

Workforce Disability Equality Standard (WDES) Report 2022



**Not all
disabilities
are visible**

A black silhouette icon consisting of two figures. The upper figure is a standing person, and the lower figure is a person sitting in a wheelchair. The two figures are positioned one above the other, with the wheelchair figure appearing to be a smaller or lower version of the standing figure.

Background

The Workforce Disability Equality Standard (WDES) is a mandated evidence-based standard that aims to help improve the experiences of Disabled staff in the NHS.

- The ten WDES metrics enable NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff.
- The WDES is mandated by the NHS Standard Contract.
- NHS and Foundation trusts are required to publish a WDES annual report.

The purpose of the WDES is to improve the workplace and career experiences of Disabled staff working in and seeking employment in the NHS and build on progress achieved in the first three years (2019 - 2021).

Executive Summary

Our Workforce Disability Equality Report for 2022 contains a number of elements:

- The key findings of the NHS WDES National Report 2021.
- The specific information published on the government website for the snapshot date of 31st March 2022 regarding our overall workforce and comparisons between Clinical and Non-Clinical staff.
- Some comparison with the 2021 WDES data.
- Recommendation as to future action to support our people who identify with a disability within the workforce.

The workforce data included in this report was collected on a snapshot date of 31st March 2022 and cover the year 2021/22. On that date the Trust workforce totalled **4,041** people.

Once again, this year when we look at the data within the Trust we have identified that we do not have a true picture of people with a disability within our Electronic Staff Record (ESR) system. Within those systems **116** people have identified as having a disability and **194** people did not state whether they had a disability or not. These figures have changed slightly since last year with an increase in both the number of people disclosing a disability and those preferring not to say.

We have a similar position to last year when we looked at the response to the NHS Staff Survey. We see that **369** of our people identified as having some form of disability. Despite an overall reduction in the number of people engaging with the NHS Staff Survey in 2021, the number who have identified as having a disability has increased. This is an increase of **11** people since last year.

The discrepancy between the ESR figures and the NHS Staff Survey indicates that we need to work on our organisational culture as well as encouraging our people to provide accurate and up-to-date equality data.

During 2021/22 none of our people who identify with a disability entered the formal disability process.

The Trust took part in an NHSE/I led program aimed at achieving Level 3 leadership Disability Confident Status. This involved working with a number of our people who identify with a disability and the Shaw Trust to complete a self-assessment of our status. This was completed and Salisbury NHS Foundation Trust achieved Level 2 Disability Confident Employer status.

With our continued ambition to achieve level 3 Leadership status, together with the Shaw Trust we have identified a number of actions to move us in that direction. At the present time these will be reviewed by the Ability Network.

As mentioned previously the number of people identifying with a disability in the NHS Staff Survey has increased. The overall responses however have stay relatively similar to last year.

It will be noted that the percentage of staff who do not think the organisation values their work has slightly risen since last year. This 8% higher for staff with a disability and 10% higher for those without.

During the pat year we have re-established the Ability Network. They are currently working with their Executive Sponsor to identify a work plan which will lead to greater engagement with staff across the Trust.

This report includes a number of recommendations aimed at supporting staff with disabilities and creating an inclusive workplace.

- Develop an active and effective Ability Network supporting staff with disabilities.
- Overhaul the Trust Reasonable Adjustment process.
- Increase sharing of personal protected characteristics on ESR.
- Achieve Disability Confident Leader Level 3 status.
- Research and review how the Trust collects data on progression of people with a disability through the pay bands.
- Regularly review the number of starters and leavers by the disability status.

NHS Workforce Disability Equality Standard Report

2021 data analysis report for NHS trusts and foundation trusts

The NHS provides healthcare for thousands of Disabled people every year. This report focuses on the experiences of Disabled staff in the NHS workforce, who bring valuable knowledge and expertise into the delivery of healthcare and the core work of the NHS.

“The Workforce Disability Equality Standard (WDES) remains the only example in the UK where employers are mandated to report and publish annual data on the workplace and career experiences of Disabled staff. Our ambition is to increase the representation of Disabled people in the NHS workforce and see the disparities between Disabled and non-disabled staff reduce year on year; supported by an inclusive culture through the realisation of the vision set out in the People Promise.”

Professor Em Wilkinson-Brice
Acting Chief People Office for the NHS

Key Findings

Workforce Representation

2021 data shows an increase of **0.3** percentage points to **3.7%** of the total workforce. **59%** of trusts have five or fewer Disabled staff in senior positions ((bands 8a and above, including medical consultants and Board members)

Capability

Disabled staff are nearly twice as likely to enter the formal capability process as their non-disabled colleagues.

Board Representation

Disabled board member numbers have increased by more than **20**. The proportion has increased by **0.7percentage** points to **3.7%**.

Staff Engagement

All but six trusts facilitate the voices of Disabled staff to be heard.

CQC well-led domain

Trusts that are rated outstanding in the CQC well-led domain show evidence of being better employers for Disabled staff.

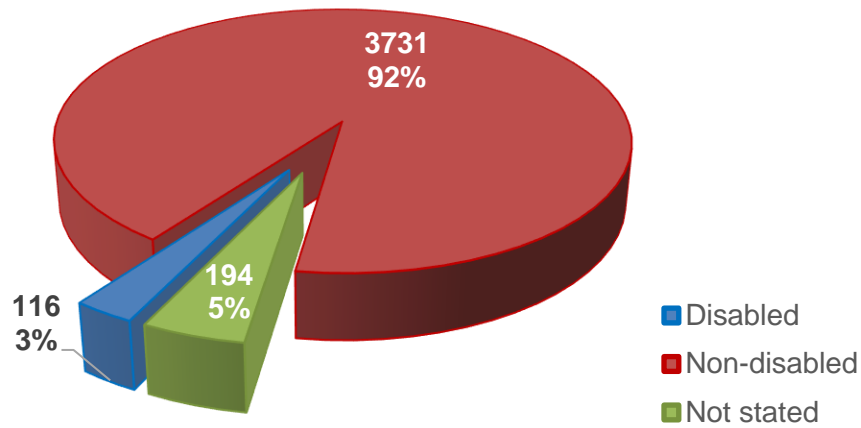
Reasonable Adjustments

76.6% of Disabled staff report that they have the adjustments necessary to perform their duties effectively, an increase of **2.8 percentage** points from 2020.

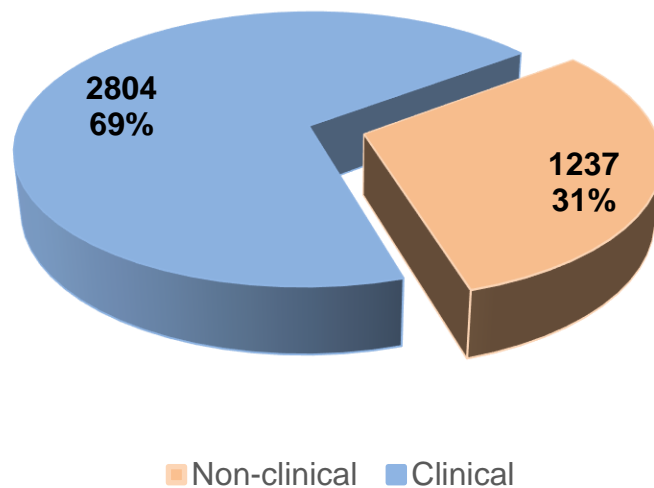


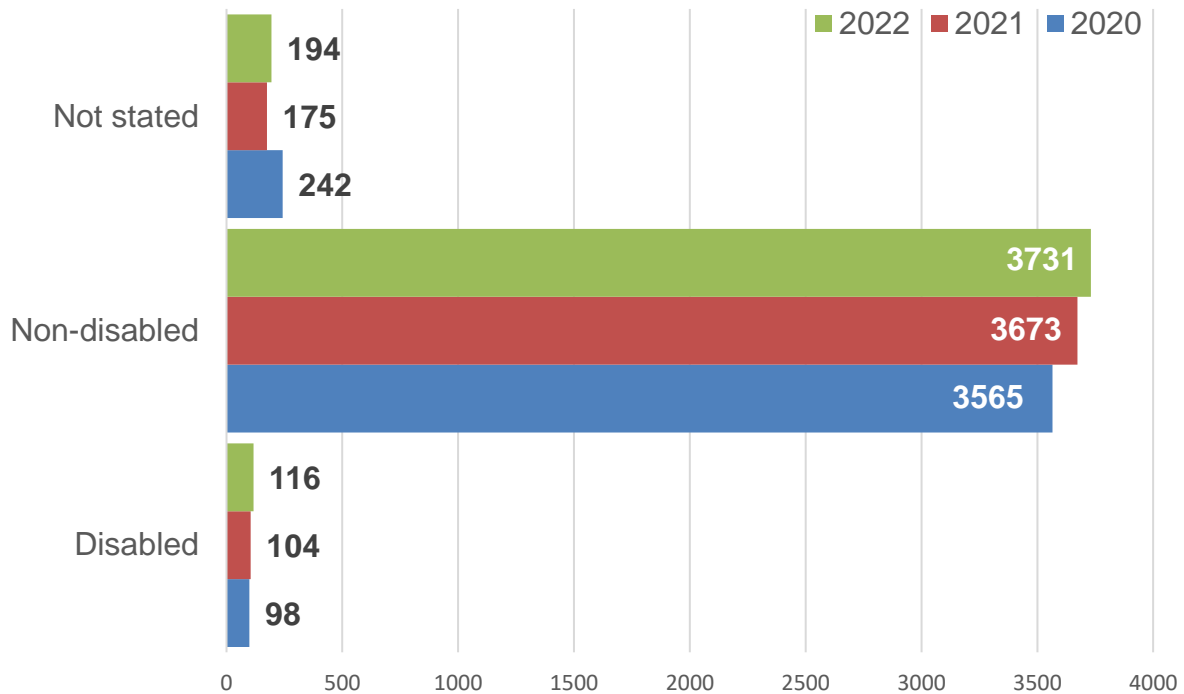
Specific Information 31st March 2022

The Trust collected its data on the 31st March 2021 when our workforce consisted of 4,041 people.



2,804 were in clinical roles and 1,237 in non-clinical roles.





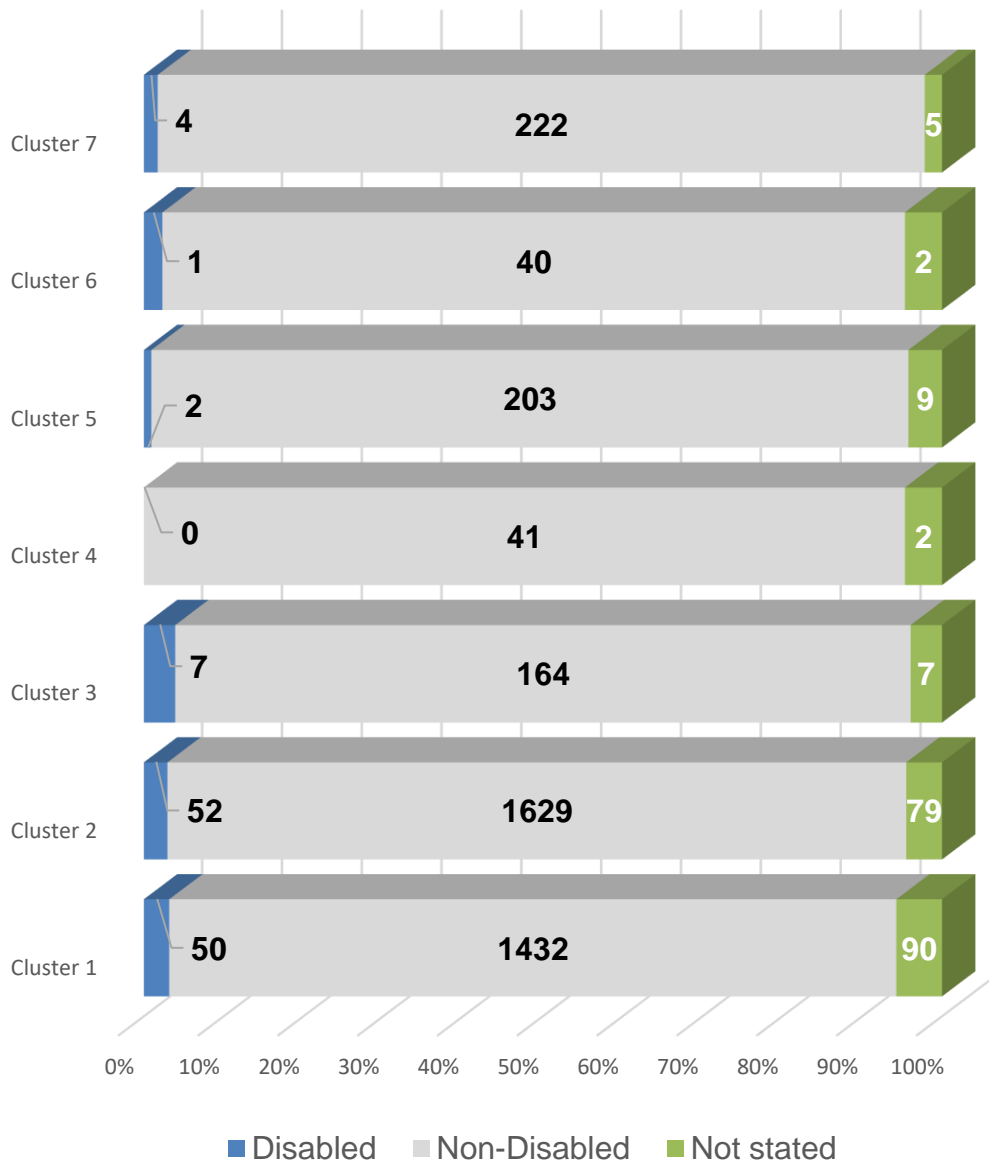
When we look at the overall workforce, we see that 3% of our people have identified with a disability, 92% as non-disabled and 5% have preferred not to say. When we look at these numbers compared with previous year's figures we see that although the percentage has not increased more people have shared their disability status on ESR.

There has been an increase of 12 people who have shared their disability status on ESR. As with last year's figures the disclosure rate on ESR is quite low with a total of 116 people identifying as having a disability.

When we look at the later matrix in this report relating to staff survey responses, we see a discrepancy in those identifying as having a disability. Of those taking part in the staff survey 369 people identified as having a disability.

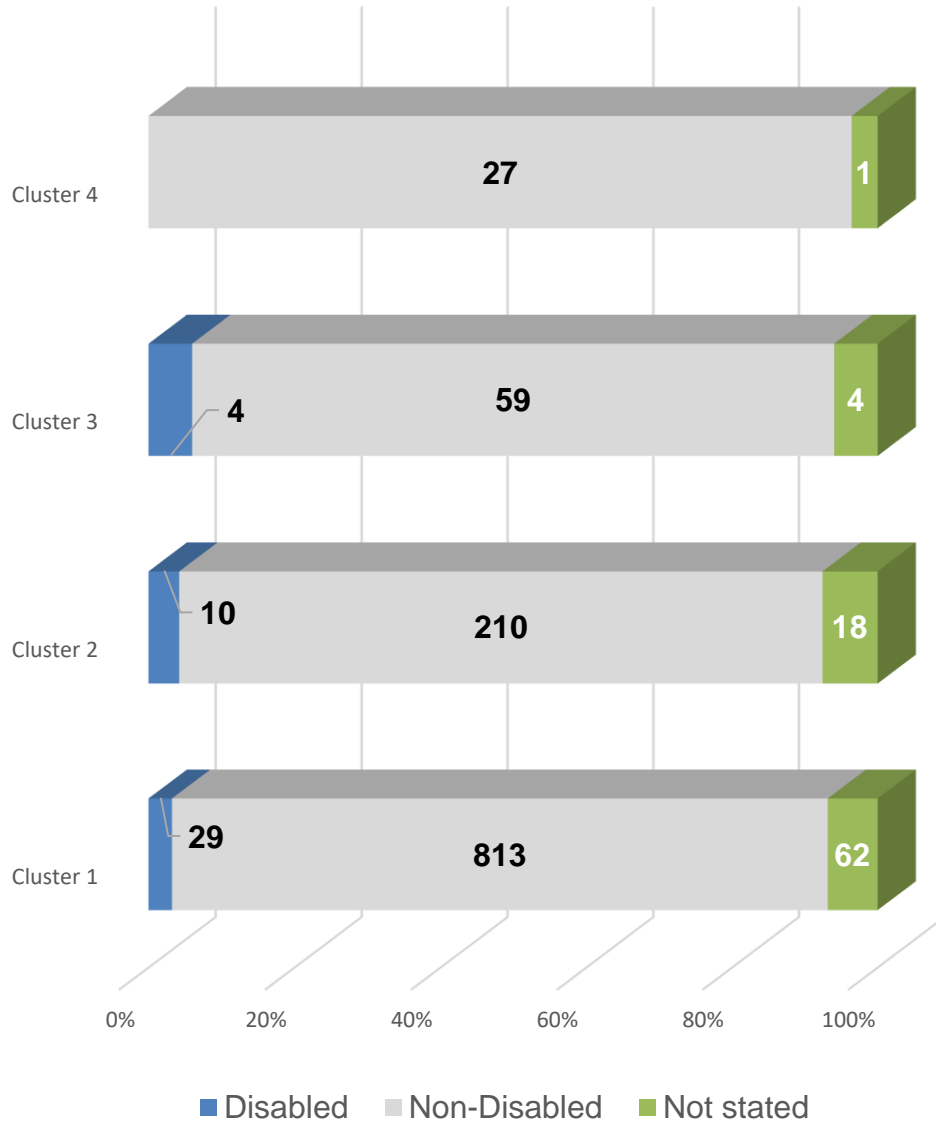
Metric 1: Percentage of staff with disabilities

The following graph shows the total number of our people who identify with a disability across all pay bands. They are compared with people who do not have a disability or have not stated either way.



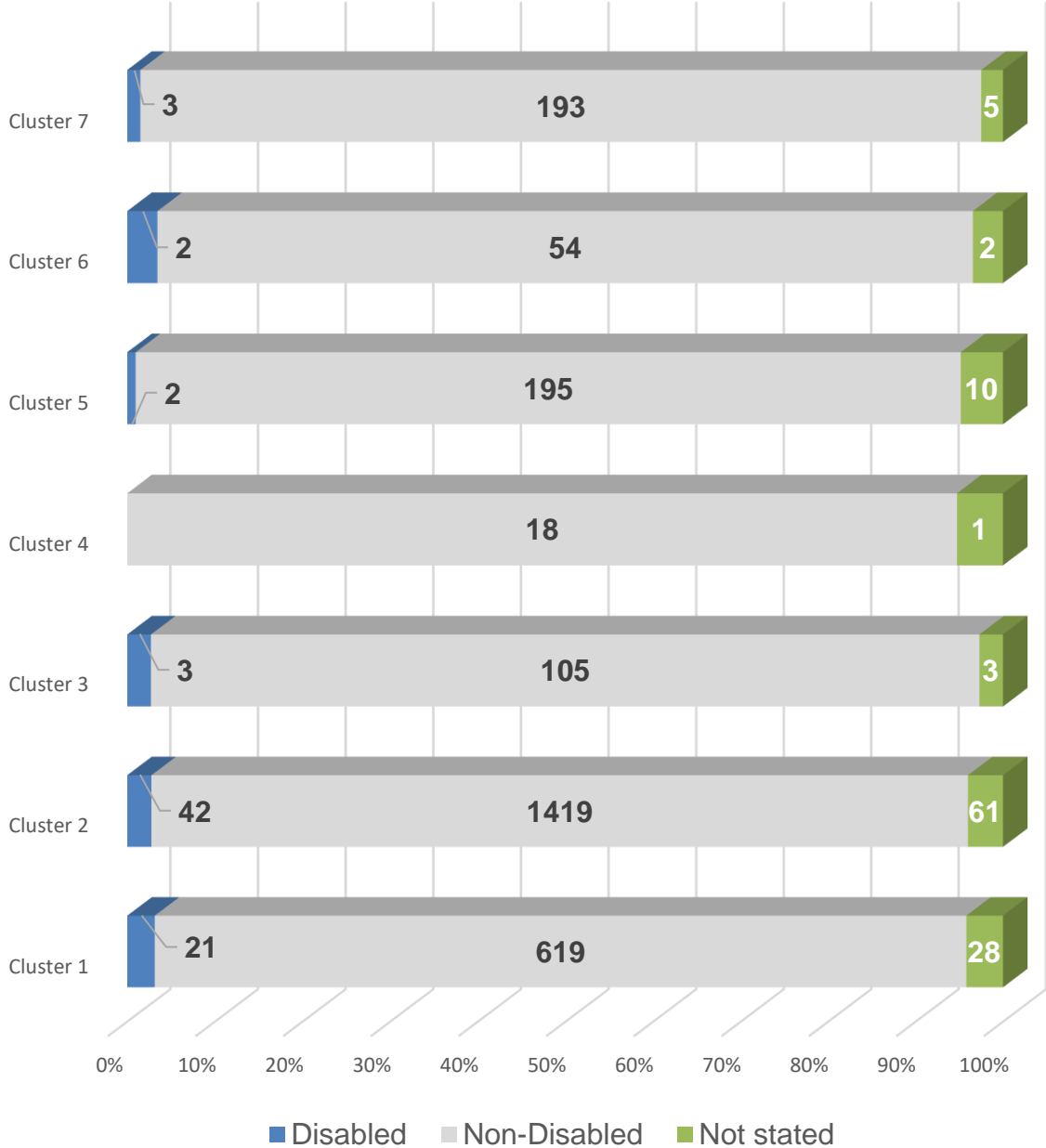
N.B. Clusters are described at Appendix A
 The number of staff who identify with a disability within clinical and non-clinical roles are illustrated in the graphs below.

Non-clinical:



100% of non-clinical staff who identify with a disability (totalling 30) are located within Clusters 1 to 3 (Bands 1 to 8b). This represents a total of 3.5% of the non-clinical workforce.

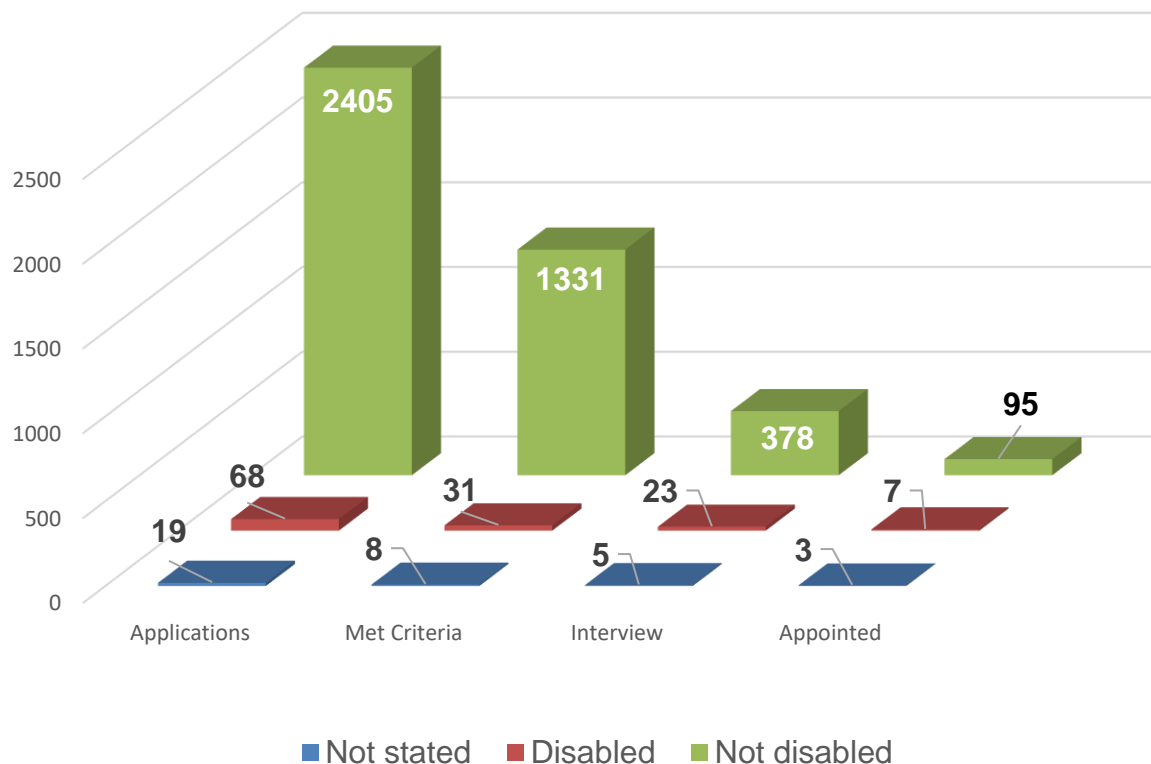
Clinical:



90.4% of our clinical staff who identify with a disability (totalling 66) are located within clusters 1 to 3 (Bands 1 to 8b), this is an reduction of 5 people The remaining 9.6% (totalling 7) are located within clusters 6 & 7 (Medical and Dental: Non-consultant career grade and trainees).

The total number of clinical staff who identify with a disability is 2.6%.

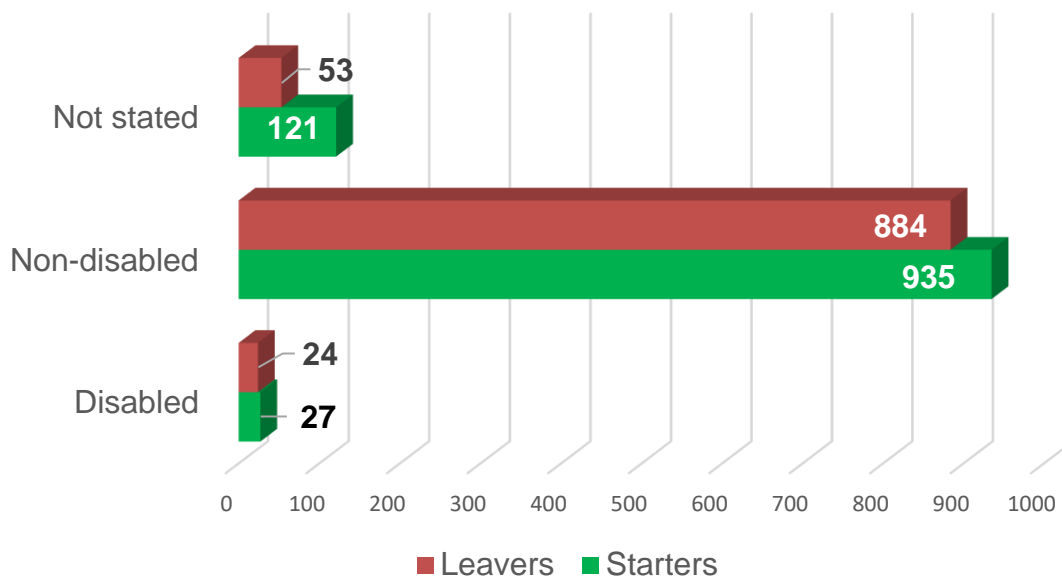
Metric 2: Number of shortlisted and appointed people



During 2021/22 a total of 2,492 applications were received at the Trust through Trac. 2.7% (68) of the applications were received from people who stated they had a disability. Of these 31 met the minimum requirements for the role and were shortlisted for interview, 23 applicants with a disability, were selected for interview. 11 of these applicants were part of the guaranteed interview scheme.

25% of non-disabled staff and 30 % of disabled staff were appointed following interview. Non-disabled staff were 0.8 times likely to be appointed from shortlisting. This means that according to the Trac figures people with a disability were more likely to be appointed than non-disabled people.

Having looked at the figures it is clear that the data recorded in Trac is not the full picture. We have used the data on ESR for all starters and leavers during 2021/22.



You will see by the above graph that when we take into consideration the those who have left the Trust we have the following modest increases in staff:

- Staff who identify with a disability = 3
- Non-disabled staff = 51
- Those who have not stated their disability status = 68

The second part of this matrix refers to the Disability Confident Scheme.



During the past year the Trust has taken part in a pilot program run by NHSE/I in conjunction with the Shaw Trust, to assist organisation achieving Disability Confident Level 3 – Leader status. Following submission of our Disability Confident Self-Assessment Salisbury NHS Foundation Trust achieved Level 2 Disability Confident Employer status. A number of Trust staff who identify with a disability were involved in completing the self-assessment.

The Trust continues to aspire to achieving Level 3 Leader status within the next twelve months. Actions have been identified to help us move in that direction. These actions will be reviewed by the Ability Network in the coming months.

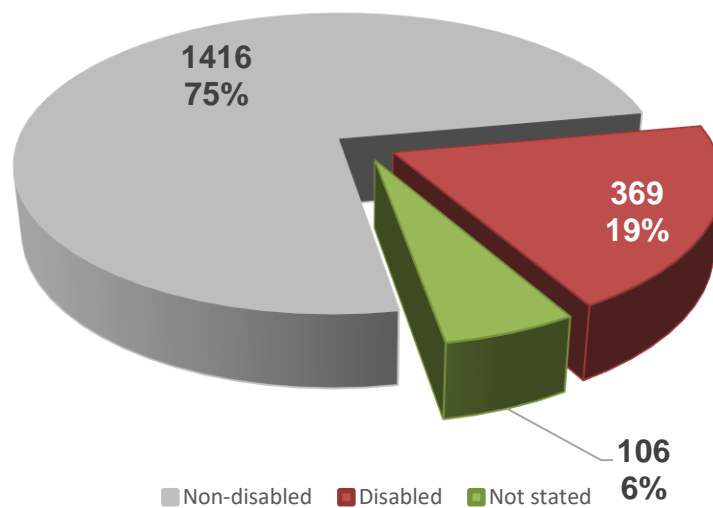
Metric 3: Staff entering the formal capability process

Capability	Disabled	Non-disabled	Unknown
Number of staff in workforce	116	3731	194
Number of staff entering the formal capability process	0	12	1

A total of 13 people entered the formal capability process in the Trust during 2021/22. None of these identified with a disability.

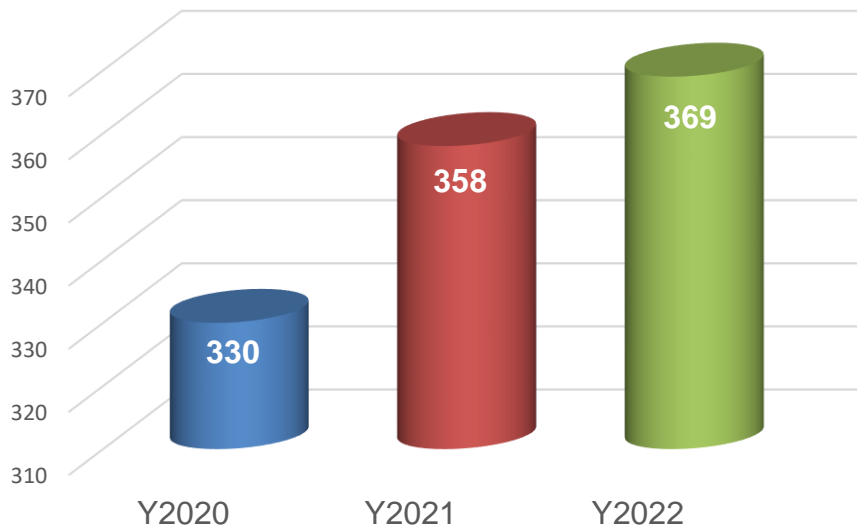
National NHS Staff Survey Metrics

The following Metrics have used information from the National NHS Staff survey.



A total of 1,881 members of Salisbury NHS Foundation Trust staff took part in the Survey, this equates to 49% of the total workforce. Of those who responded to the survey 369 stated that they had a disability, this equates to 19% of the total workforce.

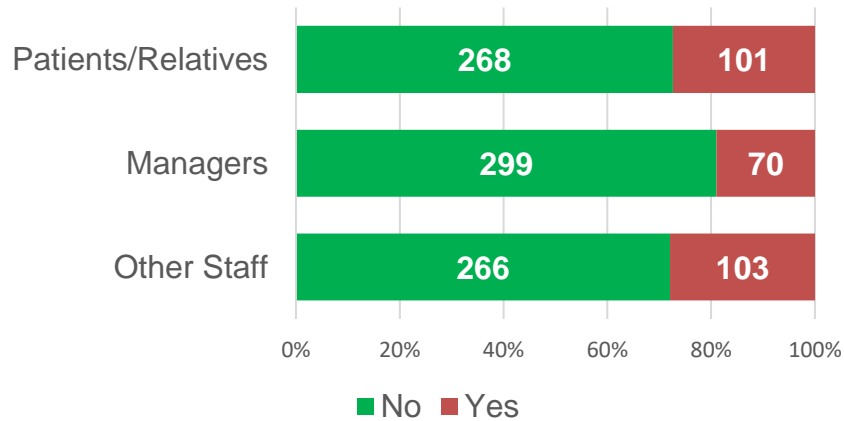
Despite the reduction in the number of staff completing the staff survey, the number of staff who have shared their disability status has increased by 11 since the previous year.



Metric 4 – Staff Survey Question 14

Staff experiencing harassment, bullying or abuse from:

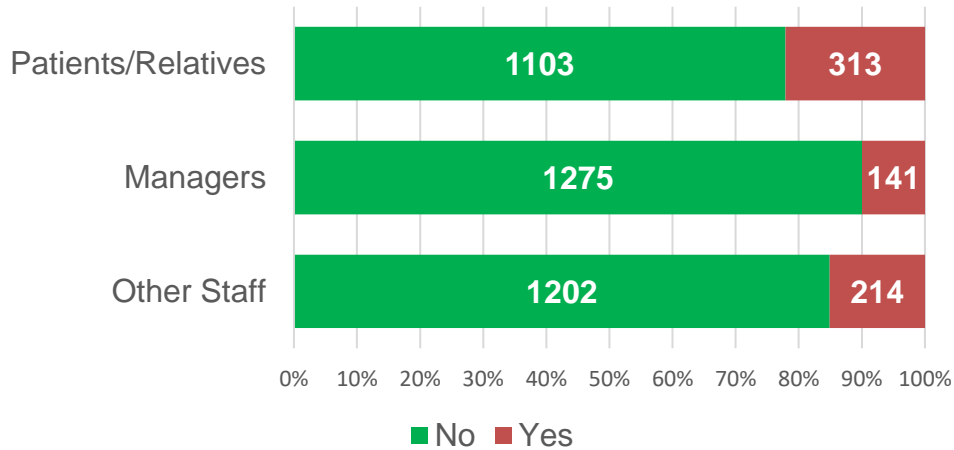
Staff identifying with a disability



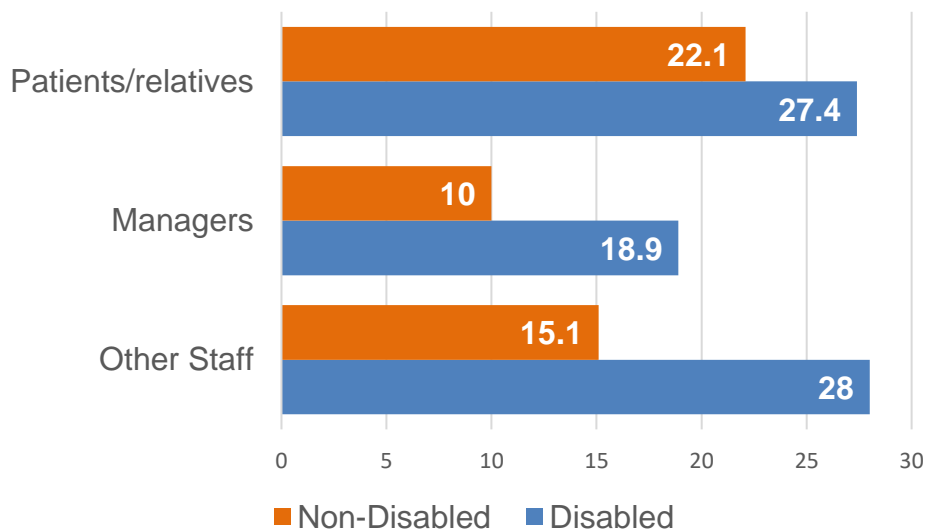
A total of 369 of our people stated in the Staff Survey that they had a disability compared to only 116 in our ESR HR records. The previous graph shows the breakdown of responses from the staff with a disability who responded to the staff survey.

Of the 369 respondents 101 (27.4%) said they had experienced harassment, bullying or abuse from patients/service users (a 2.4% increase on last year), 70 (18.9%) from managers (a reduction of 1.1%) and 103 (28%) from colleagues (an increase of 2%).

Non-disabled Staff

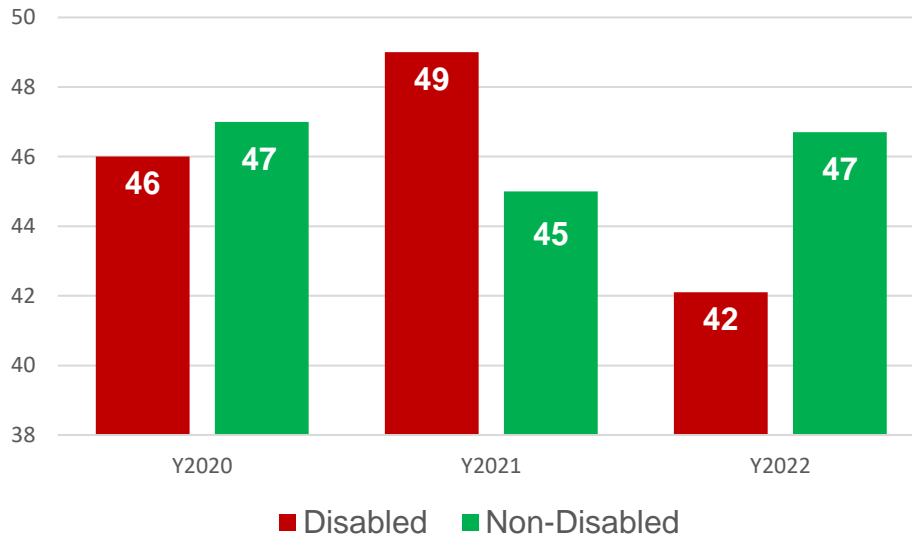


Of the 1,416 non-disabled staff who responded, a total of 313 (22.1%) stated that they had experienced harassment, bullying or abuse from patients, relatives or the public (an increase of 1.1%), 141 (10%) from managers (an increase of 1%) and 214 (15.1%) from colleagues (a reduction of 0.9%).



The above graph shows that in 2021/22 staff who identified with disabilities reported higher levels of harassment, bullying or abuse from other staff and managers than the non-disabled staff.

Q14d Last experience of harassment, bullying or abuse reported

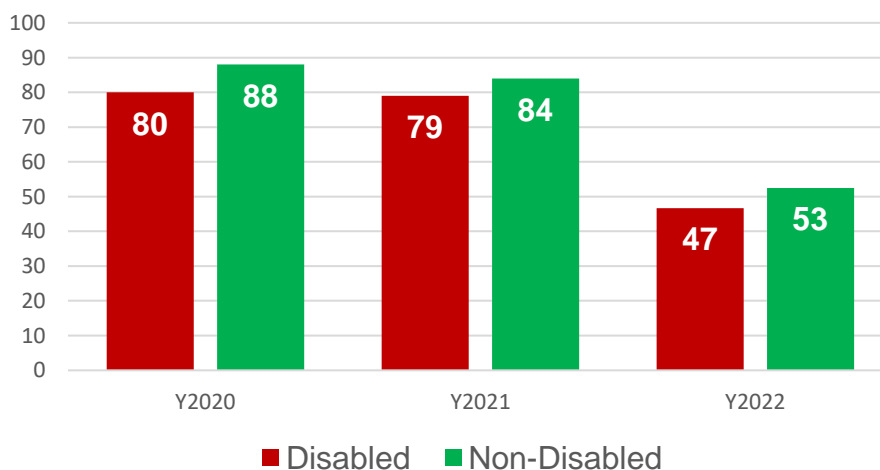


You will see, from the above graph that the percentage of people with a disability likely to report an incident has drastically reduced this year. This is, despite the fact that the number of staff with a disability engaging with the staff survey has increased.

Metric 5 – Staff Survey question 15

Organisation acts fairly: career progression

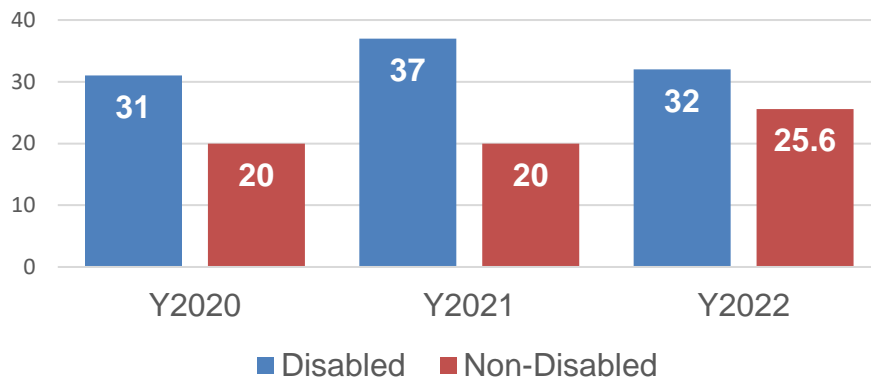
You will see below that the percentage of people who believe the Trust acts fairly around career progression has decreased dramatically for both staff with disabilities and those that do not have a disability.



Metric 6 – Staff survey question 11

Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

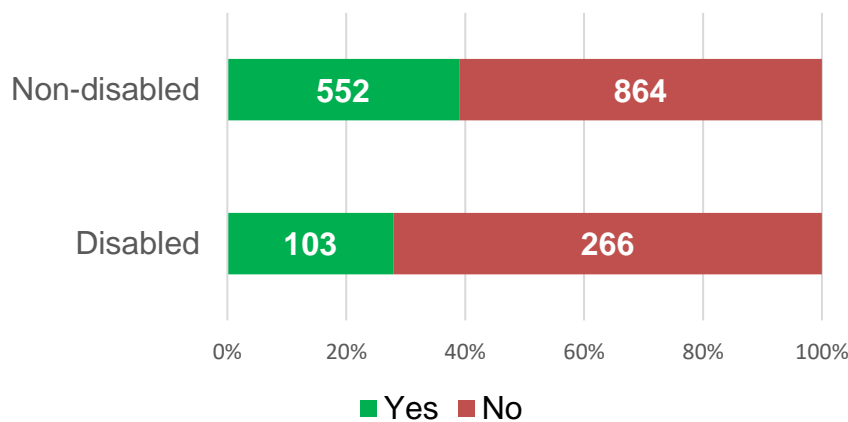
In 2021/22 32% of staff with a disability stated that they had felt pressure from their manager to come to work despite not feeling well enough. This is a reduction of 5% on the previous year's figures. It will be noted that the percentage of non-disabled staff has increased to 25.6%, a 5.6% increase.

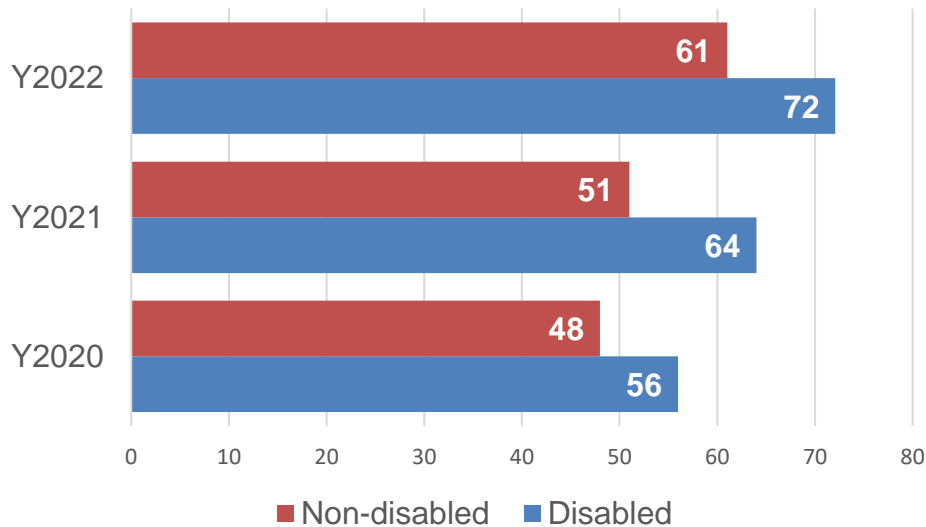


Metric 7 – Staff survey question Q4b

Satisfied with the extent the organisation values my work

28% (103) staff identifying with a disability said that they are satisfied with the extent to which the Trust values their work, this compares to 39% (552) of non-disabled staff.





It will be noted that the percentage of staff who do not think the organisation values their work has risen slightly since last year. This is 8% higher for staff with a disability and 10% higher for those without.

There was an additional question asked in this section:

Has your Trust planned any targeted actions to increase the workplace satisfaction of Disabled staff?

The Trust is working with the Ability network to identify actions to increase workplace satisfaction levels.

Metric 8 – Staff survey question 28b

Disability: organisation made adequate adjustment(s) to enable me to carry out work.

Note: This NHS Staff Survey Metric only includes the responses of Disabled staff.

Of the 369 disabled staff who responded to the NHS Staff Survey, 265 (71.8%) stated that the Trust had made adequate adjustment(s) to enable them to carry out their work. This is a reduction of 10.2% on last year’s figures.

There is anecdotal evidence that many staff who have minor or hidden disabilities, which are not identified on ESR, have received assistance from the organisation informally. For example: being provided with specific chairs or desks.

Many of these have not been recorded as reasonable adjustments.

There were a number of additional questions asked:

Does your organisation have a reasonable adjustments policy?

Are costs of reasonable adjustments met through centralised or local budgets?

Has your organisation taken action to improve the reasonable adjustments process?

The Trust’s response again this year is that we do not have a specific policy referring to reasonable adjustments. However, our process is included in the “Employment of People with Disabilities Policy” which is linked to the “Attendance Management Policy”

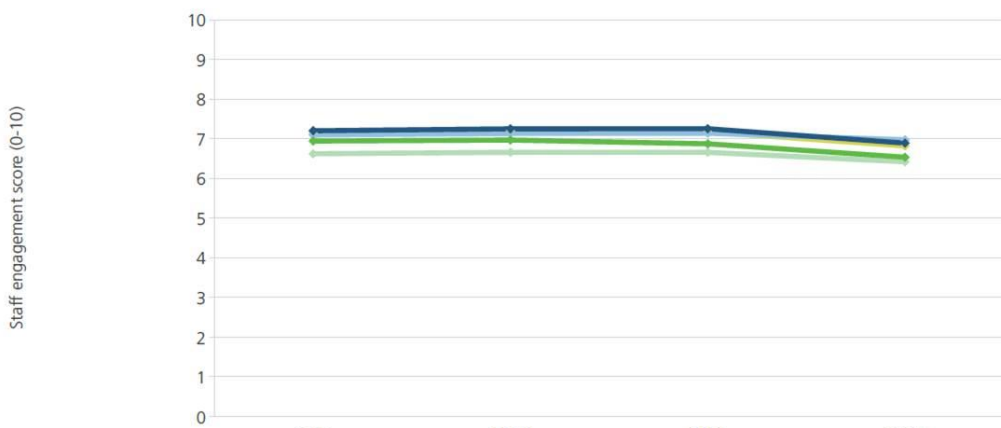
At the present time we do not have a central register of reasonable adjustments. These are agreed between the individual and their line manager, who keeps the record of adjustments. Costs of adjustments are met at a local department level.

The “Employment of People with Disabilities Policy” is one of the policies due to be reviewed by the Ability Network in the coming months.

Metric 9: Staff Engagement Scores (NHS Staff Survey)

Survey
 Coordination
 Centre

2021 NHS Staff Survey Results > WDES > Staff engagement score (0-10)



	2018	2019	2020	2021
Organisation average	7.1	7.2	7.2	6.8
Staff with a LTC or illness: Your org	6.9	7.0	6.9	6.5
Staff without a LTC or illness: Your org	7.2	7.2	7.2	6.9
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0
Organisation Responses	1,334	1,950	2,041	1,858
Staff with a LTC or illness: Responses	215	326	357	369
Staff without a LTC or illness: Responses	1,050	1,574	1,602	1,413

Average calculated as the median for the benchmark group

The overall engagement score for the Trust was 6.8. You will see in the above graph that the engagement score for those a long-term condition or illness was 6.5. This compares to 6.9 for those without a long-term condition or illness.

Part B:

Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Yes. The chair of the Ability network regularly participates in the Trust's Strategic EDI Committee, whose terms of reference were recently reviewed. The Ability network chair is also working with the Chief people Officer and other network chairs to encourage wider engagement in network activities.

There was an additional question:

Does your organisation have a Disabled Staff Network?

Yes. In the past year the Executive Sponsor for Disability has been working with colleagues who identify with disabilities to re-establish an Ability Network. The first meeting of the new network commenced in July 2022. A Chair was elected and monthly meetings have now been established to drive the network forward.

The Ability Network is currently identifying forthcoming activities and a deliver plan for the coming year. The Chair is working with the Communications Team to ensure greater engagement across the Trust.



Metric 10: Percentage Board/Workforce

Board	Disabled	Non-disabled	Not stated
Total Board members	0	8	6
Voting Board members	0	8	6
Non-voting Board members	0	0	0

At the present time there are no Board members who have identified as having a disability. There are 4 Board members who have not disclosed whether or not they have a disability.

There was an additional question in this section:

Does your Board have a champion for Disability Equality?

Judy Dyos, Chief Nursing Officer has been nominated as the Board sponsor for Disabilities.

Progress on 2021 Recommendations and Actions

Action	Lead	Deadline
Identify and recruit a Disability Diversity Champion the lead the development of a staff network to support people who identify with a disability.	Head of Diversity & Inclusion Executive Sponsor for Disability	September 2021 June 2022
Support the Disability Diversity Champion to establish and develop a Trust wide Disability Staff Network.	Head of Diversity & Inclusion Executive Sponsor for Disability	November 2021 June 2022
The Trust allocates protected time for Staff Support network lead to assist in the development of fully functioning and empowered staff networks.	Deputy Chief People Officer Head of Diversity & Inclusion	November 2021 May 2022

Support the Disability Diversity Champion to engage with similar staff networks across BSW ICS to facilitate the development of the Disability Staff Network and share best practice	Head of Diversity & Inclusion	November 2021 July 2022
Ensure our people are confident to share up to date, relevant and accurate equality data through our ESR self-reporting process. Ensuring that they understand the benefits of doing so.	Deputy Chief People Officer Head of Diversity & Inclusion	November 2021
Identify the number of Reasonable Adjustments which have been agreed and implemented within the Trust. Calculate the cost of implementing these Reasonable Adjustments.	Head of People Operations	September 2022
Review the “Working with people with disabilities policy” and the culture of the Trust concerning the treatment of people who identify with a disability.	Head of Diversity & Inclusion Disability Task & Finish Group	November 2021
Complete the Disability Confident Self-Assessment to achieve Level 3 Disability Confident Lead status	Head of Diversity & Inclusion Disability Task & Finish Group	November 2021 September 2022
Research and review how the Trust collects data on the progress of individuals from application to appointment. This to include the comparison between applicants who identify with a disability and those who do not.	Head of Resourcing	November 2021 November 2022

Regular Starter and Leaver reports to include a comparison of people who identify with a disability and those who do not.	Head of Resourcing	November 2021 November 2022
Continue to engage with EDI Leads and Staff Networks across the BSW Integrated Care System to share best practice and resources.	Head of Diversity & Inclusion Staff Network Leads	Ongoing

WDES Action Plan 2022/23

Develop an active and effective Ability Network supporting staff with disabilities.	<ul style="list-style-type: none"> Support the Disability Diversity Champion to establish and develop a Trust wide Disability Staff Network. Work with Communications Team to promote network activity and encourage staff to take part in network activity.
Overhaul the Trust Reasonable adjustment process.	<ul style="list-style-type: none"> Identify the number of Reasonable Adjustments which have been agreed and implemented within the Trust. Calculate the cost of implementing these Reasonable Adjustments. Review the “Working with people with disabilities policy” and the culture of the Trust concerning the treatment of people who identify with a disability. Consider and cost centralised funding for reasonable adjustments.
Increase sharing of personal protected characteristics on ESR	<ul style="list-style-type: none"> Publicise importance of data collection via Trust Comms and EDI newsletter, and Podcasts Work with the Ability Network to encourage wider reporting.
Achieve Disability Confident Leader Level III	<ul style="list-style-type: none"> Review and complete the Disability Confident Assessment with the Ability Network Work with the Resource team and the Ability Network to collect the necessary data for the assessment.

<p>Research and review how the Trust collects data on the progress of individuals from application to appointment. This to include the comparison between applicants who identify with a disability and those who do not.</p>	<ul style="list-style-type: none"> • Work with the Head of Resourcing to identify a system to collect data. • Explore the reports produced by the Trac recruiting software
<p>Identify the number of people joining and leaving the Trust who identify as having a disability.</p>	<ul style="list-style-type: none"> • Regular Starter and Leaver reports to include a comparison of people who identify with a disability and those who do not.

Joint ownership of our action plan



To improve the work experience for our staff who identify with disabilities, we will continue to engage with EDI Leads and Staff Networks across the BSW Integrated Care System, to share best practice and resources. With this wider engagement in mind, our action plan will be agreed with and jointly owned by our neighbouring acute Trusts. The analysis of our WRES reports confirms the range of issues are consistent across our organisations (although our key steps to achieve the actions and completion dates may differ).

The work to align the action plans commenced during 2021/22 and will be completed in the next reporting year. This will be achieved by continued involvement in the BSW EDI Academy Inclusion Pillar.



Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion
Rex.webb@nhs.net

Responsible Officer: Melanie Whitfield, Chief People Officer
Melanie.Whitfield3@nhs.net

Executive Sponsor: Judy Dyos, Chief Nursing Officer
Judy.dyos@nhs.net

Appendix A: WDES Metrics

For the following three workforce Metrics, compare the data for both Disabled and non-disabled staff.

Metric 1

Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

- Cluster 1: AfC Band 1, 2, 3 and 4
- Cluster 2: AfC Band 5, 6 and 7
- Cluster 3: AfC Band 8a and 8b
- Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)
- Cluster 5: Medical and Dental staff, Consultants
- Cluster 6: Medical and Dental staff, Non-consultant career grade
- Cluster 7: Medical and Dental staff, Medical and dental trainee grades

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

Metric 2

Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

Note:

- i) This refers to both external and internal posts.
- ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.

Metric 3

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

National NHS Staff Survey Metrics

For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff.

Metric 4 Staff Survey Q14

- a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
 - i. Patients/service users, their relatives or other members of the public
 - ii. Managers
 - iii. Other colleagues

- b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Metric 5 Staff Survey Q15

Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Metric 6 Staff Survey Q11e

Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Metric 7 Staff Survey Q4b

Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

The following NHS Staff Survey Metric only includes the responses of Disabled staff

Metric 8 Staff Survey Q28b

Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

NHS Staff Survey and the engagement of Disabled staff

For part a) of the following Metric, compare the staff engagement scores for Disabled, non-disabled staff and the overall Trust's score For part b) add evidence to the Trust's WDES Annual Report

Metric 9

- a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.
- b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.

Board representation Metric

For this Metric, compare the difference for Disabled and non-disabled staff.

Metric 10

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board.
- By Executive membership of the Board.

Appendix B: WDES Clusters

Cluster 1	AfC Band 1, 2, 3 and 4
Cluster 2	AfC Band 5, 6 and 7
Cluster 3	AfC Band 8a and 8b
Cluster 4	AfC Band 8c, 8d, 9 and VSM (including Executive Board members)
Cluster 5	Medical and Dental Staff, Consultants
Cluster 6	Medical and Dental staff, Non-consultant career grade
Cluster 7	Medical and Dental staff, Medical and Dental Trainee grades

Note: definitions for these categories are based on Electronic Staff record occupation codes with the exception of medical and dental staff, which are based upon grades.

Appendix C: Equality Act Definition of Disability

The definition is set out in section 6 of the Equality Act 2010. It says you're disabled if:

- you have a physical or mental impairment
- that impairment has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities

Some impairments are automatically treated as a disability. You'll be covered if you have:

- cancer, including skin growths that need removing before they become cancerous
- a visual impairment - this means you're certified as blind, severely sight impaired, sight impaired or partially sighted
- multiple sclerosis
- an HIV infection - even if you don't have any symptoms
- a severe, long-term disfigurement - for example severe facial scarring or a skin disease

These are covered in Schedule 1, Part 1 of the Equality Act 2010 and in Regulation 7 of the Equality Act 2010 (Disability) Regulations 2010.

Please note the definition is quite wide - for example, a person might be covered if they have a learning difficulty, dyslexia or autism.



Appendix D: Reasonable Adjustments – Sec.20 Equality

Section 20 of the Equality Act 2010 creates a legal duty on employers which comprises the following three requirements.

1. The first requirement is a requirement, where a provision, criterion or practice of A's puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.
2. The second requirement is a requirement, where a physical feature puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.
3. The third requirement is a requirement, where a disabled person would, but for the provision of an auxiliary aid, be put at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to provide the auxiliary aid.

When must an employer make reasonable adjustments?

An employer must consider making reasonable adjustments, involving the disabled worker or successful job applicant in the discussion about what can be done to support them and the decision, if:

- it becomes aware of their disability
- it could reasonably be expected to know they have a disability
- the person asks for adjustments to be made
- the worker is having difficulty with any part of their job
- either the worker's sickness record, or their delay in returning to work, is linked to their disability.

What does reasonable mean?

What is reasonable will depend on the circumstances of each individual case. And it will depend on an assessment of factors including:

- Is the adjustment practical to make?
- Does the employer have the resources to pay for it?
- Will the adjustment be effective in overcoming or reducing the disadvantage in the workplace?
- Will the adjustment have an adverse impact on the health & safety of others?

The size of an employer can be a factor. An employment tribunal may expect more from a large organisation than a small one because it may have greater means. Also, whether the employer has access to other funding, such as the Government's Access to Work scheme, could be another factor. The employer is responsible for paying the cost.

An employer is not required to change the basic nature of a job. And if there are times when suggested adjustments are unreasonable, an employer could lawfully refuse to make them.