



EMPLOYMENT TRIBUNALS

Heard at	Croydon (by video)	On 23 January 2026
Claimant	Dr Alexandra Weinberg	
Respondent	DNA Vetcare Ltd	
Before	Employment Judge Fowell	
Appearances		
Claimant	In Person	
Respondent	Grant Williams, for Peninsula Business Services Ltd	

JUDGMENT ON A PRELIMINARY ISSUE

The application for interim relief is dismissed

REASONS

Introduction

1. These written reasons are provided at the request of Dr Weinberg following oral reasons given earlier today. As usual some editing has taken place for the sake of clarity and these written reasons shall stand as the final version.
2. This is an application for “interim relief”, which is a term used for various orders a Tribunal can make shortly after someone is dismissed, the most common being that they are reinstated to their old job until a final hearing. If the employer refuses they can even be ordered to carry on paying the employee’s wages until the final hearing, so it is a powerful remedy.
3. There are very limited circumstances in which such an order can be made. The application has to be made promptly i.e. within seven days of dismissal, and it is only available for some types of dismissal, including, as here, for whistleblowing, or more precisely, for making “a protected disclosure”.
4. The relevant provisions governing the exercise of these powers is set out in section 128 and 129 of the Employment Rights Act 1996. Section 128 states that

an application can succeed where it is 'likely' that the Tribunal will ultimately find in favour of the employee.

5. How likely is 'likely'? The Employment Appeal Tribunal decided in the case of **Taplin v C, Shippam Limited** [1978] ICR 1068 that this meant that the claim needed a 'pretty good chance' of success.
6. That case has been considered more recently by the Employment Appeal Tribunal in **Ministry of Justice v Sarfraz** 2011 IRLR 562, EAT. There, Mr Justice Underhill held that 'likely' does not mean simply 'more likely than not' but connotes a 'significantly higher degree of likelihood', i.e. 'something nearer to certainty than mere probability'.

The appropriate test and approach

7. It is of course very difficult to assess these probabilities at a short hearing of this sort and without hearing any evidence. In fact, rule 94 of the Employment Tribunal Rules of Procedure provides that the Tribunal "must not hear oral evidence" unless it directs otherwise.
8. In **Al Qasimi v Robinson** EAT 0283/17 Her Honour Judge Eady QC explained that the task of an Employment Judge is:

'very much an impressionistic one: to form a view as to how the matter looked, as to whether the claimant had a pretty good chance and was likely to make out her case, and to explain the conclusion reached on that basis; not in an over-formulistic way but giving the essential gist of his reasoning,' [Emphasis added]
9. So, I have to form a view on the material available whether there is a pretty good chance overall (in the sense of much nearer to certainty than an even chance) that this claim will succeed in due course. Nothing I say should be taken to indicate a final conclusion on the facts, I am just giving my initial impression of how things look at present, based on the papers I have and in the time available.

The impression gained

10. There are a good many documents. Before the hearing I had a bundle of 77 pages from the company. It included the pleadings and the main items of correspondence, presumably taken from Dr Weinberg's personnel file, but little material from before her dismissal.
11. From Dr Weinberg I had a much bigger bundle, of about 250 pages. It contains her contract of employment, the company handbook and about 150 pages of emails. These document her time at the company and reveal the various tensions and frustrations which emerged.
12. All this was combined into a single file by the respondent, running to 376 pages. That was all done at the last minute – the respondent has reacted with

commendable speed to this application - but Dr Weinberg did not have it available to her, so I will refer to pages in the original bundles, prefixed with a C or R respectively.

13. The respondent (DNA) is a veterinary practice. It has at least two centres, one in Tooting and one in Streatham. Streatham is a more specialist facility, described as a hospital. Dr Weinberg thought that was an overstatement as it is not accredited as such by the RCVS but it provides or provided more specialised care, including overnight treatment. They are, or were, in the course of building a new facility on the Streatham site, to be called Advanced Healthcare London, or AVL. The Tooting clinic provides a general practice and refers patients on for more specialised treatment, rather like an NHS GP surgery. The aim in developing the AVL facility was to be able to refer all cases there.
14. Dr Weinberg is a Veterinary Surgeon. She did not agree that she was a dental specialist but she has a certificate in veterinary dentistry and so was the only one with that qualification at the company.
15. The intention when she joined was that AVL would be up and running in May or June 2025, and that Dr Weinberg would be based there, doing dental surgery. That did not come to pass during her time with the company and she ended up doing a mix of dental work, x-rays, and occasional general surgery or emergency procedures.
16. During the recruitment process she was dealing with Ms Claire Baker, one of the directors, who attended today. Terms were agreed [C/174]. Her job title was Veterinary Surgeon. She reported to the Operations Director, presumably Ms Baker, and her normal place of work was in Streatham. She started on 12 May 2025.
17. The first cloud on the horizon appeared towards the end of the month. It was to do with her shifts. Dr Weinberg found that she was doing a lot of travel between Streatham and Tooting in peak hours, which was taking a lot of time. She emailed Ms Denise Turner, the Regional Operations Manager, about it and Ms Turner responded sympathetically. They had a meeting on 3 June 2025. As with all the meetings I heard about, it was conducted via MS Teams, which has an automatic recording facility, so in some cases we have a transcript.
18. There is nothing more about travel time in the bundles so that issue at least seems to have been resolved.
19. On 6 June, Dr Weinberg sent a longer email to Ms Baker about equipment, explaining what was needed for her new role [C/52]. She proposed, for example, a wall mounted X-ray generator, larger plates for the X-rays and better surgical lights. This seems to reflect an understanding on her part that she was being

brought in to set up an advanced dentistry practice and, as part of that role, she needed to set out the equipment that would be needed.

20. She followed that up with another email on 26 June [C/66] acknowledging that cost might well be a barrier. To reinforce her case she noted that an RPA inspector had been there yesterday, seen the present X ray machines, and had concerns about “ocular exposure from scatter”.
21. There was in a meeting on 1 July, presumably to discuss these points, and another on 23 July. One issue which Dr Weinberg was becoming concerned about was in relation to pricing – how much to charge for different procedures? As a new service, this needed some work and she needed answers. Ms Turner responded on 25 July, acknowledging that the delay was frustrating and saying [C/78]

“We appreciate there is a gap in where we are and the way you work, we want to work with you, but this would take time and it’s not something that can be rushed.”

22. Dr Weinberg kept pressing, and on 31 July sent a 3-page email to Ms Turner about the proposed invoicing structure and other matters. Her tone was less conciliatory. She stated, for example:

“I was hired in March and knowing that this was a new service, DNA should have been putting into place all of the requirements necessary for my start in May and to align with the slated June opening of AVL.”

23. She also wanted to know how this would tie in with leave arrangements. Someone would have to cover for her when she was away.
24. It is not clear how far these points were then addressed. There is a gap in the correspondence, and it resumes in September with her again raising concerns about arrangements for booking leave, which was on a first-come, first-served basis. As a new joiner that meant Dr Weinberg had less choice. She was clearly unhappy about this [C/92]:

“It also is astounding to me how can I be expected to wait until end of October or beginning of November to book a trip back to the States to visit my family at Christmas and suffer having to pay exorbitant costs for the plane ticket or risk booking in advance and then found that you’ve actually decided to only approve two days of the request or declined it in totality??”

25. On 11 September she set out a detailed series of requests for training courses [C/100]. In October she was finding it difficult to schedule a meeting to discuss all these concerns and did not appreciate being expected to fit them in during rest breaks and appointments, or even on her day off. That is perfectly understandable. A meeting was arranged for 28 October and the day before it, she sent over her own detailed agenda [C/121]. It covers seven closely typed

pages, filled with questions for her immediate manager. The first three main bullet points give a flavour:

“What is DNA’s understanding of dentistry?” ...

“What is my role at DNA - is it GP Dentistry or is it advanced dentistry?

“Why have I been hired to do advanced dentistry without the supporting infrastructure within DNA - how are cases that require referral for advanced service being properly identified?

26. All this suggests considerable frustration. That frustration may or may not have been entirely justified. There was confusion about her role. She had had to press for equipment, training, systems and procedures to be set up. She had been met largely with requests for patience. That can only go on so long. It is a high risk business. Veterinary practice is clearly a highly regulated activity, involving the administration of drugs and x-rays, to say nothing of conducting operations. There are obvious potential risks to the animals being treated and no one will want to work in what they feel is an unsafe environment. That was Dr Weinberg’s view by this stage.

27. We have some further information about this meeting in the respondent’s bundle, which has one of the automatic transcripts. On the company’s side there was Ms Baker and Ms Jack Beason-Smith, the new Hospital Manager. I can see at one point Dr Weinberg said,

“Yeah, I’ve been frustrated for months with no answers that I’ve been asking for.”

28. That transcript goes on for about 20 pages so I turn back to Dr Weinberg’s bundle, and I see that the next day she had an email from Mr Beason-Smith [C/137] which opens,

“Further to our meeting held on 28th October 2025, I am writing to confirm the mutual decision regarding your probationary period.

During our meeting you expressed your wish to extend your probationary period to ensure mutual confidence in your long term suitability for the position. We appreciate your openness and commitment to continued growth, and we are happy to support your request.”

29. It is of course very unusual for an employee to ask to extend their probation period. The only advantage would be to avoid becoming bound by a longer notice period. (On completion it went up from six weeks to three months.) It might also have been intended to send a message that she was ready to walk away because of these various concerns. The rest of that email from Mr Beeson-Smith was, however, positive and encouraging.

30. Going back to the transcript of that meeting [R/20], I can see that this was discussed at the meeting. It is described now as a probationary review meeting

but that was not the stated purpose at the time. The emails setting it up were titled "Leave and CPD" [C/113]. It was during that meeting that Dr Weinberg brought up the fact that she had not even had a probationary review meeting.

31. For some reason, on the transcript, many of Dr Weinberg's responses seem to have been attributed to Mr Beeson-Smith, but at 35:07 minutes into the meeting [R/39] there is the relevant exchange, starting with Dr Weinberg:

"Well, if we can't come into an agreement about what our expectations are and bring them into an alignment or at least a staged alignment then yes, I need to be looking for alternative employment and I need to be able to do that in a time efficient way.

Claire Baker - 35:21

Do you would rather be (sic) in your probation period right now? Yes.

32. So this was Dr Weinberg's preference. This may have been a spur of the moment remark or decision, but she was essentially saying she was not happy. Discussions continued about other matters and, though it is not clear who provided it, there is a three page follow up message from a manager at page C/146. It apologised for the delay and addressed in turn her main areas of concern about the definition of her role, the timeline for the new service, staffing arrangements, pricing, the future development of the service, training, equipment, CPD and other points, ending:

"DNA values your expertise in veterinary dentistry and your commitment to improving standards across the group. We acknowledge there are structural and operational challenges as we transition towards offering advanced dentistry services, but your feedback is central to shaping that process. Continued dialogue will ensure that service delivery, pricing, and staffing evolve in alignment with clinical best practice and operational feasibility."

33. Although Dr Weinberg was clearly frustrated, nothing in this gives any impression of any corresponding frustration or antagonism towards her.

34. There was another meeting on 4 December, this time attended by a Ms Yolanda De Gelder-Chandler, Clinical Progression Coordinator. She wrote to Dr Weinberg at length the next day [C/150] with a detailed summary of that meeting and agreed action points. It is an important document, of three pages, and was referred to by Dr Weinberg several times. She summarised the concerns as follows:

"Standards of Care and Compliance

The practice is currently failing to meet essential safety and regulatory standards, creating legal and operational risks that must be urgently addressed.

- Alex reported ongoing issues with controlled drug management, including

unsafe single-person access. This situation is both illegal and dangerous, with no active oversight or signed SOPs despite prior attempts to implement them.

- Communication failures mean many staff have not received or acknowledged updated protocols via email, necessitating in-person meetings to ensure compliance.
- The absence of fire evacuation plans and risk assessments further underline critical safety gaps, with no practice standards pass confirmed and a provisional accreditation based on unfulfilled promises.
- The lack of clear management responsibility and communication, especially with key roles and site managers missing or unclear, exacerbates these risks.

35. There was a good deal more. Another section is headed, “ Productivity, pricing, and procedure management. Another is about professional development and CPD management, which includes the handling of leave requests, induction processes and managerial responsibility. Finally there is then a summary section as follows:

Summary

Safety Compliance Issues: Practice fails to meet safety standards, risking legal and operational integrity; urgent corrections needed to address risks.

Inefficient Pricing: Current dental pricing limits revenue growth; complex procedures underbilled and lack of clarity causes client dissatisfaction.

CPD Challenges: Disorganized CPD process slows staff development; pending payments and lengthy leave approvals hinder morale and scheduling.

Poor Communication: Communication failures and irregular vet meetings disrupt clinical coordination; block time for monthly discussions to improve accountability.

Clinical Workflow Delays: Lack of structured workflows leads to inefficiencies; staged diagnostics can enhance patient satisfaction and operational effectiveness.

Morale and Leadership Gaps: Low staff morale due to poor communication; transparency and clear expectations are vital for rebuilding trust and engagement.

36. After this, De Gelder–Chandler sets out a series of action points to address things. She ended “Have a wonderful Friday!” That does not appear to have a sarcastic comment. The rest of the document and the fact that she had made such a conscientious record of the concerns, indicates that she intended to address all these points.
37. Something must have changed over the next week or two to undermine that positivity. One episode was emphasised by Dr Weinberg in her submissions. It is an episode referred to in her subsequent grievance. On 11 December, a

member of staff used a solvent in an enclosed space, after a surgical procedure had started. A nurse suffered from asthma had to go home. Her replacement came in and turned on extraction vents, which no one else had known how to do. Dr Weinberg became nauseous. She had to go outside for some air. Having done so she felt it was not safe to continue. The nurse was having a headache. She telephoned the clients to explain. Mr Beeson-Smith was present and she made him aware of all this.

38. However, there are no emails about this incident at the time, which was shortly before her dismissal.

39. The three month probationary review meeting was coming up at the end of December and a standard form invitation letter was sent to her on 16 December 2025. Also that day she had a more detailed email from Sophie Duggan, HR executive, to say that there were a number of concerns about her suitability for the role which she would like to discuss [C/159]. Dr Weinberg was said to have:

- “• Displayed behaviours and communication that have not supported a positive or collaborative working environment.

- Approach has not consistently aligned with the company’s strategic priorities”

40. These criticisms are rather vague but the tone was much more formal. Dr Weinberg complained about the short notice. It was just a day, and the notice arrived on her day off. Later that day Ms Duggan sent a further message, suspending her from work until the meeting.

41. Recognising this change in tone, Dr Weinberg asked for evidence to support these concerns. Some further detail was provided by Ms Duggan on 17 December. This referred [C/163] to

“multiple reports from colleagues indicating that your tone and communication on the work floor have, at times, been perceived as negative”.

42. Also, that

“... your approach has tended to focus on past issues rather than looking ahead to future priorities.” In short, they felt that she had a negative attitude.

43. That was the background to the dismissal meeting on 18 December. In the respondent’s bundle we have a transcript. Dr Weinberg had a companion, Georgina, but the only speaking participants are Dr Weinberg and Ms Duggan, introduced as “part of the HR team.”

44. The position then was that at the previous probationary review meeting, Dr Weinberg had not wanted to pass, and now the company had reservations about letting her pass. I have read through that meeting in full. There was some initial fencing over the arrangements for the meeting, then:

"03:37

Sophie Duggan

Yeah. So how do you feel about the surgery that you work in and the team around you?

03:43

Alex

How do I put this politely? The surgery that I work in is not fit for purpose. The management team has not addressed a lot of health and safety and legal concerns, and the company has had fraudulent misrepresentation during hiring.

...

04:21

Sophie Duggan

Lovely. And with the concerns that you've mentioned, have you raised these to anyone?

04:28

Alex

I've raised them repeatedly over the last seven months, both verbally and through written content.

04:37

Sophie Duggan

And who did you raise them to?

04:39

Alex

I raised them to mutual floor members. I raised them to the head nurse at the time. I raised them to the hospital manager and the deputy hospital manager of the previous administration. I raised them to the interim hospital manager. I've raised them to the clinical director. I've raised them to the operations director, the people's director, the new hospital and deputy hospital manager, the previous head nurse who is no longer with us.

45. Ms Duggan suggested that these concerns had been responded to, but Dr Weinberg disagreed:

05:45

Alex

So I have had no substantial answers to 92% of the questions that I have raised. I have repeatedly continued raising them. ... So there was a fire event in the building. There is notification of the fire evacuation plan. I have had no

communication about how that event occurred, how that event was handled. There's been no debriefing about it. There is still no legal compliance with controlled drugs in the building. I've received no standard operating procedure. I've received no email communication. I've received no guidance, both substantially, verbally or in a written format, for how they will rectify that legal compliance. I was hired for a job which then I have been told to my face was not the job that I was hired to do.

46. Ms Duggan went on to set out the company's concerns about Dr Weinberg's "level of dissatisfaction or negativity". She felt from their discussion that Dr Weinberg was still not happy with the company and, without pausing to consult anyone, announced (12:18 minutes in) that her employment was over. It is difficult to avoid the impression that this was a foregone conclusion.
47. So, we have a situation where Dr Weinberg had a lengthy meeting with Ms De Gelder-Chandler on 5 December, apparently very professional and business like, but with a long list of concerns over matters of importance, then an incident on 11 December where an operation had to be abandoned on health and safety grounds, then a meeting at short notice at which Dr Weinberg's employment was terminated. That timing certainly suggests a connection.
48. The concerns were repeated by Dr Weinberg in her later grievance and in her claim form. It is difficult to rank them. The main points she emphasised today was in relation to drug storage, with drugs simply going missing, the lack of x-ray badges (which monitor and absorb ionising radiation) and a whole system for replacing them.
49. At the same time, there were other concerns which were more to do with her own working arrangements: travel between Streatham and Tooting, the equipment she needed, pricing arrangements, training requirements, who would cover for her when she was away, leave booking arrangements, and more generally whether she was there to do advanced veterinary dentistry.
50. Did the company react against her because of her health and safety concerns, or these other concerns, or the extent and frequency of them, or the general perception of negativity? It is very hard to be sure. Often in whistleblowing cases there are attempts to draw a distinction between the complaints themselves and the way in which they have been expressed. It may also be that the surprising episode in relation to remaining in her probation period was a significant factor. It is such a surprising decision. It amounted to a statement that she was on the brink of leaving because she would prefer to work somewhere else. That is not a message the company was likely to appreciate.
51. Overall it is not possible at this stage to be sufficiently confident that the dismissal was down to the various health and safety concerns that Dr Weinberg raised,

rather than these other factors or a combination of them. It may be that once full disclosure has taken place and there is more information about the incident on 11 December, that it does indeed emerge that her complaints about health and safety were the principal cause of her dismissal. Alternatively, there may be evidence of complaints about Dr Weinberg's attitude and manner to colleagues which precipitated matters. All that will require more detailed evidence and consideration. As things stand, I do not have a sufficiently strong impression that the claim will succeed to allow the application for interim relief.

Approved by:

Employment Judge Fowell

Date 23 January 2026

Sent to Parties.
24 February 2026

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<https://www.judiciary.uk/guidance-and-resources/employment-rules-and-legislation-practice-directions/>