Reference Number: UHB 446 **Version Number:** Not stated in the supplied policy; unchanged following review.	**Date of Next Review:** 30.09.27 **Publication:** Issued and effective December 2018; separate publication date not stated.

NHS Wales Menopause Policy

Policy Statement

Refer to the NHS Wales Menopause Policy for its purpose and requirements.

Policy Commitment

The Health Board will apply the arrangements set out in the substantive policy. Refer to the policy for full details.

Supporting Procedures and Written Control Documents

Refer to the substantive policy, supporting guidance sections and Appendix 1 risk assessment checklist.

Other supporting documents: Refer to the substantive policy.

Scope

Refer to the substantive policy for scope and eligibility.

Equality & Health Impact Assessment (EHIA)	
Part 1 - Equality Impact Assessment (EQIA)	Refer to section 7 of the policy for its equality impact assessment statement.
Part 2 - Health Impact Assessment (HIA)	Refer to the substantive policy and any supporting health impact assessment documentation.
Policy Approved by	People and Culture Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group (EPSG). Reviewed on 30.09.26; no changes required. Policy and existing publication date carried forward. Next review: 30.09.27.
Accountable Executive or Clinical Board Director	Executive Director of People and Culture
Author	Refer to the substantive policy.

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
Not stated	Not stated in source	December 2018 (issue date)	Original issue and effective dates: December 2018. Dates carried forward.
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Menopause Policy

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Approved by: Welsh Partnership Forum Business Committee

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Menopause policy

1.0 Policy Statement

Core Principles for NHS Wales

- **We put patients and users of our services first:** We work with the public and patients/ service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and have a zero tolerance of bullying or victimization of any patient, service user or employees.We value all who work for the NHS. We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need in order to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to colleagues and act on feedback and concerns.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes to maintain/increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by employees in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simplified and consistent approach when it comes to managing workplace employment issues.

This All Wales Menopause policy and supporting toolkit are intended to provide clarity and direction on how NHS organisations in Wales should deal with menopause related issues, either for individuals experiencing the menopause or those affected indirectly for example, partners, colleagues or line managers.

The policy sets out the key principles to which NHS organisations in Wales should adhere to, to ensure that individuals affected by the menopause or perimenopause are treated fairly and given the appropriate support.

2. Aims and objectives

The aim of this policy is to make managers aware of the

(Organisation name)

responsibility to understand the menopause and related issues and how they can affect staff, their partners, families and work colleagues by educating and informing managers about potential symptoms and how they can support individuals in the workplace; raise wider awareness and understanding among employees and to outline support and reasonable adjustments that are available; and subsequently reduce menopause related sickness by supporting staff to remain in work rather than having to take sick leave (or in some cases resign) meaning that the organisation retains valuable skills and experience.

The

(Organisation name)

recognises that staff may need additional consideration, support and adjustments during this transitional time before, during and after the menopause and ensure that staff are treated according to their circumstances and needs. To ensure that individuals feel confident in discussing menopausal symptoms and asking for support and adjustments in order to continue with their role within the organisation.

(Organisation name)

is committed to ensuring that all individuals are treated fairly and with dignity and respect in their working environment. It is also committed to ensuring the health, safety and wellbeing of the workforce.

This policy is supported by a set of guidance sections and needs to be read in conjunction with these.

3. Definitions and background

The **menopause** is part of the natural ageing process for women, although it can be brought on as a result of other medical conditions or certain surgical interventions. It refers to the point in time when menstruation has ceased for twelve consecutive months. After a woman has not had a period for a year, this is considered to be 'post-menopausal'.

This organisation recognises that a large and increasing proportion of its workers will be working through and well beyond the menopause. In the UK it is estimated that around 1 in 3 women are either currently going through or have reached the menopause. The menopause affects all women, and it can often indirectly affect their partners, families and colleagues as well.

The **peri-menopause** is the period of hormonal change leading up to the menopause and can often last four to five years although for some women it may continue for many more years or for others may last just a few months. It varies greatly in different individuals. During the time of the peri-menopause individuals may begin to experience symptoms due to changes in their hormone levels. These symptoms may vary in degree between different individuals. Due to the fact that they may be still having regular periods at the onset of the symptoms, many individuals do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms; and can be a barrier to accessing support.

The menopause usually occurs between the ages of 45 and 55.
In the UK, the average age is 51, but it can happen much earlier. Many women experience the menopause before 45 **(early menopause)** and a significant number of women experience the menopause before the age of 40 **(premature menopause)**. Some women experience a medical/surgical menopause which can occur suddenly when the ovaries are damaged or removed by specific treatments such as chemotherapy, radiotherapy or surgery.

People from the non-binary, transgender and intersex communities may also experience menopausal symptoms. Due to a variety of factors, the experience of the menopause may be different for those within these communities. Experiences and perceptions of the menopause may also differ in relation to disability, age, race, religion, sexual orientation or marital/civil partnership status. It is important to recognise that for many reasons; peoples' individual experiences of the menopause may differ greatly.

Some people seek medical advice and treatment for the symptoms of the peri-menopause (the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms) and menopause (defined biologically as reaching a natural end to reproductive life). A common form of treatment is known as hormone replacement therapy (HRT). Many women find these treatments helpful for alleviating symptoms, but HRT is not suitable or appropriate for all women.

Some people using HRT may experience side effects which may also require adjustments in the workplace.

4. Legislative setting

The **Health and Safety at Work Act (1974)** requires employers to ensure the health, safety and welfare of all workers. Under the Act, **employers are required to do risk assessments** under the Management Regulations **which should include specific risks to menopausal women** if they are employed.

The **Equality Act (2010)** prohibits discrimination against people on the grounds of certain 'protected characteristics' including sex, age and disability. It is also important to note that conditions linked to the menopause may meet the definition of an 'impairment' under the Equality Act and require reasonable adjustments.

The **Public Sector Equality Duty (Wales)** was created by the Equality Act. The duty places a legal obligation on this organisation to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not. This includes:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

5. Key principles

(Organisation name)

aims to create an environment where individuals feel confident enough to raise issues about their symptoms and ask for support and adjustments at work. The organisation is committed to ensuring that conditions in the workplace do not make menopausal symptoms worse and that appropriate adjustments and support are put in place.

(Organisation name)

has a positive attitude to the menopause/ perimenopause and will work proactively to make adjustments where necessary to support individuals experiencing the menopause and to ensure the workplace does not make their symptoms worse.

(Organisation name)

takes a proactive stance and will promote a greater understanding of the menopause/ perimenopause and seek to eradicate any exclusionary or discriminatory practices.

(Organisation name)

recognises that the menopause/perimenopause is a very individual experience and that people can be affected in different ways and to different

degrees, and therefore different levels and types of support and adjustments may be needed.

(Organisation name)

will provide appropriate information and support to staff and other individuals.

(Organisation name)

will carry out risk assessments which take the specific needs of individuals into consideration (including stress risk assessments).

(Organisation name)

recognises that managers should **"know their staff"** and be familiar with the needs of their staff and any associated issues. In 'knowing their staff' managers will understand when to apply discretion in respect of this policy and its guidance sections. Manager discretion should be used when assessing a staff member's individual needs and circumstances, in situations where there is a reasonable expectation of improvement without the need for formal intervention. Managers should create a supportive team culture that removes any barriers to disclosing information to their Line Manager, and the Line Manager should equally be trained to understand the impact of the menopause and act accordingly without breaking the confidence of the individual.

6. Training and awareness

All staff will be made aware of this policy upon commencement with the NHS organisation. Copies can also be viewed on the NHS organisation's Intranet or obtained via the Workforce and OD department and/or line manager.

7. Equality

(Organisation name)

recognises and values the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and with dignity and respect.

(Organisation name)

recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights.

8. General Data Protection Regulations 2018

All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the

(Organisation name)

Data Protection Policy.

9. Freedom of Information Act 2000

All

(Organisation name)

records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the NHS organisation may be found in the

(Organisation name)

publications scheme.

10. Records management

All documents generated under this policy are official records of the

(Organisation name)

and will be managed, stored and utilised in accordance with the

(Organisation name)

Records Management Policy.

11. Monitoring

Any information recorded and held must be capable of being disaggregated by each of the protected characteristics and routinely collected, analysed and reported on to ensure that the process is fair and equitable for all individuals and groups, and to demonstrate that the

(Organisation name)

is meeting its employment equality monitoring duties.

12. Review

This policy will be reviewed in three years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

Signed on behalf of the Staff Side

Signed:	
Name:	
Title:	
Date:	

Signed on behalf of the Management Side:

Signed:	
Name:	
Title:	
Date:	

01

Guidance Section 1
What is the menopause

The menopause is normally a natural biological transition point in life– part of the normal ageing process experienced by all women, though not everyone experiences it in the same way.

We tend however to use the term 'menopause' to describe the transition years when the ovaries spontaneously fail to produce the hormones oestrogen and progesterone. Periods become less frequent and then stop altogether. The menopause is said to have occurred when periods have stopped for 12 consecutive months.

Menopause

Comes from two Greek words men (month) and pausis (cessation or stop)
Literal meaning is therefore the last menstrual period that occurs

*Don't forget that while all women experience the menopause, they are not the only ones affected. Managers need to understand that trans and non-binary staff may go through the menopause too (often with little support available) and need to be treated with dignity and respect, and men may need support while their wife or partner is menopausal. Everyone has different experiences and you shouldn't make any assumptions but listen to your member of staff and support their individual needs sensitively.

Sometimes in these sections we refer to 'women' – this is because the majority of people experiencing the menopause are women and sometimes it gets clumsy if we try to list everyone affected every time but please bear in mind that other staff could be affected too!

02

Guidance Section 2 When does the menopause occur?

In the UK, natural menopause usually occurs between 45 and 55 years of age, with the average age being 51.

However, a significant number of individuals experience the menopause before the age of 40 (some even in their teens or twenties). This is known as premature menopause or primary ovarian insufficiency and estimates suggest that around 1 in every 100 women in the UK will experience this. Premature menopause may be as a result of medical or surgical intervention or it can just happen on its own, with no clear cause.

Whilst menopause is generally a natural process involving gradual change, it can be sudden and acute following medical or surgical intervention (e.g. surgical hysterectomy, chemotherapy or radiotherapy).

03

Guidance Section 3 What happens during the menopause?

**The menopause brings physical changes to the body.
For many people experiencing the menopause, it can result in physical, psychological and emotional changes to which it can be difficult to adjust.**

The particular changes involved can affect different people in different ways.

- Not everyone has symptoms - some experience few or no problems around this time
- 80% of women in the UK report noticeable changes – though the type, amount and severity of those symptoms can vary, ranging from mild to severe.
- 45% of women find their symptoms difficult to deal with.
- Approximately 25% of women experience very debilitating symptoms

In addition, the menopause typically occurs at a challenging time in many women's lives - they may be managing chronic health conditions, whilst bearing the greater share of caring and domestic responsibilities as well as being in employment. This can impact on emotional wellbeing and lead to excessive levels of stress. Without appropriate support, women can be left feeling isolated and vulnerable and this can affect their work and the role that they do.

Perimenopausal Stage

The perimenopausal stage describes the period of hormonal change leading up to the menopause. It can often last for four to five years (though it may continue for many more years for some people, whilst lasting just a few months for others).

During the perimenopause, the levels of hormones produced by the ovaries fluctuate, leading to menstrual irregularities in the time between periods, and length of period and flow, until they stop altogether. Sometimes they can stop suddenly.

Changes in hormone levels (particularly oestrogen) can lead to symptoms which can have an adverse impact on personal and work life. Whilst everyone's experience of the menopause will be different, most may experience some of the following:

- **Hot flushes** – hot flushes experienced by most people and described as a sudden feeling of heat, starting in the face, neck or chest, before spreading throughout the body. Most flushes last only a few minutes but during this time there can be sweating with the face, neck and chest becoming red and patchy and the heart rate becoming quicker or stronger. For some people these can be occasional, but others may have many daily – and though generally harmless, these can be uncomfortable, disruptive and embarrassing.
- **Night sweats** – night sweats are when you sweat so much that your night clothes and bedding are soaking wet, even though where you are sleeping is cool.
- **Sleep disturbances/difficulty sleeping** – sometimes because of hot flushes and/or night sweats, though it may also be as a result of the anxiety felt during menopause. This may lead in turn to fatigue, irritability, loss of concentration and/or forgetfulness.
- **Mood disturbances** – including low mood and increased susceptibility to anxiety, which can also lead to tiredness, tearfulness and an inability to concentrate.
- **Problems with memory** - and/or concentration.

- **Vaginal symptoms** – such as dryness, itching and pain/discomfort during sexual intercourse.
- **Heavy periods and clots** – and some periods may last longer. Periods are usually irregular and harder to prepare for.
- **Urinary problems** – including recurrent urinary tract infections such as cystitis. Many women feel an urgent need to pass urine or to pass it more often than normal.
- **Reduced sexual desire (libido)** – which may be as a result of falling hormonal levels.
- **Palpitations** – heartbeats that suddenly become more noticeable.
- **Migraines and headaches**
- **Joint stiffness, aches and pains**
- **Reduced muscle mass**
- **Skin irritation**

These symptoms (which can vary in degree) may be experienced even though menstruation continues so women who are still having regular periods may not realise that they are experiencing the perimenopause and not understand the cause of their symptoms.

Menopause Symptoms in Other Circumstances

There are other circumstances in which symptoms may be experienced:

- Whilst menopause is usually a process involving gradual change, it can sometimes be sudden and acute following serious illness, medication or surgery. Sudden menopause tends to experience more severe symptoms and may require treatment and/or post-operative care to manage further problems.
- Younger women undergoing treatments for conditions such as endometriosis (estimated to affect around 1 in 10 women of reproductive age) and infertility (affecting around 1 in 7 couples), may experience menopausal symptoms whilst receiving treatment.
- Surgical and medical treatments as part of an individual's gender transition can result in menopause symptoms.

Post Menopause

Symptoms continue on average for four years from the last period, and can continue for up to 12 years.

There is potentially an increased risk of certain conditions, including heart disease and osteoporosis (brittle bones) during post-menopause because of lower levels of certain hormones. These risks are higher for those who have had an early or premature menopause.

04

Guidance Section 4 Why is the menopause a work place issue?

4 Guidance Section 4
Why is the menopause a work place issue?

Within
(Organisation name),
52 **% of our workforce (organisation to insert own figures) are women between the ages of 46 and 55.**

This means that a significant number of staff may be going through the menopause or experiencing perimenopausal symptoms at any time. In addition, between 1% and 10% of women experience an early or premature menopause and so may be trying to deal with the same symptoms.

Sometimes going through the menopause can be uneventful, but for others it can impact on their working lives, with it becoming increasingly difficult to function effectively at work as a result of their symptoms. This can leave them feeling less confident, more susceptible to fatigue and stress at work. It has also been recognised that certain aspects of work, working conditions and environment may exacerbate menopause symptoms.

A lack of knowledge about the menopause may mean that someone can be misdiagnosed as constantly having health issues which restrict them from fulfilling their normal role and having time off work. In addition, symptoms may impact on their performance, leading potentially to capability or disciplinary proceedings. They may be afraid to approach anyone for help and therefore suffer in silence, losing confidence and feeling isolated before leaving work altogether. It has been estimated that approximately 10% of women actually leave work because of their severe symptoms and lack of support in the workplace (Source My Menopause Doctor)

It is therefore important that employers understand, address and manage these issues in order to protect the health and wellbeing of their workforce. Without effective support, employers risk losing key and valuable talent, expertise and experience.

Annual Report of the Chief Medical Officer (Department of Health), 2014
The Health of the 51%: Women

This report recognises the menopause as a workplace issue and recommends the following advice for employers:

- Flexibility of working hours and working arrangements
- Encouraging women to talk to co-workers and line managers if they have troublesome symptoms at work
- Greater awareness of managers about the menopause as a possible occupational health issue
- Challenging negative expectations about the menopause and stereotypical attitudes towards mid-aged and older women
- Better access to informal and formal sources of information and support
- Improvements in workplace temperature and ventilation

- Challenging negative expectations about the menopause and stereotypical attitudes towards mid-aged and older women
- Better access to informal and formal sources of information and support
- Improvements in workplace temperature and ventilation

The Chief MedicalOfficer's recommendations are based on research undertaken by the University of Nottingham – 'Women's Experience of Working Through the Menopause'. Further information about the findings can be found here.

It is also worth noting that whilst there is no specific legislation addressing the impact of the menopause in the workplace, there are regulations of which employers should be aware. Case law has shown the need to take medical information into account in capability situations where ill health has been raised by the employee. Further information about the legal considerations can be found here.

05

Guidance Section 5 Supporting an employee through the menopause

5 Guidance Section 5 Supporting an employee through the menopause

Menopause is a very personal experience and can affect people at work in various ways. This means that different levels of support and assistance may be needed at what can be a very difficult time. Attitudes can vary from empathy and understanding, through to insensitivity and "jokey", to a complete lack of sympathy.

Support from Line Managers

The most important and valuable thing a manager can do is listen and wherever possible, respond sympathetically to any requests for adjustments at work

People who are experiencing the menopause (whether directly or indirectly) may need sympathetic and appropriate support from their line manager. As with any longstanding health-related conditions, this support can make a major difference to how they deal with the menopause, enabling them to continue working well and productively.

Managers can only be sympathetic and supportive though if they are aware that their member of staff is experiencing difficulties. Research has shown that people may feel uncomfortable or embarrassed approaching their manager to discuss any difficulties in managing their menopausal symptoms. This is particularly the case if their manager is younger than them or male and, as menopause can affect levels of confidence, if the person they are talking to has no idea about the menopause. This can be particularly true for trans or non-binary staff who are not 'out' to their colleagues or manager, and also for men who may be embarrassed to admit that they are affected by the experiences of their partner.

It is therefore important that as a manager, you are aware of the symptoms associated with the menopause and understand the issues affecting people going through it. This will help in fostering an environment where we are all more comfortable talking about the menopause, the symptoms and measures that could help in minimising these. You will need to be sensitive to any feelings of discomfort, listen to concerns and complaints and consider what can be done to reduce and minimise the impact symptoms may be having on the staff members performance within the workplace - could adjustments be made to allow them to manage their symptoms better?

The main symptoms of menopause are described here.
There are a number of websites and publications which provide additional information to help you feel confident and comfortable in talking to staff going through menopause. See Guidance section 8: Seeking help and self-help.

Remember:

- You will need to maintain confidentiality in handling health information about the menopause.
- Any specific needs identified (including reasonable adjustments that are agreed) should be recorded and reviewed regularly.
- You should be aware of the potential impact of menopause on performance. If someone's performance suddenly dips, it is worth considering whether the menopause may be playing a part in this.
- Case law has shown the need to take medical information into account in capability situations where ill health has been raised by the employee –

seeking advice from the GP and/or occupational health practitioner.
- Staff should not experience any detriment because they may need time off during this time. Any absences should be managed in line with the Managing Attendance At Work Policy and the Manager in knowing "their employee" should use discretion when applying the policy.

Risk Assessments

A risk assessment should be undertaken in order to consider the specific needs of individuals going through the menopause and ensure that the working environment will not make their symptoms worse. The risk assessment will assist in identifying any potential adjustments which may be required. Particular issues to consider include temperature, ventilation and the materials used in any uniform which is provided. Welfare issues (including toilet facilities and access to cold water) should also be considered. See Appendix 1 – Risk Assessment Checklist.

Adjustments

It has been recognised that certain aspects of work and the working environment can aggravate menopausal symptoms. It is therefore important to consider whether adjustments can be made to help people experiencing those symptoms by removing any barriers that get in the way of them doing their job. It is recognised however that every workplace is different (e.g. in some workplaces it is not possible to open a window). Any adjustments should be identified through discussion with the individual concerned and, where appropriate, with additional advice from Occupational Health.

The following are adjustments which could be considered in order to help with various menopause symptoms but most important of all is the need to listen to the individual and to respond sympathetically.

Other Adjustments

These may include:

- Flexibility to attend clinics, hospital or appointments and for women and men seeking advice relating to the menopause in line with the Managing Attendance At Work Policy.
- Flexibility to take breaks when needed rather than at pre-determined times - while undergoing the menopause employees may experience bouts of feeling unwell at work so a flexible and sympathetic approach to breaks is needed, including to take medication in a private space, to walk around and ease any pain. There may also be a need to leave work suddenly to return home.
- Consideration of phased return after sick leave in line with the Managing Attendance At Work Policy for women suffering with particularly severe symptoms and impairment.
- Provision of private spaces for women to rest temporarily, to talk with a colleague or to phone for personal or professional support.
- Consideration of role – stressful environments, high work demands, and long hours can aggravate menopausal symptoms and, in some cases, have been shown to bring on an earlier menopause.

Whilst it is important to consider whether adjustments can be made to help employees experiencing menopausal symptoms, many use self-help management or seek medical help to manage the symptoms themselves. For further information, please see here.

Hot Flushes and Daytime Sweats

With research showing that hot flushes are the most common symptom of menopause, poor ventilation and high working temperatures can prove an aggravation. Individuals can take measures to alleviate this themselves, but suggested adjustments would include:

- Facilitating a comfortable working environment for those affected - temperature and ventilation-controlled areas (or the provision of a desk fan that can be controlled by the individual). Staff going through the menopause may ask to sit near a door or window. Consider positioning within an area with a breeze if possible.
- Encouraging suitable workplace clothing made from natural fibres if at all possible.
- Providing flexibility wherever possible for employees wearing uniform (preferably not nylon) which may exacerbate symptoms – allowing them to remove certain items/layers where possible. In addition, providing additional uniforms in order for them to be able to change during the day where the need arises.
- Providing access to cold water supplies.
- Ensuring easy access to toilet facilities and showers/washing facilities.
- Making adjustments to duties – hot flushes can be difficult to cope with when undertaking high visibility work such as formal meetings and formal presentations.

Hot Flushes, Night Time Sweats and Sleep Disturbance

These symptoms may result in both the individual experiencing them and their partner being very tired at work. Suitable adjustments may include:

Revisiting working time arrangements – flexible enough in order to deal with symptoms, including starting later after difficulties in sleeping, taking more breaks during the day or needing to leave work suddenly. Many staff have a time of day when they are able to work most productively and adjusting working hours to suit that time is a reasonable adjustment.

Urogenital Problems

This will include an increased frequency and urgency to pass urine, with a need to access toilet facilities more frequently and to drink more fluids. Suitable adjustments may include:

- Providing ready access to suitable toilet facilities.
- Providing ready access to suitable washing facilities.
- Allowing more frequent breaks to go to the toilet.
- Providing easy access to drinking water.

Heavy and/or Irregular Periods

Sometimes there can be heavier or unpredictable periods during the perimenopausal stage. Suitable adjustments may include:

- Providing ready access to suitable toilet facilities.
- Providing ready access to suitable washing facilities.
- Allowing for more frequent breaks to go to the toilet.
- Providing storage for sanitary products near the toilet.

Psychological Problems

A lack of confidence, forgetfulness and/or memory loss, difficulty in concentrating and a change of mood is reported by many people going through the menopause. This can mean that it may become more difficult to carry out certain tasks temporarily and that performance is affected. Work related stress can exacerbate these symptoms. Suitable adjustments may include:

- Encouraging employees to discuss concerns openly at one-to-one meetings with their manager or Occupational Health. Sometimes employees may prefer to speak initially to someone else e.g. a female manager in their department, a trade union representative or Workforce & OD.
- Agreeing possible adjustments where possible.
- Providing access to counselling services.
- Addressing work related stress through risk assessment and implementation of the HSE's management standards.

Psychosocial and Social Impact

Some people report feelings of isolation. Suitable adjustments may include:

- Promoting physical and mental wellbeing at work.
- Providing access to counselling.
- Providing an ability to network with colleagues experiencing similar issues.

General Itchiness

Suitable adjustments may include:

- Encouraging employees to wear clothes made from natural fibres.
- Providing comfortable working conditions.

Muscular Aches and Bone and Joint Pain

For individuals experiencing these symptoms, moving and handling or adopting static postures may be more uncomfortable. Suitable adjustments may include:

- Making any necessary temporary adjustments through review of risk assessments and work schedules.

Weight Gain

Weight gain may result in difficulties with mobility. Suitable adjustments may include:

- Promoting physical wellbeing at work.

06

Guidance section 6 Menopause and the Law

6 Guidance Section 6
Menoapuse and the Law

Whilst there is no specific legislation addressing the impact of the menopause in the workplace, there are regulations of which employers should be aware.

The Health and Safety at Work Act (1974)

The Act requires employers to ensure the health, safety and welfare of all employees - and this will include women experiencing the menopause. Under the Act, employers are required to carry out risk assessments under the Management Regulations and these should include specific risks to menopausal women, considering their specific needs and ensuring that the working environment will not worsen their symptoms. Particular issues for consideration will include temperature and ventilation, together with welfare issues such as toilet facilities and access to cold water. Further information about risk assessments can be found here.

The Equality Act (2010)

The Act protects people from discrimination in the workplace because of 'protected characteristics' and includes both direct and indirect discrimination and harassment.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage or civil partnership pregnancy and maternity
- race
- religion or belief
- gender
- sexual orientation

The **Public Sector Equality Duty (Wales)** was created by the Equality Act. The duty places a legal obligation on the organisation to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not. This includes:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

Sex Discrimination

Employers could risk facing claims for sex discrimination under the Act if they fail to properly support their female employees who are experiencing the menopause. An example could be refusing to take menopause symptoms into account as a mitigating factor when applying a performance management policy, when it could be reasonably assumed that similar symptoms (e.g. memory problems) arising from other conditions would have been taken into account as a mitigating factor for male staff.

The first successful Employment Tribunal concerning the menopause was in 2012 (Merchant vs BT plc). Ms Merchant alleged that she had been discriminated against on the grounds of her gender when her employer failed to deal with her menopause symptoms in the same way that it would have dealt with other medical conditions. Ms Merchant had been underperforming and had reached the final written warning stage of the capability process. She provided her employers with a letter from her GP stating that she was going through the menopause which could affect her levels of concentration at times and that she was also suffering stress as she was a carer for two family members.

Whilst the employer's capability process required an investigation as to whether underperformance was due to health factors, the possible impact of menopause was not investigated – rather, the manager concerned relied on his own knowledge of the menopause, together with the symptoms experienced by his wife and a colleague. Ms Merchant had subsequently been dismissed prior to her claim to the Tribunal.

The Tribunal concluded that the dismissal was discriminatory and unfair, stating that a man suffering from ill health with comparable symptoms from a medical condition (in this case, affecting concentration) and with performance issues would not have been treated in the same way. The failure to refer Ms Merchant for an occupational health assessment following receipt of her GP's letter, before taking the decision to dismiss, was held to be direct sex discrimination.

Harassment

An example of harassment might be a manager commenting that there is no point promoting a menopausal employee because they are 'hormonal'. Even if not addressed directly at a particular employee, this could cause staff to be upset and to worry about their careers – which could be considered harassment.

Disability

Whilst the menopause is not in itself a disability, conditions arising from it may meet the definition of an 'impairment' under the Equality Act. As an example, depression or urinary problems linked to the menopause and which have a substantial and long term adverse effect on ability to carry out normal day to day activities, mean that the person concerned would be considered to have a disability under the Act. An employer is required to make reasonable adjustments where a disabled worker would be at a substantial disadvantage compared with a non-disabled colleague.

Case law has therefore shown the need to take medical information into account in capability situations where ill health has been raised by the employee – seeking advice from the GP and/or Occupational Health practitioner.

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Guidance Section 7 How the menopause can affect different people (protected characteristics)

There are many different factors and personal circumstances that may affect how someone experiences the menopause, including the protected characteristics described in the Equality Act.

The following examples illustrate how certain groups of people may be affected by the menopause. This is not an exhaustive list but gives managers some idea of the types of issues they should be considering.

Remember that not everyone experiences the menopause in the same way. It is important not to make assumptions but to listen to the needs and experiences of the individual concerned.

Some people may have more than one protected characteristic and therefore may experience multiple levels of barriers and discrimination. Needs should be addressed sensitively on an individual basis.

Existing Health Conditions and Disabilities

Many individuals report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare up of symptoms, or that an existing health condition may also worsen symptoms of the menopause. It can be difficult to tell whether a symptom is caused by the menopause or by the existing condition, or to tell which is making the other worse as many symptoms can interconnect or overlap.

There are reports that a wide range of conditions that can be affected by the menopause including arthritis, multiple sclerosis (MS), mental health conditions, skin conditions, diabetes, hyperthyroidism, chronic fatigue syndrome, fibromyalgia and many others. A significant number of women also experience the menopause as a result of cancer treatment.

Individuals with conditions that cause differences in communication or sensing and perceiving (such as women with autism) or women with certain mental health conditions may perceive menopausal symptoms differently and may find it more difficult to access medical help for symptoms or to get the right support.

If a woman has an existing condition that is worsened by the menopause, she may need more time off for medical appointments or treatment for that condition and it may be necessary to review any reasonable adjustments that were previously in place.

Black, Asian and Minority Ethnic (BAME) people and the Menopause

Some research has found that there is a variation in the average age at which the menopause takes place between individuals of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman's ethnic origin.

People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work.

Racism at work can increase work related stress which may worsen some menopausal symptoms.

Research by the TUC has also shown that BAME workers are more likely than white workers to be in insecure work, such as zero hours or casual contracts. The Wales TUC menopause research with BAME women found that a number of those on insecure contracts were reluctant to raise the issue of their menopausal symptoms or ask for adjustments at work, because of concerns that doing so may negatively affect their job security.

Trans people and the Menopause

Stonewall describe 'trans' as an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex they were assigned at birth. Transitioning is the steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.
Trans men (those who identify as male but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.

Trans women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).

As such, many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time).

Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status.

Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent TUC survey found that almost half of trans people (48 per cent) have experienced bullying or harassment at work, which may cause increased stress, and which may in turn worsen some menopausal symptoms.

LGBT+ and the Menopause

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

Many people report that stress can impact on menopausal symptoms. If they are experiencing homophobia at the same time as symptoms of menopause this can also increase stress which may exacerbate some symptoms. A recent TUC survey of LGBT+ workers found that nearly two in five (39 per cent) of all respondents have been harassed or discriminated against by a colleague, a quarter (29 per cent) by a manager and around one in seven (14 per cent) by a client or patient.

Women and the Menopause

The menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities and these can be an added source of stress during the time of the menopause. Increases in the state pension age also mean that some women will now have to work longer than they may have planned.

Women who have suffered damage to their pelvic floor during childbirth may be more at risk of certain conditions as a result of the menopause. For example, problems such as incontinence or prolapses can develop as a result of the hormonal changes during the menopause as this can further weaken damaged tissue.

For older women who do not have children, the fact that the menopause signals the end of a woman's reproductive life can give rise to additional emotional issues. It may be a particularly difficult time for women who wished to have a baby but were unable to conceive or for those who've suffered miscarriages or still birth.

Younger women can also experience a premature menopause (around 1 in every 100 women will have the menopause before the age of 40) or they may experience a surgical or medical menopause. As well as the symptoms of the menopause, these women may have a range of related difficulties to deal with at the same time– for example, fertility problems and side effects from fertility treatments or recovery from cancer treatment (or both). Many fertility treatments can also in themselves cause side effects similar to the menopause such as fatigue, night sweats, anxiety and depression. Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.

Men and the Menopause

Men can be indirectly affected by the menopause for example if their partner is experiencing insomnia and night sweats, men may also experience disrupted sleep and fatigue. If a man's partner experiences significant physical or psychological symptoms (such as depression) he may be concerned for her wellbeing and feel increased levels of stress. In some cases, people can experience relationship problems or difficulties at home at this time. These issues can have an impact on men in the workplace.

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Guidance Section 8 Seeking help and self help

Don’t Suffer in Silence …

Consider:

- Discussing symptoms and seeking support from a trusted manager. If you don’t feel able to talk to your Line Manager, at least initially, you can talk to another manager in your department, Workforce & OD, a trade union representative or the Equality Manager.
- Consulting a GP on managing the menopause - and to ensure the symptoms are not the result of anything else.
- Speaking with Occupational Health about symptoms in order to obtain advice and support.

Whilst some women go through this natural stage without any requirement for intervention, others experience more difficult symptoms. These can pose significant challenges to daily living, leading to the need to seek help from a healthcare practitioner or to consider self-help alternatives. If you are struggling to cope please seek a professional opinion from your GP, Occupational Health or other healthcare professional.

Healthier Lifestyle

Current health promotion advice highlights the importance of lifestyle choices before, during and after the menopause. Lack of sleep, stress, unhealthy eating and unhealthy lifestyle can increase the symptoms of menopause.

In addition to helping with certain symptoms, the following may also help reduce the risks of osteoporosis (brittle bones), diabetes and heart disease in later life:

- Eating healthily and regularly – research has shown that a balanced diet can help in alleviating some symptoms, in keeping bones healthy and in not gaining weight.
- Drinking plenty of water.
- Exercising regularly - to reduce hot flushes, improve sleep, boost mood and maintain aerobic fitness levels.
- Not smoking – to help reduce hot flushes and the risk of developing serious conditions such as cancer, heart disease and stroke.
- Ensuring alcohol intake is within recommended levels and cutting down on caffeine and spicy food – all of which can trigger hot flushes.
- Having access to natural light.
- Staying cool at night – wearing loose clothes in a cool and well-ventilated room to help with hot flushes and night sweats.
- Ensuring adequate rest and relaxation – to reduce stress levels and improve mood (through, for example, activities such as mindfulness, yoga and tai chi).
- Trying vaginal lubricant or moisturiser – available from shops and pharmacies for anyone experiencing vaginal dry-ness.

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Guidance Section 9 Women's experience of working through menopause: The research

In 2011, the British Occupational Health Research Foundation (BOHRF) published research undertaken at the University of Nottingham.

Conducted by Professor Amanda Griffiths and entitled 'Women's Experience of Working through Menopause', the study found that:

- Nearly half of the women found it somewhat or fairly difficult to cope with work during menopausal transition with 5% reporting it to be very or extremely difficult. Nearly half said that they did not find it difficult at all.
- Many women said that they are/were little prepared for the onset of the menopause, with even less feeling equipped to manage its symptoms at work. Over half had not disclosed their symptoms to their manager and the majority felt that they needed further advice and support.
- Workplaces and working practices were not designed with menopausal women in mind.
- Heavy and painful periods, hot flushes, mood disturbance, fatigue, poor concentration and memory presented significant and embarrassing problems for some, leaving them feeling less confident. Hot flushes were made more difficult to cope with from working in hot and poorly ventilated environments, formal meetings and high visibility work such as formal presentations.
- Women often did not feel comfortable in disclosing their difficulties to their managers, particularly with younger or male managers.
- Where they had taken time off because of their symptoms, only half of the women had disclosed the real reason for absence to their manager.
- Others had considered part-time working (though having concerns about the impact on their career if they were to do so) or had thought about stopping work altogether.
- Over half of the women said that they were unable to negotiate flexible working hours or working practices to the extent that they needed in order to deal with their symptoms.
- Over half of the sample believed that it would be useful to have information or advice from their employer about the menopause and how to cope with their work.
- Workplace temperature appeared to be an issue for many, with nearly half reporting not having temperature control in their normal working environment. Some could not open windows whilst others experienced interpersonal difficulties doing so in shared workplaces.
- Although no objective measures of performance were undertaken, some women felt their job performance had been affected negatively by the menopause. Some reported having worked extremely hard to overcome their perceived shortcomings due to menopause. Nearly a fifth thought that it had had a negative impact on perceptions of managers and colleagues about their competence at work and reported feeling anxious about these perceived performance deficits.

Strategies for Coping

The research also showed that many women had developed strategies for coping with problematic symptoms of menopause at work. These included:

- Obtaining fans or opening windows.
- Adjusting their working hours or routine.
- Active coping strategies - including disclosure, requesting formal adjustments, trying to control emotions, using positive reinterpretations and humour.
- Taking precautionary measures – including wearing layers of clothes and having a change of clothes at work.

In addition, whilst the majority did not use HRT to help cope with the more troublesome symptoms at work, of those who had, nearly three-quarters said that work was one of the main reasons for trying it and 91% of these said it had helped.

Many women had also adopted more general strategies for dealing with menopausal symptoms including changing their diet, doing more exercise, wearing layers of clothing, trying to sleep longer at weekends, seeking out information about the menopause, maintaining a sense of humour, making time for themselves and making changes to their appearance to try and counteract their increasingly negative self-image.

TUC RESEARCH (2003)

- 45% said their managers did not recognise problems associated with the menopause.
- Almost one in three reported management criticism of menopause-related sick leave.
- Over a third spoke of embarrassment or difficulties in discussing the menopause with their employers.
- One in five reported criticism, ridicule and even harassment from their managers when the subject was broached.
- The working environment was responsible for making some menopause symptoms worse, particularly hot flushes, headaches, tiredness and a lack of energy, sweating and anxiety attacks. Respondents reported high workplace temperatures, poor ventilation, poor or non-existent rest or toilet facilities and a lack of access to cold drinking water were causing problems.
- 49% spoke of the relationship between stress and increased symptoms.
- Working hours were also cited as a problem for women working through the menopause.

In 2016 the Wales TUC carried out a major survey of almost 4,000 workers on the issue of the menopause, and published the findings in 2017 'The Menopause: a workplace issue'. Almost 9 out of 10 of those with direct experience of the menopause felt that it has an effect on working life. Significant numbers of those responding to the survey also reported witnessing the menopause being treated negatively or as a joke within their workplaces. The survey showed that only a very small number of workplaces have policies in place to support women who experience difficulties during the menopause.

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Guidance Section 10 Further information and advice

10 Guidance Section 10 Further information and advice

If you would like further information about the menopause, you may wish to look at the following websites, using the links provided below.

NHS Menopause Guidance
Provides an overview, together with information about menopausal symptoms and treatment options.

Wales TUC Cymru
The Wales TUC has produced a new toolkit for trade unionists looking at the issue of The Menopause in the Workplace.

Menopause Matters
An independent website which gives up-to-date information about the menopause, menopausal symptoms and treatment options.

The Menopause Matters Forum
Provides the opportunity to chat to other women experiencing the same problems and concerns.

British Menopause Society
The BMS provides education, information and guidance to healthcare professionals specialising in all aspects of reproductive health.

Women's Health Concern (WHC)
WHC is the patient arm of the British Menopause Society and provides factsheets about the menopause, linked articles (e.g. about experiencing a healthy menopause), FAQs and recommended further reading.

Manage My Menopause
A not for profit organisation providing tailored menopausal advice about post reproductive health.

Women's Experience of Working Through the Menopause, December 2010
British Occupational Health Research Foundation. A report of research commissioned by the British Occupational Health Research Foundation, to explore women's experience of working through the menopause.

The Daisy Network Charity
A registered charity providing free information and support to women with Premature Ovarian Insufficiency (POI) also known as Premature Menopause.

Simply Hormones
Provides blogs and articles about the menopause and opportunity to sign up to receive free Menopause Survival Kit, newsletters and updates

Simply Hormones - Menopause: A Guide for Men
Information to help men understand more about the menopause, including some "helpful hints".

RCM guidance on the menopause

UNISON guidance on the menopause

The Menopause and Work: Guidance for RCN Representatives

2017 Government report

NICE Guidelines

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Appendix 1
Risk Assessment Checklist

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

Agreed adjustments must be put in place to lower any risks to an acceptable level. (It may also be necessary to seek further guidance from Workforce & OD and/or Occupational Health).
Name: _____ Dept: _____ Date: _____

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Information on menopause	Does the employee have access to information on menopause, relevant policies on attendance management, EAP, Occupational Health etc?						
Sickness reporting	Is there the facility for those who are not able to attend work due to menopausal symptoms to report these to a female manager or other point of contact?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Stress	Are there the appropriate mechanisms in place to deal with other related issues such as stress management? e.g. Counselling services, HSE Stress Management Standards						
Occupational health arrangements	Has the employee been made aware of what facilities are in place for OH referral and support to remain in the workplace? Do they need a referral?						
Unions support / discussion groups	The employee has been made aware of other support mechanisms in the workplace which may be able to help? E.g. Occupational Health, EAP Menopause Cafe						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Physical							
Work stations	Are work stations / locations easily accessible to toilet, and rest facilities?						
Facilities	Are there private washing and changing facilities available?						
	Is there access to sanitary products?						
	Do rotas, shifts and schedules ensure that workers have easy access to sanitary and washing facilities?						
Temperature	Is the employee/ employer aware of the workplace maximum and minimum temperature and is it implemented?						
	Is ventilation available and is it regularly maintained?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Is additional ventilation provided if necessary? E.g. Desk Fan, ability to open / sit by a window. How is this implemented?						
	Do uniforms and PPE equipment reflect the needs of the individual?						
	Is the employee aware of what additional uniform can be provided and how to get this?						
	Are the clothes provided made of natural fibres?						
Environment / duties	Have workstation risk assessments been reviewed to take menopause into account?						
	Are there opportunities to switch to lighter or different duties?						
	Do manual handling assessments take any issues around menopause into account?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Are there flexible arrangements in place in relation to breaks?						
	Can start and finish times be adjusted as part of a flexible working agreement?						
	Is the role suitable for agile working? If not why not?						
	Is there access to natural light?						
	Have work processes been assessed to see if any adjustments are needed?						
	Is air conditioning / humidifiers functioning efficiently?						
	Is the environment too noisy?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Does the role impact on fatigue (mental and physical)? Are you able to assess, monitor and respond to frequent changes in patient acuity / job demands? Are you able to concentrate to undertake and record complex medicine calculations / complex pieces of work? Do you have the ability to deal with emotionally challenging clinical / staff / customer situations? Etc.						
	Does the role result in fatigue from standing?						
	Do you have sufficient workspace?						
	Are you able to move freely / adjust posture etc.?						
	Do you undertake remote working?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Could remote working support you to perform effectively in your role? E.g. Ad Hoc Home Working Policy?						
Working conditions	Do you work night shifts?						
	Do you work shifts in general?						
	Are you a lone worker?						
	Do you work ad hoc / regular overtime / on call?						
	How do you travel to work? Do you drive for business purposes?						
Other risk / issues Please identify							
What are the hazards	**Consideration**	**Who might be harmed and how including level of risk**	**What is already being done**	**What further action is necessary**	**Action by whom**	**Action by when**	**Date achieved**

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

CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED

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