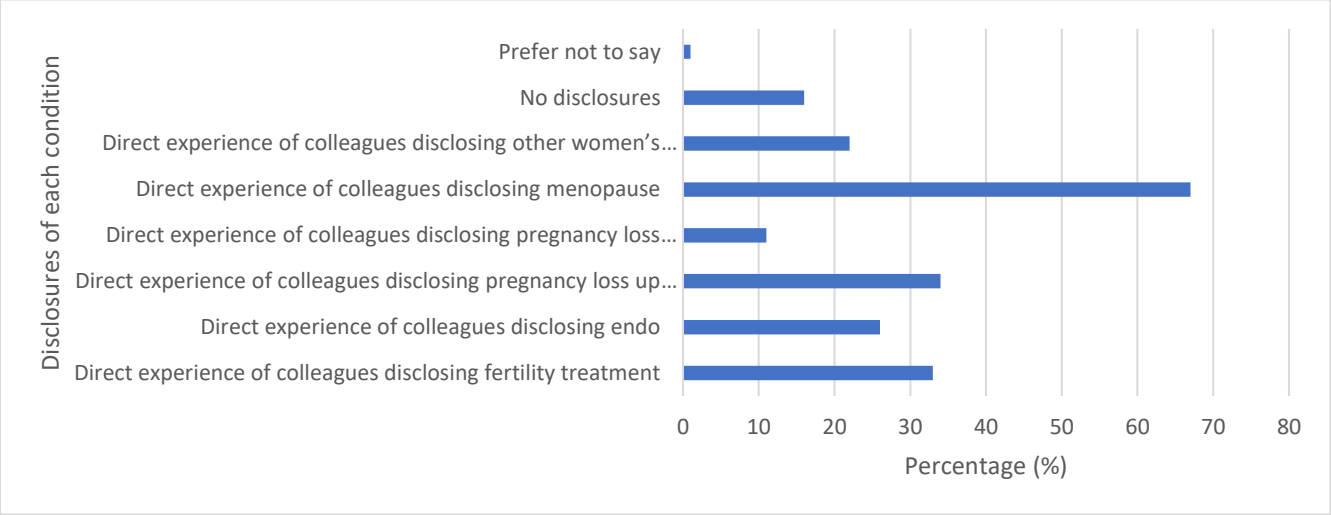
725 respondents answered questions related to the types of support they would like to see within NCA for employees navigating women's health issues. A range of provisions were listed, with respondents asked how important they considered each option to be. The overwhelming majority (90%) agreed that awareness raising, formal information, policies stating entitlements, manager awareness of women's health issues, and ensuring no discrimination, were highly important. Discretion from line manager, HR and senior managers were also flagged as highly important. Flexible working hours, reasonable adjustments to working pattern, workload and work location, and paid leave were all rated as important by most respondents. Over 70% said that the remaining options were important: financial security and opportunities for paid overtime, facilities and working environment (private spaces, rest area, medication storage facilities, ventilation/temperature control and access to toilets), support for career, specialised counselling, peer support initiatives and potential to temporarily or permanently move job roles or to go part-time.

Detailed findings – Line manager survey

Section 1: Respondent information – line managers

Of the line managers responding, 33% managed one-five employees, 23% managed between six and 10 employees, 14% managed between 11-20, and 30% managed more than 20.

Fig. 14: Experience of women's health issue disclosure:

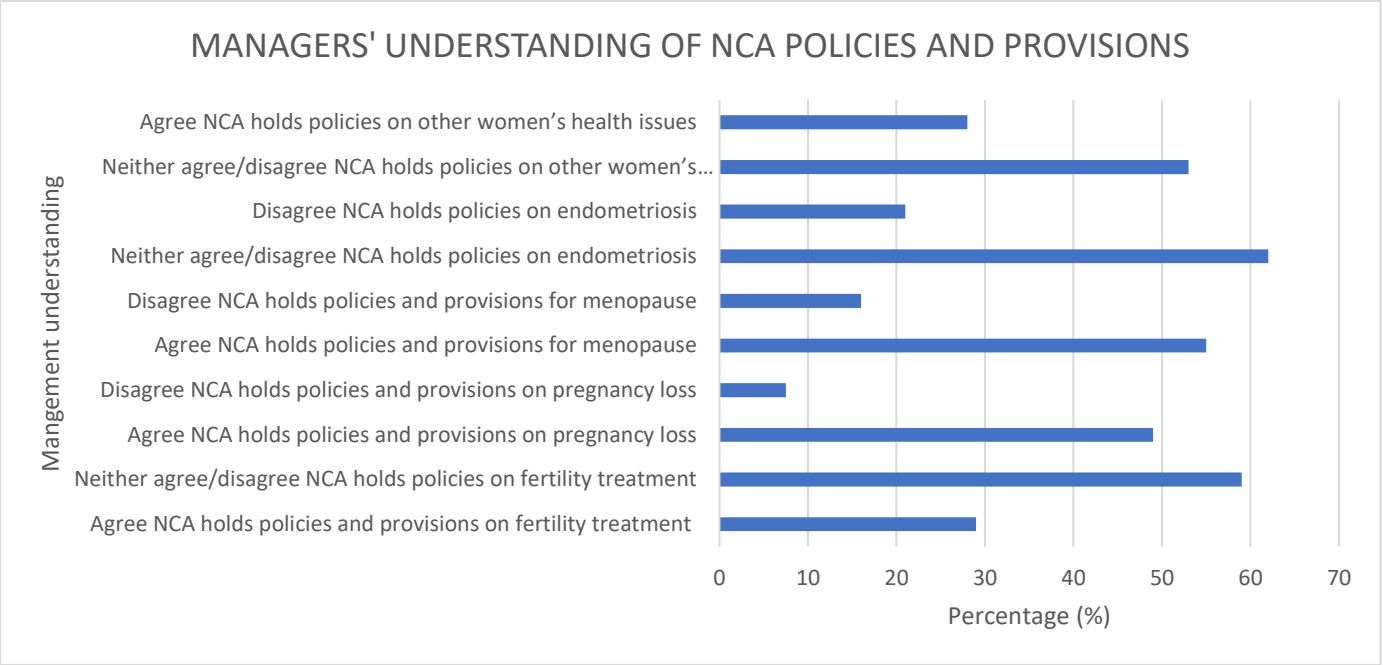


As displayed in Figure 14, most (almost 70%) of manager respondents stated that they had direct experience of colleagues disclosing menopause, whilst the numbers for the other issues/conditions were lower. A third of managers had received disclosures of fertility treatment or pregnancy losses of up to 24 weeks' gestation. A quarter had received disclosures of endometriosis, and similar numbers received disclosures of other women's health issues. Just over 10% had received disclosures of late pregnancy loss. More than 15% had not received any disclosures related to women's health issues.

General perceptions

80% of line managers agreed that the NCA was a family-friendly employer, however, just over half (52%) thought that the organisation extends family friendly provisions beyond parents and carers to consider those trying to conceive/struggling to get pregnant. Similar numbers (53%) agreed that they were aware of laws concerning employee rights around women's health issues at work.

Fig. 15: Managers' understanding of NCA policies and provisions for women's health issues

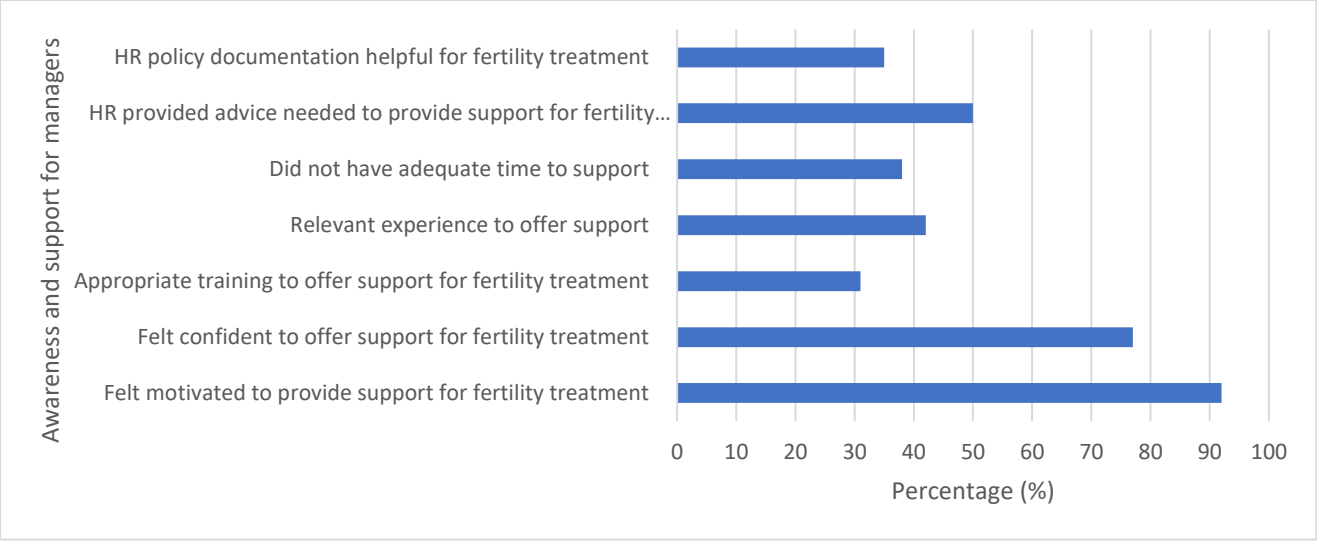


As reflected in Figure 15, there was uncertainty regarding whether the organisation had policies and provisions in place to help employees with fertility treatment, endometriosis and 'other women's health issues', with almost 60% of the manager respondents neither agreeing nor disagreeing to each statement. In contrast, around half of the respondents agreed that NCA did have policies and provisions to help employees with pregnancy loss and menopause.

Section 2: Awareness and personal experience

Fertility treatment

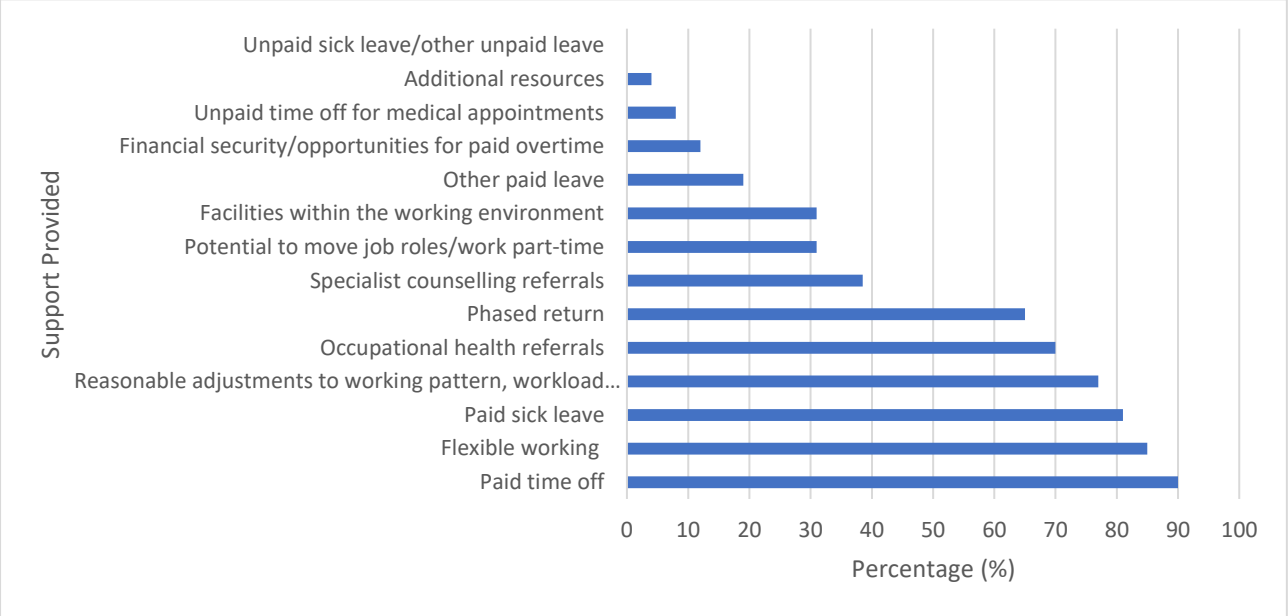
Fig. 16: Manager experiences around providing support for fertility treatment



As shown in Figure 16, most managers felt that it was their responsibility to provide support to staff in their team undergoing fertility treatment (90%), and most felt motivated to do so (92%). Furthermore, many felt confident in being able to offer such support (77%). However, only a third felt that they had the appropriate formal training to know how to offer the support. Almost half felt that

they had appropriate experiences to offer support, indicating that effective support may be based on first-hand experiences of managing related issues in the workplace as opposed to formal training. An important point to note is that when an employee required support, almost 40% of line managers felt that they did not have adequate time to provide the necessary support. Moreover, only half of line managers thought that HR provided the advice that they needed regarding support for fertility treatment, and only a third felt that HR policy documentation was helpful, providing 'everything they needed to know' regarding fertility treatment. Furthermore, only 58% of manager respondents felt that they were clear on how much authority they had to provide support. This suggests that more support and clarity is required for line managers to be fully effective in this area.

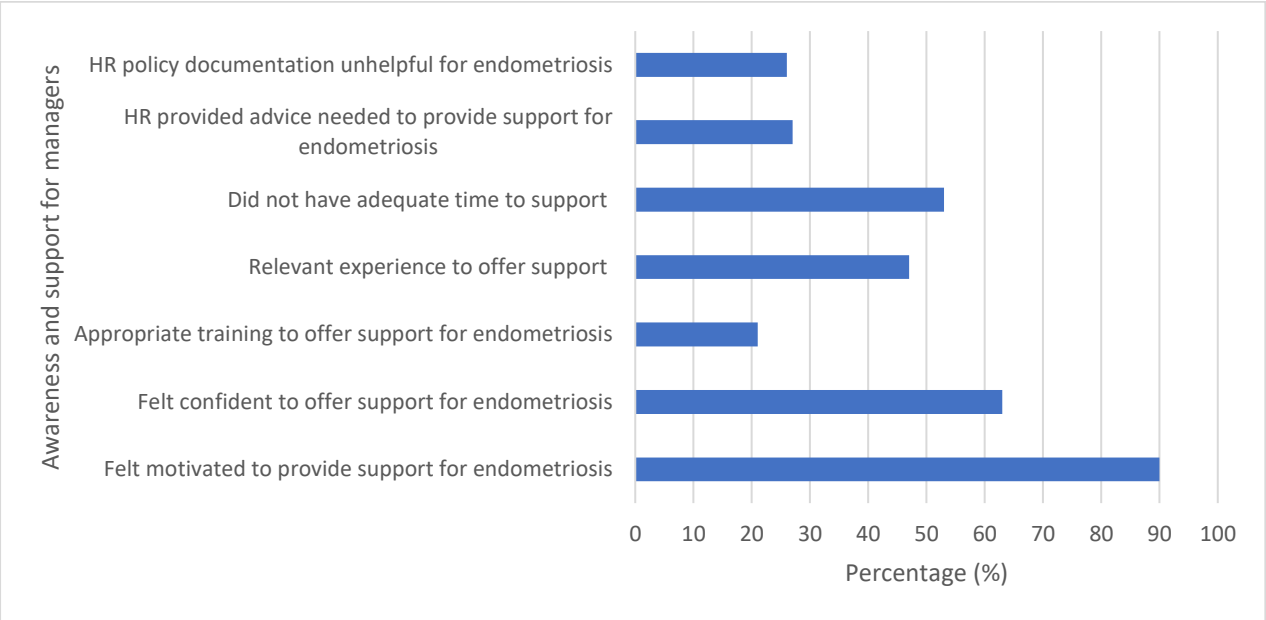
Fig. 17: Support managers provided for fertility treatment



Regarding support provided by line managers for staff undergoing fertility treatment within NCA (see Figure 17), paid time off for medical appointments was the most common example, followed by flexible working hours, paid sick leave, reasonable adjustments to working pattern, workload and work location, Occupational Health referrals and phased return following time off. Less commonly, line managers offered specialist counselling referrals, the potential to move job roles/work part-time, provided facilities within the working environment, offered 'other' paid leave, financial security/opportunities for paid overtime, unpaid time off for medical appointments, and additional resources. No line manager respondents indicated that they offered staff unpaid sick leave or other unpaid leave for fertility treatment.

Endometriosis

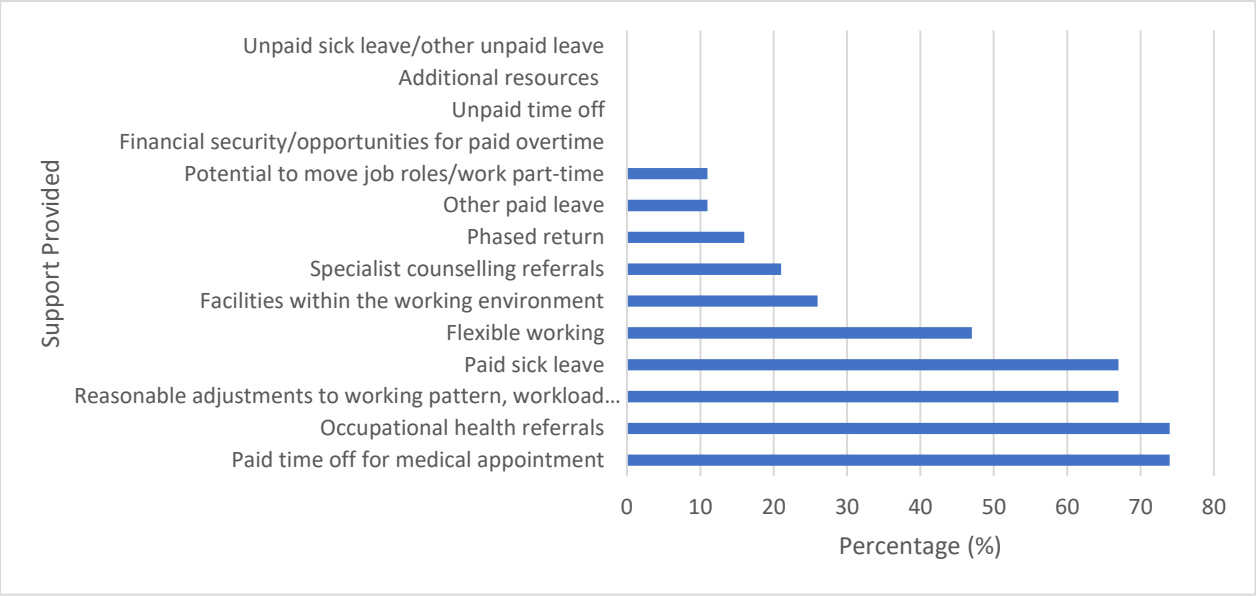
Fig. 18: Manager experiences around providing support for endometriosis



As detailed in Figure 18, almost 80% of line managers felt that it was their responsibility to provide support for employees affected by endometriosis, which is lower than for fertility treatment. 90% felt motivated to provide such support, but a lower proportion – 63% felt confident in being able to offer appropriate support (again lower than for fertility treatment). Only 20% felt that they had the appropriate formal training to know how to offer appropriate support for endometriosis. As with fertility treatment, almost half felt that they had appropriate experiences to know how to offer support for this health condition. As with fertility treatment, a considerable number of line managers (40%) felt that time pressures prevented them from offering optimum support to affected staff. Line manager responses to whether HR provide adequate support to them regarding endometriosis were rather inconsistent - with almost 60% neither agreeing nor disagreeing. This may be attributed to few managers having actually asked HR for advice on this issue. Responses were similarly ambivalent about whether HR policy documentation was comprehensive.

Around half of the manager respondents felt that they were clear on how much authority they had to provide appropriate support.

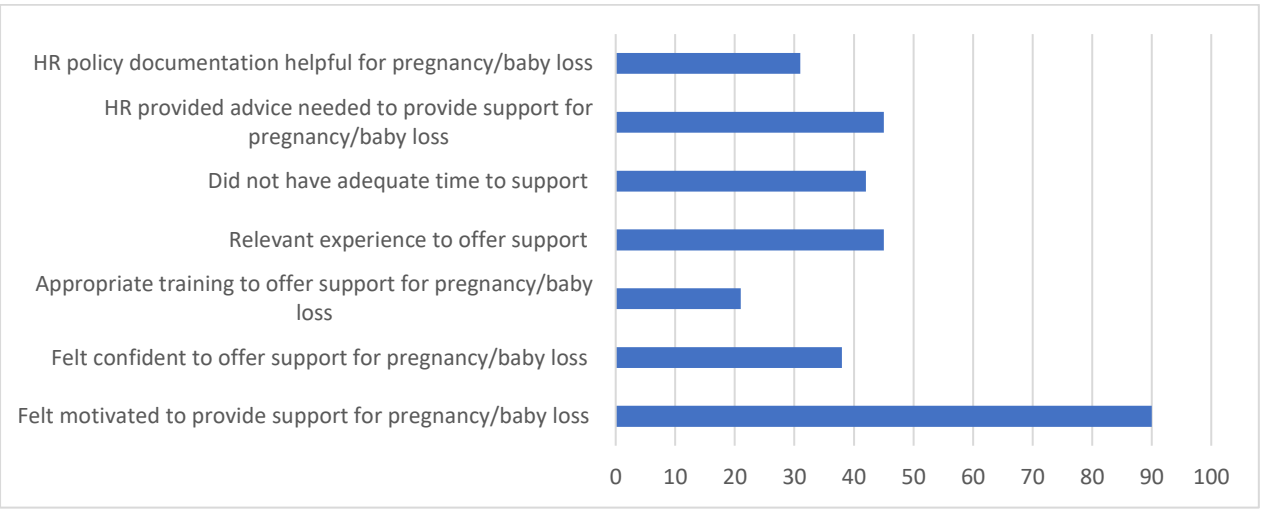
Fig. 19: Support managers provided for endometriosis



As displayed in Figure 19, the main supports provided for endometriosis by line managers were paid time off for medical appointments, Occupational Health referrals, reasonable adjustments to working pattern, workload and work location and paid sick leave. Flexible working hours, providing facilities within the working environment, such as rest areas and access to toilets etc., specialist counselling referrals, phased return following time off, 'other' paid leave, and the potential to move job roles/work part-time were less frequently provided. No line managers indicated that they had provided additional resources, financial security/opportunities for paid overtime, unpaid sick leave, other unpaid leave or unpaid time off for medical appointments.

Pregnancy/baby loss

Fig. 20: Manager experiences around providing support for pregnancy loss

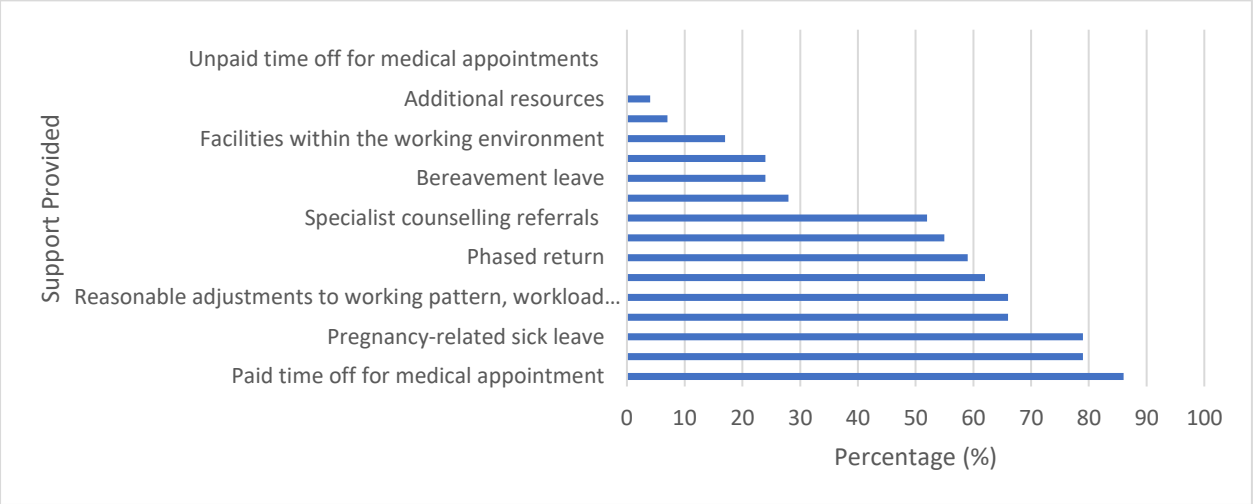


Similarly to fertility treatment, Figure 20 shows that most line managers (almost 90%) felt that it was their responsibility to provide support to those affected by pregnancy loss, and most felt motivated to do so. Around 70% felt confident in being able to offer appropriate support. Again, smaller numbers (20%) felt that they had the appropriate formal training to know how to offer support for this issue, whilst just under half felt that they had appropriate experience to do so. Having said this, only a third

felt that they were comfortable and confident to say the right things to someone affected by pregnancy loss. As with the other issues above, almost half of line managers said that they often did not have adequate time to offer the necessary support to an employee experiencing pregnancy loss. Just under half of line managers agreed that HR provided the advice that they needed regarding support for pregnancy loss and only a third found HR policy documentation comprehensive.

Only half of the manager respondents felt that they were clear on how much authority they had to provide appropriate support.

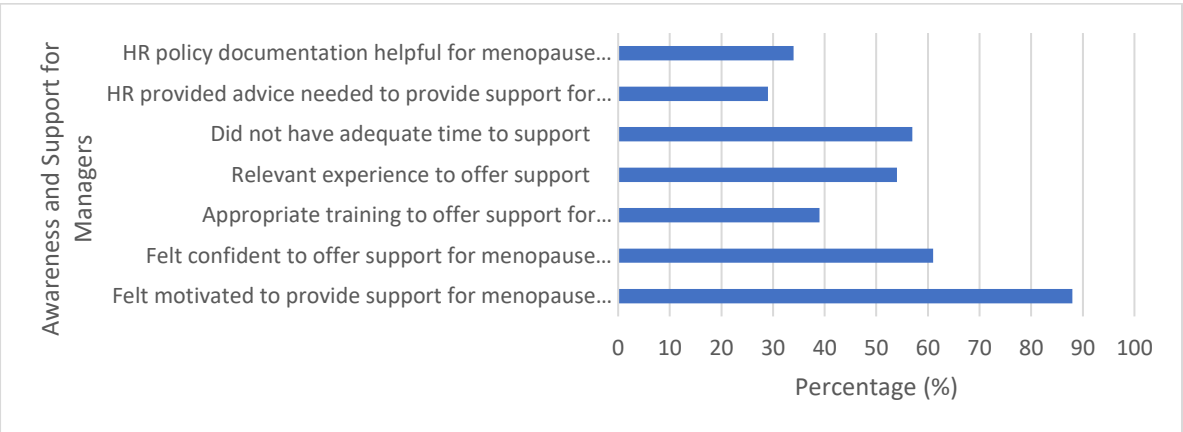
Fig. 21: Support managers provided for pregnancy loss



The most common supports provided for pregnancy loss by line managers, as reflected in Figure. 21 included, paid time off for medical appointments, Occupational Health referrals, pregnancy-related sick leave, paid sick leave (however, this should be 'protected'), reasonable adjustments to working pattern, workload and work location, flexible working hours, phased return following time off, compassionate leave, and specialist counselling referrals. Maternity leave, bereavement leave, the potential to move job roles/work part-time and providing facilities within the working environment were also provided for some. Financial security/opportunities for paid overtime and additional resources were seldom provided. No respondents indicated unpaid time off for medical appointments, unpaid sick leave, other unpaid leave or other paid leave for pregnancy/baby loss.

Menopause transition

Fig. 22: Manager experiences around providing support for menopause transition



As displayed in Figure 22, almost 80% of managers felt that it was their responsibility to provide support to those affected by menopause, which is lower than for fertility treatment and pregnancy loss. A greater number (87%) felt motivated to provide support for menopause, and yet only 60% felt confident in being able to do so, which is lower than for some other issues cited. Only 40% felt of the managers said they had received appropriate formal training to know how to offer the support for menopause, but around half felt that they had appropriate experience to know how to offer appropriate responses. 57% of manager respondents felt they had adequate time to offer the necessary support to staff affected by the menopause, which is higher than for fertility treatment and pregnancy loss. This could be due to perceptions that the supports needed for menopause are easier to implement, or perhaps that there is more information available to them on this topic, so it takes less time to source. Line manager responses as to whether HR provide adequate support to them regarding menopause was rather inconsistent, with half of respondents neither agreeing nor disagreeing. The managers were similarly ambivalent about the extent to which HR policy documentation was comprehensive. Only half of the manager respondents felt that they were clear on how much authority they had to provide supports they deemed appropriate.

Fig. 23: Support managers provided for menopause transition

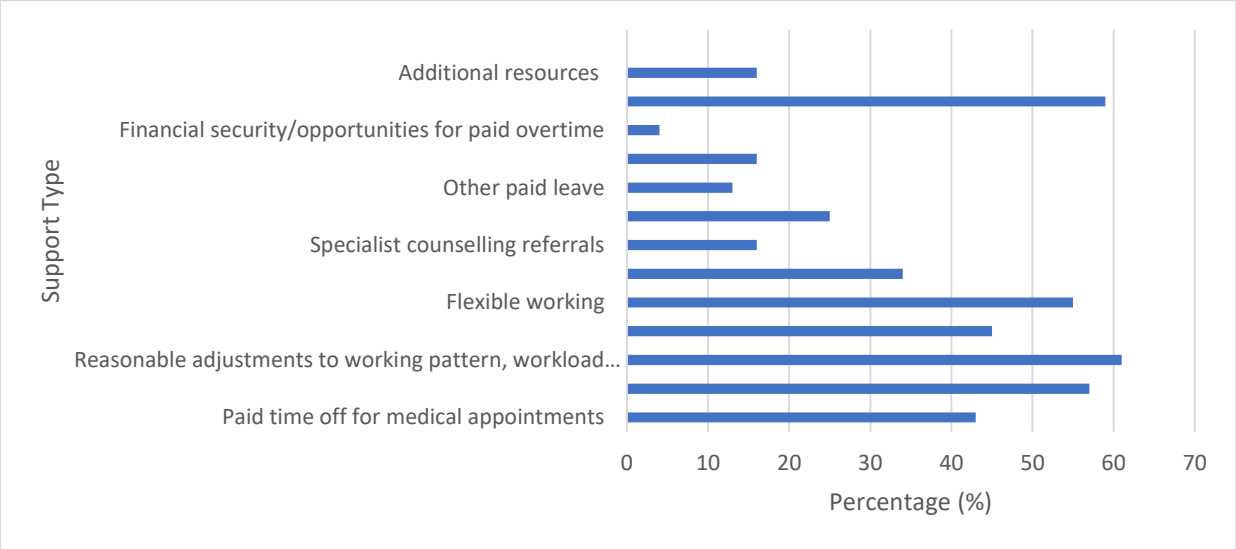
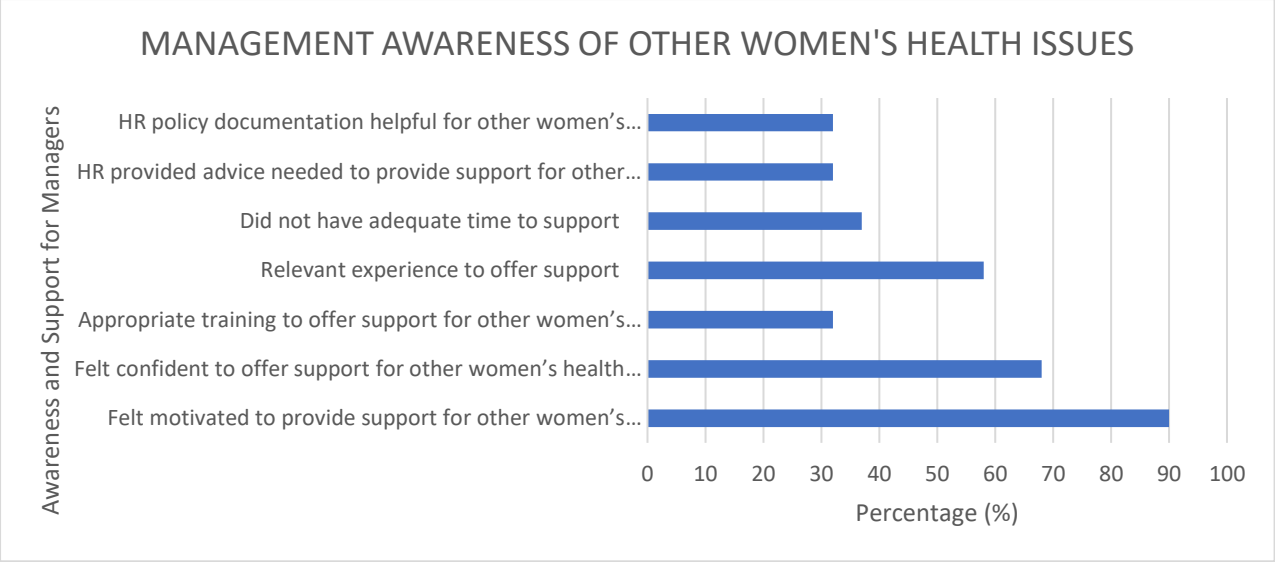


Figure 23 displays the common supports provided for menopause by line managers, these include reasonable adjustments to working pattern, workload and work location, unpaid time off for medical appointments, Occupational Health referrals, flexible working hours, paid sick leave, paid time off for medical appointments, and providing facilities within the working environment, such as ventilation and access to toilet etc. A really notable finding here is the prevalence of unpaid time off for medical appointments, which is rare for the other women's health issues discussed. Also, the percentages of managers who offered Occupational Health referrals and flexible working was lower than for fertility treatment and other conditions. Less commonly offered provisions included phased return following time off, potential to move job roles/work part-time, specialist counselling referrals, providing additional resources, other paid leave and financial security/opportunities for paid overtime. The fact that counselling was less often offered for menopause than other experiences/conditions perhaps suggests that the psychological tolls are less well acknowledged. No line managers responded that they had provided unpaid sick leave or other unpaid leave for menopause-related time off.

Other women's health issues

Fig. 24: Management awareness of other women's health issues



As shown in Figure 24, the majority (84%) of manager respondents indicated that they felt it was their responsibility to offer support for other women's health issues, and 90% felt motivated to do so. (84.2 %). Almost 70% indicated confidence in their ability to offer appropriate support, although only a third said they had received adequate formal training. Again, many respondents (60%) felt they had the appropriate experience to know how to offer appropriate support for other women's health issues. Just under half indicated that they had enough time to offer the necessary support, only a third thought HR provided the advice needed, and attitudes were mixed regarding the helpfulness of HR policy documentation.

Around half of manager respondents agreed that they were clear on how much authority they had to provide the supports they deemed appropriate.

Fig. 25: Support managers provided for other women's health issues

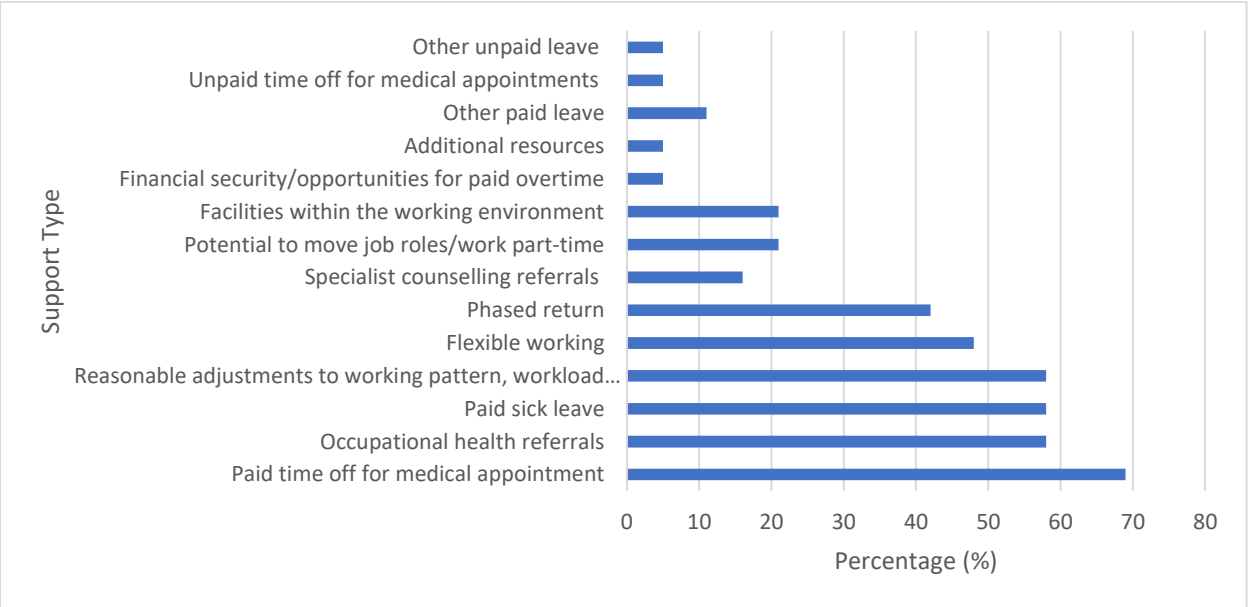


Figure 25 details the most common types of support provided for other women's health issues by line managers, and include paid time off for medical appointments, paid sick leave, reasonable adjustments to working pattern, workload and work location, Occupational Health referrals, flexible

working hours, and phased return following time off. Importantly, the percentages for each of these were often lower than for other specific health issues covered in the survey. Other supports offered included the potential to move job roles/work part-time, providing facilities within the working environment and specialist counselling referrals, and other paid leave. Unpaid time off for medical appointments, other unpaid leave, financial security/opportunities for paid overtime and additional resources were seldom provided, with no responses for unpaid sick leave.

The majority of managers (over 90%) indicated that they agreed raising awareness and formal information were important for employees navigating women's health issues. High numbers also agreed that the following were important: clear policies stating entitlements; manager awareness of women's health issues and ensuring no discrimination; discretion from line managers, HR or senior managers; flexible working hours; reasonable adjustments to working patterns, workload and work location; facilities and the working environment; career concerns; specialised counselling and peer support. Almost 75% felt that paid leave was important, 65% agreed that the potential to move temporarily or permanently move roles was important, and just over half felt that financial security and paid overtime were important.

When managers were asked whether the support available to staff is comparable and equal across all women's health issues, respondents in the different sections of the survey tended to be mixed, with only around 20% agreeing.

Section 3: Desired provisions

When asked about the most crucial supports/provisions for navigating women's health issues at NCA, counselling/specialist/impartial advice was the most common answer given by line managers, followed by training/awareness raising, policy implementation and flexible working. Others detailed time to access support during work, private spaces/rest areas, discretion and consistent management.

Conclusions

When it comes to supporting employees affected by women's health issues, most managers felt motivated to provide support for the various issues, and many indicated that they were aware of legislative entitlements. Further, many employees felt that their manager was willing to listen to their issues, and also felt able to confide in colleagues. The majority also found work to be a useful distraction, a place of social support and an important part of their identity when navigating difficult health issues. However, in line with research on women's health issues in the workplace more broadly, the findings of the surveys highlight some areas for action around fully supporting staff affected by complex fertility journeys (including fertility treatment and pregnancy loss), menstrual health issues (including endometriosis), and menopause transition.

Some of the key themes emerging from the surveys are as follows:

- There are concerns about the availability of relevant information.
- There are concerns from some employees around disclosing sensitive/private issues to line managers and HR, including around perceptions of confidentiality.
- There are some cultural issues that appear to hinder uptake of available supports, including perception of the need to 'battle through' and not let colleagues down by taking time off; women's health issues not being taken seriously or seen as a legitimate issue requiring accommodations; stigma/taboo; and perceptions around the demonstration of competence.
- There are some discrepancies and inconsistencies in the types of support offered/taken linked to the nature of the women's health issue.
- There are interrelated physical and psychological health impacts of each issue that manifest very individually, meaning tailored supports are needed, and that needs often change over time.
- Managers need input on language and sensitivity, and building confidence in addressing issues/concerns, as well as briefing on policies and legal obligations.
- More work needs to be done with HR and managers to explore the bridge between policy and how they are enacted in practice/barriers at different levels of line management.
- Policy and provisions need to account for intersectionality. There were low levels of ethnic minority staff and managers completing the surveys, and a low level of male managers completing. Maybe more information is needed (via focus groups or similar) to understand these patterns and the needs of different staff groups.

Recommendations

The research team's recommendations to Northern Care Alliance are as follows:

- Ongoing organisation-wide education and awareness raising across the range of women's health issues, equipping HR, line managers, as well as employees with the knowledge, confidence and skills to better support colleagues experiencing such issues. This will also help to drive a culture where people feel these issues are appropriate to discuss in the workplace.
- Training for line managers should include a focus on sensitivity, appropriate language, and intersectionality. The latter acknowledges that a person's various identities combine to form experiences, and that things like ethnicity, sexual orientation, (dis)ability and other factors may compound challenges and discrimination linked to gender and health. Moreover, the bridge between policy and practice/barriers at different levels of management should be considered.
- Specific training for HR to raise their confidence and competence in women's health issues should be conducted. Discussion should also take place around how some of the cultural level issues could be addressed.
- Bespoke policies (in separate documents) should be implemented relevant to each featured area: fertility tests and treatment for assisted conception; pregnancy loss; baby loss; menstrual health; and menopause transition. This should make clear the organisational stance on leave, flexibility, adjustments, available support etc. Recognising the individual nature of each employee's experience (and that needs change over time) is paramount. Therefore, the specific support offered to each employee should be flexible, determined in dialogue, and should be regularly revisited. Furthermore, the language of policies must be inclusive, sensitive and accessible, recognising the needs of men and partners, LGBTQ experiences, etc.
- Appropriate communication of policies, to ensure that line managers and employees are fully aware of their responsibilities and entitlements.
- Appropriate cross-referencing between new bespoke policies and other relevant policies.
- Implementation of a process to ensure that leave is recorded appropriately, and that days off due to pregnancy-related sickness (in the case of pregnancy loss and after fertility treatment, in the protected period) or chronic illness (such as endometriosis) which could be classed as a disability are differentiated from other absence, and not included in trigger systems re. absence management. This is to ensure compliance with legislation. We encourage NCA to go beyond this however, to ensure that absence linked to menopause, menstrual health and other women's health issues are treated similarly
- Ensure suitable mental health support is offered to those who disclose that they are psychologically affected by a women's health issue.
- Consider having 'champion' roles relevant to each health condition.
- Some targeted communications for ethnic minority staff, LBGTQ staff and employees with disabilities might be useful, perhaps via specialist staff networks. This could be extended to focus groups to ascertain specific concerns or challenges for these communities.
- Work to address the time pressures affecting line managers, to ensure they have capacity to give staff the support they need.
- Provision of free menstrual health products for staff and ensure access to spare uniform items
- Evaluate the effectiveness of current/new activities from the Well Women Strategy group to ascertain impact and return on investment. This could involve a repeat of these surveys in time, focus groups and analysis of relevant HR data.

Actions taken by Northern Care Alliance

At the time of writing this document (August 2023), the Northern Care Alliance has introduced a raft of new policies and provisions as part of the *Well Women Strategy* and on the back of this project:

- Three new policies: Fertility treatment; Pregnancy loss; and Endometriosis and menstrual health
- Menopause advocates, who are running menopause awareness sessions twice monthly. When the bookings went live in April 2023, dates up to and including December 2023 were sold out quickly, so the team had to increase capacity
- Training/awareness raising sessions delivered by external providers on fertility treatment (from Fertility Network UK) and pregnancy loss (from MIST Workshops), including sessions on male perspective, childlessness, LGBT issues
- Feedback collected from staff attending sessions on menopause, fertility treatment and pregnancy loss
- A Well Women Strategy page has been set up on the NCA intranet, with a range of resources for line managers and colleagues
- Endometriosis champions (trained by Endometriosis UK) and currently developing in-house awareness sessions
- An update on the research findings presented to NCA Mental Health Champions in July 2023
- In the process of developing an information and training session for HR and Managers around the whole Well Women Strategy, research findings, and available resources/signposting
- A specific question was added to the summer 2023 Quarterly all staff Pulse Survey on the Well Women Strategy to ascertain how well known it has become, and staff perceptions
- Commitment to a new Men's Health Strategy and input into APPG paper on men's health
- Regular features in the all staff Newsletter to highlight different Well Women Strategy activities
- Endometriosis case studies collected (see below), which are being included in the new Wellbeing and Attendance Management Policy, which is a collaboration across the North West. This helps raise awareness of the Strategy and project beyond the organisation
- Discussions around addressing the demographic challenges raised – including with the Equalities team and staff networks

The following examples have been collected by the NCA to show how suitable personal adjustments can be agreed for one of the featured health conditions:

Endometriosis case study one (Highly Specialist Nurse):

'Ever since I started having periods they were extremely painful, and it only seemed to get worse as I got older. No one ever mentioned that it could be due to a disease, and I was just told that this is what period cramps felt like, despite none of my friends experiencing pain the same way. The GP prescribed pain killers and hormonal contraceptives to try and manage the pain but I wasn't ever referred onwards to a gynaecologist… When I was 27, after 13 years of going to the GP about the pain I was experiencing, I finally had a laparoscopy and received a diagnosis of endometriosis. The surgeon removed what they found at the same time. Unfortunately, endometriosis is a chronic condition, and the tissue grows back. Now, my pain is much less, although it is getting worse as time goes on. I still have bad days, and that can be due to other symptoms too, like bloating and fatigue.

Through discussion with my manager I've been able to put a Personal Work Adjustment Plan (PWAP) into place – this means that I can have flexible start/finish times when needed, as long as I still do my hours, and I am able to use a hot water bottle at work if I need to. I also have days where, if I am not seeing patients, I will wear my own clothes instead of my uniform, which is helpful if the bloating is particularly bad that day'.

Endometriosis case study two (Trainee Nurse):

'I have worked for the NHS for a number of years, have had endometriosis symptoms for many years, but only received an official stage 4 diagnosis last year. I have worked on a ward where unfortunately I was very unsupported to manage these symptoms. I was often in pain and needed to take regular medication and repeatedly needed to use the bathroom at short notice. I was told that If I continued to "walk off the floor" then I would be disciplined, this led to me standing in a busy ward often bleeding through my uniform in front of colleagues, which as you can imagine was very embarrassing. I had to take time off for surgery and was told if I continued to stay off work sick then I would have to look for an office job. This mentality was so detrimental to my mental health that I dreaded going to work and I ended up on medication for anxiety. I now work on a new ward and the manager is so supportive, she provided me with a locker for my medication and heat pads, she allows me to wear scrubs and take a shower during shift if needed. She changes my shifts at last minute sometimes to allow me to access vital health appointments, she allows me extra time to take medication on shift and when I recently had to take time off for surgery, she even messaged me on Christmas day to ask how I was doing. The difference this support at work made to my mental health was the only reason I decided to stay with the NHS'.