



# EMPLOYMENT TRIBUNALS

**Claimant:** Mr J Baker

**Respondent:** Jaguar Land Rover Limited

**Heard at:** Birmingham Employment Tribunal via CVP

**On:** 2 May 2025

**Before:** Employment Judge L Knowles

## Representation

**Claimant:** Mr P Linstead (Counsel)  
**Respondent:** Ms B Davies (Counsel)

## RESERVED JUDGMENT

1. The claimant met the definition of disability in section 6 of the Equality Act 2010 by reason of his physical impairment of chronic pain following multiple fractures from a motor bike accident during the relevant time from 20 November 2022 (accident date) to 24 July 2024 (ET1 received date) (as conceded by the respondent).
2. The claimant met the definition of disability in section 6 of the Equality Act 2010 by reason of his mental impairment of PTSD from 6 November 2023 to 24 July 2024 (as conceded by the respondent).
3. The claimant met the definition of disability in section 6 of the Equality Act 2010 by reason of his mental impairment of anxiety and depression from 4 July 2023 to 24 July 2024.

## REASONS

### The Hearing and background

1. The issue before me is whether the claimant was disabled at the relevant time for the purposes of s.6 Equality Act 2010. By the Case Management Order of Employment Judge Bansal on 6 December 2024 the issue was set down as part of a one-day preliminary hearing in order to determine applications to amend by the claimant (which have been dealt with in the Case Management Order given following the hearing) and whether or not the claimant met the statutory definition of disability in Section 6 of the

Equality Act.

2. Mr Linstead appeared as counsel for the claimant and Ms Davies as counsel for the respondent and I thank them both for their assistance and useful submissions during the course of proceedings.
3. The bundle in this case, as I understand it, was agreed, and runs to 500 pages. Any reference to page numbers I make here are to page numbers of that bundle.
4. This is a brief summary of the conduct of the claim, to put this preliminary hearing into context. The respondent is an international and reputable manufacturer and retailer of motor vehicles. The claimant commenced employment with the respondent in March 2015, in the role of Head of Human Resources, Overseas, and remains in their employment. On 20 November 2022, the claimant had a near-fatal catastrophic motorbike accident in Spain in which he suffered multiple serious fractures and injuries which required several operations and intensive physiotherapy.
5. By a Claim Form (ET1) presented on 24 July 2024, the claimant acting as a litigant in person presented complaints for Disability Discrimination and Whistleblowing Detriment. The claimant attached a document titled, "Employment Tribunal Summary" giving a background to his employment issues. This lacked the required particularisation of the complaints pursued.
6. By a Response Form (ET3) presented on 22 August 2024 the respondent resisted the complaints generally and sought further and better particulars of the complaints and clarification on the impairment relied upon as a disability.
7. By an Order made on 5 September 2024 the claimant was ordered to provide by 17 October 2024 copies of his medical evidence and information in support of his claimed disability and serve a Disability Impact Statement. The respondent was required to confirm their position on the issue on disability by 31 October 2024.
8. In compliance with the above-mentioned Order the claimant served some medical information but not a Disability Impact Statement. By correspondence dated 31 October 2024 the respondent representative notified the Tribunal because of a lack of information and clarity the respondent was unable to accept the claimant's disability.
9. On or about 26 November 2024 Messrs Harbottle & Lewis LLP came on record acting for the claimant. In correspondence dated 26 November 2024 to the respondent representative the claimant's representative acknowledged the complaints were not fully pleaded and confirmed they would provide a fully pleaded claim in readiness for the preliminary hearing on 6 December 2024.
10. On 2 December 2024 the claimant's representative filed a detailed document of 20 pages titled, "Further Particulars of Claim". The claimant

has clarified and particularised his claims of direct disability discrimination (s.13 Equality Act), discrimination arising from disability (s.15 Equality Act), a failure to make reasonable adjustments (s.20 and s.21 Equality Act) and harassment (s.26 Equality Act). The consequential applications to amend for the 9 disputed 'additions' to the claim were determined in this hearing with the decision granting the amendments with reasons set out in the Case Management Order dated 23 May 2025.

11. The claimant had filed a Disability Impact statement on 24 January 2025 setting out the conditions relied on as (1) a physical impairment of chronic pain following multiple fractures from his motorbike accident on 20 November 2022 (2) Cognitive impairment from opiate-based painkillers. (3) Mental impairments of anxiety, depression and PTSD. On 28 February 2025 the respondent wrote to confirm their position on disability. The respondent concedes that the claimant was disabled under s.6 Equality Act 2010 by reason of his physical impairment of chronic pain following multiple fractures from a motor bike accident during the relevant time 20 November 2022 to 24 July 2024 (the respondent stated 20 July 2024 as the date the ET1 was submitted, this was however 24 July 2024).
12. The respondent does not accept that the claimant is disabled under s.6 Equality Act by reason of cognitive impairments from opiate-based painkillers. The respondent concedes that the claimant was disabled under s.6 Equality Act by reason of PTSD from 6 November 2023 to 24 July 2024 (ET1 received date). The respondent does not accept that the claimant was disabled under s.6 Equality Act in relation to anxiety or depression at the relevant time. The claimant has served a supplementary witness statement for the purposes of today's hearing. At the commencement of the hearing, the respondent confirmed that they will take the claimant's supplementary witness statement as read and did not intend to cross examine the claimant on his statements. Both parties had provided skeleton arguments, and I heard submissions by both parties on the issue of disability.
13. The outstanding issues in dispute centre on whether and when the claimant was disabled by reason of a mental impairment primarily anxiety (with some low mood and depression), the issue in terms of cognitive impairment from the opiate pain killers and whether the claimant was disabled by way of PTSD before 6 November 2023 and if so from when (the claimant contends from 6 July 2023). Within the claimant's skeleton argument and confirmed at the outset of the hearing on 2 May 2025, the claimant confirmed that he does not contend that he had a free standing disability by reason of opiate based painkillers, but rather that their effects should be regarded as an aspect or symptom of the impairment of chronic pain arising from his musculoskeletal injuries.
14. The claimant contends that he was disabled by reason of anxiety and/or depression between 29 March 2023 and 24 July 2024. The respondent disputes that the claimant was a disabled person by reason of anxiety and/or depression at any time.

## **The Law**

15. In terms of the law that applies to this situation, it is for the claimant to prove on the balance of probabilities that he was disabled at the relevant time. The relevant time is the period in which he complains of the discriminatory acts themselves. This guidance comes from the Court of Appeal in *McDougell v. Richmond Adult Community College* [2008] ICR 431. The parties have agreed the relevant material time in this case is the date of the accident 20 November 2022 to 24 July 2024 when the ET1 was submitted.
16. The issue to be decided is whether or not he is disabled within the meaning of Section 6 of the Equality Act, 2010 at the relevant time.
17. The meaning of disability is found in the Equality Act 2010 (EqA). Section 6 (1) of the EqA provides that:

“(1) A person (P) has a disability if -

  - (a) P has a physical or mental impairment, and
  - (b) the impairment has a substantial and long-term adverse effect on P’s ability to carry out normal day-to-day activities.
18. Schedule 1 Part 1 of the Equality Act sets out supplementary provisions. It provides:

“2 (1) The effect of an impairment is long-term if –

  - (a) It has lasted for at least 12 months,
  - (b) It is likely to last for at least 12 months, or
  - (c) It is likely to last for the rest of the life of the person affected.

(2) If an impairment ceases to have a substantial adverse effect on a person’s ability to carry out normal day-to-day activities, it is to be treated as continuing to have that effect if that effect is likely to recur.

*(3) For the purposes of sub-paragraph (2), the likelihood of an effect recurring is to be disregarded in such circumstances as may be prescribed.*

*(4) Regulations may prescribe circumstances in which, despite sub-paragraph (1), an effect is to be treated as being, or as not being, long-term.”*
19. The meaning of ‘likely’ is whether that “could well happen”, not whether it is more probable than not (*SCA Packaging Ltd v Boyle* [2009] ICR 1056). Which is a lower threshold than asking whether it was more likely than not.
20. (5). Effect of medical treatment

(1) An impairment is to be treated as having a substantial adverse effect on the ability of the person concerned to carry out normal day-to-day activities if-

  - a) measures are being taken to treat or correct it, and
  - b) but for that, it would be likely to have that effect.
21. The standard of proof is the balance of probabilities. In determining whether a person is disabled, the Tribunal should apply the appropriate test to the claimant’s condition at the date of the alleged discriminatory act,

not at the date of the hearing. The test of what is likely is applied according to the 'then likelihood' rather than looking at the position retrospectively (*McDougall v Richmond Adult College* [2008] ICR 431)

22. Section 212 of the Equality Act, defines what substantial means as "substantial" means more than minor or trivial". There is no sliding scale. Unless a matter can be classified as within the heading "trivial" or "insubstantial", it must be treated as substantial (*Aderemi v London and Southern Eastern Rly Ltd* [2012] UKEAT 0316/12, Langstaff J [14]). In deciding whether or not something and the effect of something is substantial or as defined, more than minor or trivial, I should not consider this with the benefit of hindsight at the date of the hearing, I can only decide this issue upon the basis of the evidence or the circumstances that would have existed at the material time.
23. Whilst I can consider evidence outside of that time frame, I am only able to do so to the extent that it can inform on my assessment of the impairment during that material time. So, it's important to make that distinction in the sense that if I'm looking at a report, as I will be, that is dated some months after that material time, I have to decide whether or not that's going to be of any assistance to me in deciding whether or not that impairment did in fact exist during the material time frame.
24. I accepted Mr Linstead's submissions in applying the case of *Nissa v Waverly Education Foundation Ltd* UKEAT/0135/18 that the Tribunal should not take too narrow an approach and be distracted by the timing of a formal medical diagnosis. The correct question was to consider what the effects of the impairment were at the material time, and to consider whether there was information before the Tribunal which showed, viewed at that time, it could well happen that the effects of the impairment would last for more than 12 months. In the *Nissa* case, the claimant had suffered a physical impairment and mental distress but was only diagnosed with fibromyalgia 8 months later.
25. Likewise the Tribunal should look at the symptoms rather than having to find that origin in a particular illness. Mr Linstead referred to three relevant cases highlighting this point. In *College of Ripon and York St John v Hobbs* [2002] IRLR 185 at [31-32], Lindsay J favoured a wide definition of 'physical impairment' which does not make a clear distinction between a medical condition itself and the symptoms which attach to it. Lindsay J noted, under reference to DDA 1995 Sch 1 para 1(1) (repealed in 2005), that 'impairment' could be something that results from an illness rather than the illness itself. In *Millar v ICR* [2006] IRLR 112 [22-23], the Court of Session held that a physical impairment can be established without establishing causation and, in particular, without being shown to have its origins in any particular illness and many forms of physical impairment result from conditions that cannot be described as 'illnesses'. Since 2005 inevitably the general approach to physical impairment in this case will apply to mental impairments. In *Ministry of Defence v Hay* [2008] ICR 1247 [37], [50] the EAT said a 'functional' approach was to be taken to impairment. It does not matter whether the impairment is an illness, or results from an illness, and nor is it necessary to examine its cause. The Tribunal could find someone disabled who 'suffered from a combination of impairments with different effects, to different extents, over periods of time

which overlapped'.

26. In terms of the applicable procedure, I had regard to The Employment Tribunal Procedure Rules 2024 and to the overriding objective set out at Rule 3 of the Rules.
27. The 'Guidance on matters to be taken into account in determining questions relating to the definition of disability' ("the Guidance") does not itself impose legal obligations, but the Tribunal must take it into account where relevant (Schedule one, Part two, paragraph 12 Equality Act 2010). I have taken the Guidance into account.
28. The Guidance at paragraph A8 states *'It is not necessary to consider how an impairment is caused... What is important to consider is the effect of an impairment, not its cause.'*
29. The Guidance at paragraph B1 deals with the meaning of 'substantial adverse effect' and provides:

*"The requirement that an adverse effect on normal day-to-day activities should be a substantial one reflects the general understanding of disability as a limitation going beyond the normal differences in ability which may exist among people. A substantial effect is one that is more than a minor or trivial effect."*
30. Paragraphs B4 and B5 of the Guidance provide that:

*"An impairment might not have a substantial adverse effect on a person's ability to undertake a particular day-to-day activity in isolation. However, it is important to consider whether its effect on more than one activity, when taken together, could result in an overall substantial adverse effect."*

*For example, a person whose impairment causes breathing difficulties may, as a result, experience minor effects on the ability to carry out a number of day-to-day activities such as getting washed and dressed, going for a walk, or travelling on public transport. But taken together, the cumulative result would amount to a substantial adverse effect on his or her ability to carry out these normal day-to-day activities."*
31. Paragraph B6 emphasises the importance of considering the effect of impairments taken together:

*"A person may have more than one impairment, any one of which alone would not have a substantial effect. In such a case, account should be taken of whether the impairments together have a substantial effect overall on the person's ability to carry out normal day-to-day activities"*
32. Paragraph B1 of the Guidance should be read in conjunction with Section D of the Guidance, which considers what is meant by 'normal day-to-day activities'.
33. Paragraph D2 states that it is not possible to provide an exhaustive list of day-to-day activities.

34. Paragraph D3 provides that:

*“In general, day-to-day activities are things that people do on a regular or daily basis, and examples include shopping, reading and writing, having a conversation or using the telephone, watching television, getting washed and dressed, preparing and eating food, carrying out household tasks, walking and travelling by various forms of transport, and taking part in social activities.”*

35. Paragraph D8 and D10 deal with specialised activities and provide that:

*“D8: Where activities are themselves highly specialised or involve highly specialised levels of attainment, they would not be regarded as normal day-to-day activities for most people. In some instances, work-related activities are so highly specialised that they not be regarded as normal day-to-day activities”.*

*“D10: However, many types of specialised work-related or other activities may still involve normal day-to-day activities which may be adversely affected by an impairment. For example they may involve normal activities such as: sitting down, standing up, walking, running, verbal interaction, writing driving, using everyday objects such as a computer keyboard, or a mobile phone, and lifting, or carrying everyday objects, such as a vacuum cleaner”.*

36. Paragraph D16 provides that normal day-to-day activities include activities that are required to maintain personal well-being. It provides that account should be taken of whether the effects of an impairment have an impact on whether the person is inclined to carry out or neglect basic functions such as eating, drinking, sleeping, or personal hygiene.

37. The Equality and Human Rights Commission: Code of Practice on Employment (2011) at Appendix 1, sets out further guidance on the meaning of disability. It states at paragraph 7 that:

*“There is no need for a person to establish a medically diagnosed cause for their impairment. What is important to consider is the effect of the impairment, not the cause.”*

38. At paragraph 16 it states:

*“Someone with impairment may be receiving medical or other treatment which alleviates or removes the effects (although not the impairment). In such cases, the treatment is ignored and the impairment is taken to have the effect it would have had without such treatment. This does not apply if the substantial adverse effects are not likely to occur even if the treatment stops (that is, the impairment has been cured).”*

39. In *Goodwin v Patent Office* [1999] IRLR 4, the EAT held that in cases where disability status is disputed, there are four essential questions which a Tribunal should consider separately and, where appropriate, sequentially. These are:

(a) Does the person have a physical or mental impairment? It is in

dispute in this case that the claimant had mental impairments at the relevant time –specifically anxiety and depression in their own right (pre-dating the diagnosis of PTSD), which are mental impairments. I should also say that nothing in this decision should be seen as casting any doubt on that fact.

- (b) Does that impairment have an adverse effect on their ability to carry out normal day-to-day activities?
  - (c) Is that effect substantial?
  - (d) Is that effect long-term?
40. Evidence does not have to be corroborated *Peart v Dixons Store Group Retail Limited* (2004) UKEAT/0630/04.

## Findings

- 41. The relevant time with which this case is concerned is 20 November 2022 (the accident date) to the date of the ET1 submission on 24 July 2024.
- 42. It is recorded in his GP notes as page 378 and the report of Dr Andrews, consultant psychiatrist, at pages 254 – 259, that the claimant had a history of mental health issues caused by workplace stress from 2018 with anxiety leading to panic attacks resulting in his taking a month of work in October 2019. However, I find the first-time a mental impairment is raised following the accident in November 2022 was on 21 March 2023 when an NHS physio raised concerns about the claimant's mental health. Within his impact statement, which was unchallenged by the respondent, the claimant reports at this time that he was feeling depressed and struggling to concentrate.
- 43. I find that the claimant was prescribed propranolol for anxiety on 29 March 2023, when his GP notes record at page 369, that he has a lot of stress and anxiety at work. The claimant describes that without the propranolol he “possibly would not have been able to continue working”. It is noted that if his mood worsens, they can consider starting him on sertraline an antidepressant. In the Occupational Health report on 6 April 2023, at page 223, the claimant scored mildly for anxiety and depression.
- 44. His GP notes on 11 April 2023 at page 281, further reports that at a trauma follow-up clinic the claimant has psychological concerns and anxiety about his progress. Within his impact statement the claimant states that at this time the adverse impairments on his day-to-day activities were becoming more pronounced and it was becoming harder to operate day to day, but he does not give any further details or examples at this time.
- 45. Within the impact statement the claimant states that in May 2023 he continued to score mildly for anxiety and depression, which was “beginning to impair his ability to focus on complex tasks and sleep properly”. I find it significant that he reports in May 2023 that it was at this point “beginning to impair” his ability to focus. He describes that the increasing sense of anxiety was similar to previous instances that had



occurred since 2018 with symptoms including chest pains, anxiety attacks and nausea. Within his supplemental statement the claimant gave more details of the tasks being adversely affected by his inability to focus and concentrate. He describes having difficulty focusing on “complex tasks” including overseeing the consolidating of data across 14 overseas markets, describing that his anxiety impacted the pace he could do the task by approximately 20-30%. The claimant argues that this reduced pace caused him to work longer hours which was more than trivial. The respondent argues that this task described by the claimant does not constitute normal day-to-day activity, relying in line with the Guidance, that this work-related activity was highly specialised.

46. The claimant referred me to the case of *Banaszczyk v Booker Ltd* [2016] IRLR 273, which set out that relevant activity of working or professional life should be applied broadly, and care should be taken before including in the definition of a relevant activity the very feature which constitutes a barrier to the disabled individuals participation in that activity. In that case, the effect of the claimant’s long-term physical impairment was that he was significantly slower than others – and significantly slower than he would himself have been but for the impairment – when carrying out the activity of lifting and moving cases. The day-to-day activity in that case was the lifting and moving of cases of up to 25kg, the substantial adverse effect was that the claimant was by reason of his back condition significantly slower at carrying out the activity, the pick rate imposed by the employer was not the activity, but it was potentially a barrier which interacted with the claimant’s disability to hinder his full participation in working life.
47. When considering the example the claimant has given of his difficulty in focusing, he himself referred to this as a ‘complex task’. Although the claimant sought to compare this is normal data inputting and therefore a common everyday work place skill, I do not accept this position and find that this particularly example of a complex data task of consolidating data across 14 overseas markets, is quite different to lifting and moving 25 kg boxes and is a specialist task and not a normal day-to-day activity.
48. The claimant did however give other examples which I find do constitute normal day-to day activities at that time; he reports his reduced ability to focus and concentrate on reading. Having previously been a prolific reader, his reading reduced to 1/10<sup>th</sup> of what it had been in 2022 due to the impact of anxiety. He also reports in May 2023 that he reached an “initial low point” after a performance review in work. The claimant reports that in May 2023 he started to experience increasing symptoms of depression, and at times struggled to get out of bed and do anything at all, even whilst on holiday. At this point he was still taking propranolol, and his symptoms were increasing whilst still on this medication.
49. I find that from May 2023 the claimant’s mental state deteriorated rapidly from this point, even though he was still taking the medication. I find that by May 2023 his mental impairments were having a substantial adverse effect on the ability of the claimant to carry out normal day-to-day activities.
50. By June 2023 he was finding it increasingly difficult to get out of bed in the morning and was dreading each day, whilst experiencing chest pains and

nausea prior to work in the morning and vomiting on some occasions. He became reluctant to socialise, having previously been very sociable, he was now withdrawing and avoiding social events with friends and family which he would have previously attended.

51. In July 2023 he was prescribed an increased dose of propranolol from 10 to 40 milligrams. He was at this point signed off work for two weeks for "anxiety states". His mental health symptoms were now "taking their toll on his physical health" as reported in the OH report at page 230. In July OH expressed concern about his declining state. He was still suffering with his chronic pain from the musculo-skeletal difficulties, with a long road to recovery and with ongoing continued stress in work. I noted that at no point did any of the regular OH reports suggest that his anxiety was a temporary condition, or that an end was in sight.
52. I find that there was a continued decline in his mental health from March 2023, this is even so despite the medication. I find it was a turning point for the worse when his medication dose was needed to be increased and he was signed off work with his condition worsening even further despite the increased medication, which the claimant describes as an acceleration of the symptoms he was experiencing, and accordingly I find that from 4 July 2023 the mental impairment of anxiety and depression was then, viewed at that time, likely to last for 12 months and met the definition of disability in section 6 of the Equality Act 2010.
53. The medical records and the claimant's impact statement detail how his mental impairments continued to decline from July 2023. He was assessed by OH by a 'validated medical' scoring tool for depression on 9 August 2023 and the scores showed worsening anxiety, rated as moderate to severe. He saw his GP again on 13 September 2023 and it was noted he had severe stress and anxiety. He began a long-term absence from work for stress and anxiety on 20 September 2023. At this point the claimant's mental health symptoms included intense anxiety, panic attacks daily and instability in mood and behaviour. He was experiencing low mood, feeling anger, frustration and disillusionment. This has led to problems sleeping, including experiencing nightmares and consequently feeling tired in the day. I find that these were substantial adverse effects on normal day-to-day activities. The fit note at this point gives a diagnosis of "stress and anxiety, high blood pressure reading". This developed further and on 6 November 2023 the claimant was referred to a private appointment at a psychiatry department for suspected PTSD. This diagnosis has been formally confirmed by Dr Andrews, consultant psychiatrist in his report dated 30 April 2024. By November 2023, these adverse effects, which had been developing and worsening for 8 months since March 2023, were likely to last for 12 months. I find that the claimant met the definition of disability in section 6 of the Equality Act 2010 (as conceded by the respondent) by reason of his mental impairment of PTSD, which includes the ongoing symptoms of anxiety and depression, from 6 November 2023 to 24 July 2024.
54. Dealing with cognitive impairments from the opiate based pain killers, the claimant takes for the physical impairment of the chronic pain from the musculo-skeletal difficulties. The claimant is not relying on the medication symptoms as a free-standing disability, but as one of the effects of the

physical impairment, alongside pain and mobility issues. As set out in *Ministry of Defence v Hay* (2008) ICR 1247, an impairment can include the consequences of a condition as well as the condition itself. It is likewise important to take a holistic approach to impairments. There is a clear causal link between the physical impairment, and the cognitive impairments and adverse effects of the opiate based pain killers the claimant was prescribed long-term to help manage his physical condition.

55. The claimant's impact statement describes side effects of taking the opiate based painkillers for the chronic pain from his musculo-skeletal difficulties as drowsiness, confusion, difficulty concentrating, occasionally blurred vision, difficulty reading and constipation (although it is accepted the respondents point that constipation is not a cognitive impairment, I find it is however a common side-effect and consequence of opiate based painkillers which the claimant states he suffered with). Whilst the respondent representative sought to argue that there was no medical evidence that these are side effects of opiate based pain killers, the claimant described the side effects in his impact statement, and I find that such side effects are well known generally and can be taken account of. He describes in his impact statement the combined effect of his pain and taking significant levels of pain killers affecting normal day-to-day activities of driving, memory, productivity and accuracy. During a conference in Taiwan in June 2023 he was starting to hallucinate. An impairment, in this case the physical impairment, can have a substantial adverse effect even if the relevant effect is not caused by the impairment directly (*Sussex Partnership NHS Foundation Trust v Norris* UK EAT/0031/12). To ignore these impacts and effects of the medication required to manage his physical impairment would be to take an artificial and limiting view of his impairment. I find that the effects of the opiate based pain killers the claimant is required to take to try to manage his chronic pain are part of, how the claimant's representative put it, the constellation of the symptoms, and adverse effects on normal day-to-day activities of his physical impairment, there is a causal link and they are therefore included as a consequence of the physical impairment of chronic pain during the relevant time.

Approved by:

**Employment Judge L Knowles**

**2 June 2025**

## Notes

All judgments (apart from judgments under Rule 51) and any written reasons for the judgments are published, in full, online at <https://www.gov.uk/employment-tribunal-decisions> shortly after a copy has been sent to the claimants and respondents.

If a Tribunal hearing has been recorded, you may request a transcript of the recording. Unless there are exceptional circumstances, you will have to pay for it. If a transcript is produced it will not include any oral judgment or reasons given at the hearing. The transcript will not be checked, approved or verified by a judge. There is more information in the joint Presidential Practice Direction on the Recording and Transcription of Hearings and accompanying Guidance, which can be found here:

[www.judiciary.uk/guidance-and-resources/employment-rules-and-legislation-practice-directions/](http://www.judiciary.uk/guidance-and-resources/employment-rules-and-legislation-practice-directions/)