



# EMPLOYMENT TRIBUNALS

**Claimant:** Ms Z Dancer

**Respondent:** HC-One Limited

## AT A PRELIMINARY HEARING

**HELD by CVP in public in Leeds**

**ON: 13 November 2025**

**BEFORE: Employment Judge Lancaster**

### **REPRESENTATION:**

**Claimant:** In person

**Respondent:** Ms L Quigley, Counsel

**Case Management Orders**, made pursuant to the determination of the preliminary issue, having already been sent to the parties on 14 November 2025 and written reasons for that oral judgment also having been requested at the hearing in accordance with Rule 62(3) of the Employment Tribunals Rules of Procedure 2013, the Tribunal provides the following:

## **JUDGMENT**

The Claimant was at the material times a disabled person within the meaning of the Equality Act 2010.

## **REASONS**

1. I am dealing with the first of the preliminary issues identified by Employment Judge Jaleel for consideration at this public hearing. That is the disputed issue

of whether the claimant Ms Zoe Dancer meets the definition of disability within the Equality Act 2010.

2. There are two medical conditions relied upon, dilated cardiomyopathy and primary hyperthyroidism. It is accepted that both of those constitute physical impairments and that they are long-term, though I do note that the claimant has now had the surgical intervention in respect of the hyperthyroidism which potentially may be a cure for that condition. But the dilated cardiomyopathy is a lifelong condition and has now been fairly recently diagnosed as potentially related to her having the genetic SEN58 variant gene, which she shares with other members of her family, an inherited condition.
3. The question that I have had to determine is whether those long-term impairments have in fact have a substantial adverse effect upon the claimant's ability to carry out normal day to day activities. I am looking at the period of her employment which was short from June 2024 to January of this year.
4. I have not found this an easy decision to make, not least because unfortunately the way the claimant has presented the evidence has not been entirely satisfactory. The impact statement ordered by Employment Judge Maidment at an earlier hearing is not easy to follow and digresses into matters that do not relate to these particular issues. Also matters have been amplified at this hearing that are not fully explored within that statement.
5. However, on balance I have come to the view that the claimant is a disabled person, though on limited grounds.
6. Essentially the claimant's conditions have been stable. Throughout her history of reported observations made to the various medical practitioners- either to her own specialists or to the occupational health consultant- she has maintained that she does not suffer, for instance, from palpitations, breathlessness or respiratory problems and is generally able to carry out normal day to day activities.
7. However those conditions, even though they are for the most part managed, (and managed without medication particularly in relation to the heart condition because the claimant's low blood pressure means that she cannot take the usual medication to minimise the risk of heart failure, which is a potential consequence of her impairment because that would reduce her blood pressure even lower) by means of diet, by abstinence from various substances, by exercise, are not completely controlled.
8. She is able to control that condition for the most part and therefore, quite properly, Ms Quigley has referred me to the guidance on the definition of disability from 2011 at paragraph B7. That of course reminds me that I should take account of how far a person can realistically be expected to modify their behaviour so as to potentially mean that they are not within the definition of disability.
9. But the claimant cannot properly account for all the potential situations that may exacerbate her conditions, and in particular she refers to stress. She cannot necessarily avoid stressful situations – whether or not they may properly be held to have been caused by the actions of other people or simply arise from by her own perception (and those may be matters that fall for determination in the course of these Tribunal proceedings). But if she does suffer a stress

reaction it may exacerbate her condition and, in particular, affect her blood pressure.

10. In that regard the claimant has recounted -as she set out very briefly in her impact statement -that she is affected in the way which she is able to carry out the normal day to day activity of getting up in the morning as that is when her blood pressure is particularly low as a result of her underlying impairments. Therefore that is a more than minor or trivial adverse effect upon the ability to carry out that every day occurrence. Also, she refers in the course of her statement from August 2024, to avoiding going shopping except by using the internet. Ms Quigley is quite right to point out that there is no corroborative medical evidence to suggest a deterioration in condition at that time, but in the course of this hearing the claimant has explained that that decision is partly a result of increased tiredness and that again is one of those external factors which she cannot properly be expected to take into account when seeking to manage her condition.
11. I should say the course of coming to these decisions on that ground, even though I do not have explicit medical evidence it is quite clear that Ms Dancer is very knowledgeable about her own medical conditions, understandably so as she tells me that this is a very rare combination of medical impairments. She has obviously taken great trouble to familiarise herself with the information available to her.
12. When she tells me of the knock-on effects of external factors such as stress upon her condition I am prepared to accept that evidence. Though I do note Ms Quigley's observations that this has come somewhat late in the day.
13. However in other regards essential elements of the claimant's argument I do not accept. The guidance on the definition of disability gives illustrative examples of what is not to be treated as normal day to day activity. So where the claimant complains of her difficulties in carrying heavy boxes and equipment to the homes that she was working at, that appears to me to fall very readily within the exception that inability to move heavy objects without assistance or mechanical aids such as moving a large suitcase or heavy piece of furniture without a trolley is not ordinarily regarded as a normal day to day activity: and that certiasnly does appears to be what the claimant is describing.
14. Similarly, the experiencing of some discomfort as a result of travelling for example by car or plane for a journey lasting more than two hours is also not ordinarily to be regarded as a normal day to day activity. And the claimant, of course, accepted that she took on this role expecting to have to travel over a large area. Long distance driving was not ordinarily an issue and of course in the course of her employment she also voluntarily undertook extensive foreign travel, flying to Cambodia and Vietnam and travelling between those countries.
15. Also I observe that where the claimant did in the course of her period of employment suffered one episode of heart palpitations whilst driving as from 23 October she attributes to that, both in the 111 triage call and also in her subsequent appointment with her GP, to have been induced by stress and said that it was of a short duration. That it was not as serious as previous heart palpitations she experienced, and it does appear to be related to the stress of her immediate situation, which is not uncommon, rather than particularly attributable to the underlying cardiac problems.

16. But those matters aside, it still leaves the fact that there are situations where the claimant is not reasonably to be expected to manage her conditions by the coping and avoidance strategies that she ordinarily carried out. When exposed to particular external stressors, most especially occurrences of stress or anxiety, however occasioned, she cannot control the symptoms.

17. Also I should say at that point that I also accept her evidence that the hyperthyroidism -which results in an excess of calcium in the bloodstream and therefore affects the bones - had an impact upon her when she was undertaking some activities particularly crawling under desks to retrieve or install objects. It is no part of my decision today to determine whether that was actually part of her job description or if there is anything wrong in her doing that, but it is a normal day to day activity that somebody should on occasions have to get down to floor level. So if as a result of an underlying medical impairment, in this case the excessive calcium in the bloodstream however caused, and if it is exacerbated by stress or otherwise, and if the claimant then has difficulty in getting up, that is more than a minor or trivial adverse effect upon that normal activity. As I say that normal activity is of getting down and doing something at ground level is incorporated within the alleged requirement that she had to do that excessively in the course of her duties.

18. So for those limited reasons, having regard to the effects of lowered blood pressure and the impact upon the speed with which she would carry out normal day to day activities and the exacerbating tiredness, and also in relation to the effect upon her joints in relation to the excess of calcium, I find that she does meet the definition of disability.

19. On that latter point I have also noted that the appointment in February of this year, shortly after she left employment but sufficiently close in time to give me a good indication what was happening in the relevant period, indicates that she was reporting to her specialist then that she had problems with her limbs. That accords with the account she has given to me today.

Approved by Employment Judge Lancaster

Date 3<sup>rd</sup> December 2025

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