Case No: 6014553/2024

EMPLOYMENT TRIBUNALS

Claimant Mr L Sadowski

Respondent Culina Logistics Ltd

Heard at: Bristol (by CVP) **On** 18 May 2026

Before Employment Judge Hastie

Representation

Claimant: In person (Ms Penny – Polish interpreter)
Respondent: Mr McDevitt, counsel

JUDGMENT

1. The reserved judgment of the Tribunal on the preliminary issues is as follows;

   (1) the claimant was not disabled pursuant to section 6 of the Equality Act 2010 in relation to mental health at the material time.

   (2) the claimant was not disabled pursuant to section 6 of the Equality Act 2010 in relation to hormonal imbalance/suspected insulin resistance at the material time.

REASONS

Introduction

1. The preliminary hearing on 18 May 2026 was to determine whether the claimant was at any material time a disabled person on account of impairments, or combination of impairments pursuant to section 6 of the Equality Act 2010 (EqA10).

2. The preliminary hearing on 18 May 2026 was also listed to,

   a) Confirm the list of issues,
   b) To consider whether any reasonable adjustments are required,
   c) To discuss the possibility of judicial mediation,
   d) To confirm the final hearing date, and length of the hearing,
   e) To make case management orders for the final hearing.

Preliminary hearing (case management)

3. A preliminary hearing for case management was conducted by Employment Judge Rayner on 18 September 2025 at which this preliminary hearing was listed.

4. A full merits hearing is listed for **five** days on **12, 13, 14, 15, and 16 October 2026** at the Bristol Employment Tribunal, Bristol Civil and Family Justice Centre, 2 Redcliff Street, Bristol BS1 6GR.

5. A further telephone case management hearing is listed on **16 July 2026 at 2pm for 2 hours.** The parties must dial in prior to 2pm. If either party fails to attend, the hearing may proceed, and orders may be made in the absence of that party.

6. A telephone case management hearing is also listed on **3 September 2026 at 10am.** If either party fails to attend, the hearing may proceed, and orders may be made in the absence of that party.

7. A polish interpreter will be arranged by HMCTS for each of the hearings.

Background

8. The claimant was employed by the respondent as a picker from 1 July 2022 to 2 May 2024. The claimant is a Polish national. The claimant's concerns as set out in the claim form are detailed in the case management order of 18 September 2025. The details of those paragraphs do not contain any conclusions as to findings of fact and are not binding on any future Judge.

9. The claimant began the early conciliation process on 30 July 2024. The ACAS certificate was issued on 10 September 2024. The ET1 was presented on 9 October 2024.

10. The claimant brings claims of,

    a) Unfair Dismissal,
    b) Discrimination on grounds of disability,
    c) Discrimination on grounds of race,
    d) Detriment on the grounds of public interest disclosure,
    e) Breach of contract (relating to notice),
    f) Unlawful deductions from wages,
    g) Accrued but unpaid holiday pay.

11. The respondent opposes the claims.

The hearing of 18 May 2026

12. The hearing took place by way of CVP video with both parties joining remotely. I was provided with a bundle of 178 pages. At the start of the hearing, the claimant said that he had added documents to the bundle on the morning of 18 May. The claimant provided me with a document entitled 'Agenda Notes and Suggested Responses'. The claimant also sent three screenshots of a document written in Polish. The claimant said that the screenshots contained internationally recognised words and he could put the screenshots through Google translate. Translated documents were not provided during the hearing. Just before lunchtime on 18 May, the claimant provided a further email with a screenshot of a letter dated 13 May 2026 by Dr A Wolszczak. I read the additional documents that were provided in English. I have fully considered the documents that I was referred to during the

hearing. I also read the bundle ahead of the hearing and again during my consideration of the issues.

13. The claimant was assisted by Ms Penny, an interpreter arranged by HMCTS.

14. The claimant gave evidence and was cross-examined. Frequent breaks were taken during the hearing. Time was provided to ensure that the claimant could locate page references in the bundle.

Application for adjournment

15. The claimant sought an adjournment of the hearing by email on 14 May 2026. The application was based in summary on the claimant's health and incomplete disclosure by the respondent, resulting in a lack of preparation. The application to adjourn was opposed by the respondent. Much of the morning was spent exploring with the claimant whether he was still seeking an adjournment and whether he felt well enough to proceed. The claimant said that he was not 100% fit and he would 'rather not do the hearing', but that it was up to the Tribunal whether to proceed. The claimant said that there are mistakes in the documents provided to the Tribunal. The claimant said he was tired but that he would like to go on with the hearing as best he could. The claimant was lying back in his seat and said that he was unable to walk or stretch due to having sciatica. The claimant said that if the respondent provided the documents that he had sought, then his mental health would likely improve. It was explained to the claimant that the specific disclosure he was seeking had been identified as being premature when considered by EJ Bax in March 2026. The respondent pointed out that the directions made in September 2025 required disclosure of documents relevant only to the issue of disability. Those documents had been disclosed.

16. I carefully considered the claimants' comments in relation to why he might be seeking an adjournment of the hearing. The claimant said that he was not feeling fully fit, was seeking additional disclosure from the respondent, wanted an extra week to obtain further medical evidence, and to perhaps obtain a statement from his ex-fiancé. The overriding objective requires hearings to be fair and just. This includes ensuring that, so far as practicable, parties are on an equal footing, cases are dealt with in a proportionate way, proceedings are conducted flexibly, and delay and expense are avoided. The claimant focused on the lack of disclosure by the respondent and that this issue had affected his ability to prepare for the hearing. He said that this had had an effect on his health and wellbeing. The hearing had been listed in September 2025, some eight months prior to the 18 May 2026. I concluded that the claimant was seeking an adjournment due to his lack of preparation rather than an inability or disadvantage to participate in the hearing due to health issues. On several occasions, the claimant said that he would prefer an adjournment but would participate if the decision was made to proceed. The claimant said that he has good weeks and bad. I concluded that he had had approximately eight months to prepare for the hearing. His focus on disclosure of documents pertinent to the respondent's knowledge of the claimant's impairments was not relevant to the preliminary issue to be determined at the hearing of 18 May 2026. This had been stated to the parties in the response of EJ Bax in March 2026. In pursuance of the overriding objective, I determined that the hearing should proceed with frequent breaks allowed for the claimant as well as frequent checks on his understanding. The claimant commented that he respected the decision to proceed and, although he was not fully fit, he would take part.

17. The claimant raised a concern that counsel for the respondent had a connection to another Employment Judge on the Western Circuit. I was able to reassure the claimant that I had no connection with the case prior to my preparation for the

hearing.

Issues

18. The claimant says that he is disabled in accordance with the definition in section 6 EqA10. He relies on the following impairments,

    a) Hormonal imbalance/suspected insulin resistance, and
    b) Mental health.

19. The Claimant confirmed that he does not rely on an impairment to his back or spine.

20. The claimant says the material times in relation to his claims are 12 July 2022 to 2 May 204. At the case management hearing in September 2025, EJ Rayner recorded the material times as early September 2022 to 2 May 2024. Neither party had raised an issue in relation to the material times as defined by EJ Rayner.

Law

21. The claimant alleges discrimination because of his disabilities under the provisions of the Equality Act 2010 (EqA10).

22. A person has a disability if he has a physical or mental impairment that has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities. A substantial effect is one that is more than minor or trivial, and a long-term effect is one that has lasted or is likely to last for at least 12 months or is likely to last the rest of the life of the person. (Section 6 EqA10).

23. The claimant bears the burden of showing that he meets this definition, on the balance of probabilities (Morgan v Staffordshire University [2002] IRLR 190).

24. In Goodwin v Patent Office [1999] ICR 302, it was held that there are four limbs to the definition of disability, and this is reflected in the legislation.

    a) Does the person have a physical or mental impairment?
    b) Does that impairment have an adverse effect on their ability to carry out normal everyday activities?
    c) Is that effect substantial?
    d) Is that effect long term?

25. Paragraph 2 Schedule 1 EqA10 states that 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.

26. Normal day-to-day activities are things people do on a regular basis such as shopping, reading, writing, conversing, getting washed and dressed, preparing food, eating, carrying out household tasks, walking and travelling, socialising, and working. Normal day-to-day activities must be interpreted as including activities relevant to professional life (Paterson v Commissioner of Police of the Metropolis [2007] IRLR 763).

27. If an impairment ceases to have a substantial adverse effect on a person's ability to carry out normal everyday activities, it is to be treated as continuing to have that

effect if that effect is likely to recur.

28. The issue of how long an impairment is likely to last is determined at the date of the alleged discriminatory act and not the date of the tribunal hearing (McDougall v Richmond Adult Community College [2008] ICR 431, CA). Subsequent events should not be taken into account.

Conclusions

Disability status

29. The claimant asserts that his mental health impairments are,

    a) Clinical depression,
    b) Panic attacks,
    c) Severe sleep disruption and motivational deficits,
    d) Difficulty maintaining personal hygiene and self-care,
    e) Cognitive issues, including poor memory and organisational difficulties.

30. The claimant asserts that, since July 2022, he has been under the care of an endocrinologist for suspected insulin resistance and hormonal imbalance. He says that these conditions have resulted in,

    a) Persistent fatigue,
    b) Mood instability,
    c) Frequent headaches,
    d) Impaired concentration and memory,
    e) Insomnia,
    f) Postprandial drowsiness and difficulty waking from short naps.

Mental health

31. The report of Dr Wolszczak dated 15 March 2024 states that 'mental state at the time of examination in logical contact, clear consciousness, full orientation. Coherent thought process. Lowered mood. Lowered drive. Irritability. Fear/anxiety: worrying. Denies hallucinations. Does not express delusions. Sleep: difficulty falling asleep. Libido: lowered. Appetite: normal. Strongly denies suicidal thoughts and intentions.' The assessment is largely repeated by Dr Wolszczak in her reports of 15 April 2024, and 21 May 2024. The claimant was not able to comment on the content of the report save for observing that perhaps the written statement by Dr Wolszczak was not as bad as she actually said during the consultation. The claimant further commented that the doctor had said he had lowered mood and drive.

32. The claimant accepted that there were no specific and detailed entries as to his mental health in the records in the bundle. He said that he was not in contact with any mental health agency in England but sought private help in Poland. The claimant said that he would be able to obtain a psychologist's report in relation to his mental health but had not done so. Further, that his ex-fiancé and colleagues would be able to confirm his mental health at the time relevant to the claim.

33. The claimant said that his depression endured between August 2022 and October 2023 and therefore lasted more than 12 months. He said that he stopped having therapy purely for financial reasons. The claimant asserted that the respondent had manipulated the facts of the case. I do not accept that. The respondent put its

case in relation to disability by consistent references to the evidence in the bundle. There is a lack of medical or other evidence in relation to the period or effect of the mental health issue. The claimant said that he had not been to the doctor as often as he might have done during the period as he was concerned that his consequent sickness record might lead to disciplinary proceedings. It is the case though that the claimant was largely able to work during the period, and I do not find that any impairment had a substantial, or more than trivial effect on his day-to-day activities until February/March 2024 when he was absent from work.

34. I accept that the claimant had mental health issues prior to and during the dates of Dr Wolszczak's reports and at the relevant times. The claimant suffered a significant bereavement and relationship breakdown in 2022. I cannot say though that the issues began at this time as there is not reliable or persuasive evidence before me that that is the case and/or that there was a substantial adverse effect on his day-to day activities, or that the issue lasted or was likely to last more than 12 months.

35. The claimant said that the reference to F32 in Dr Wolszczak's reports was a reference to a major non-chronic depressive episode as referenced in Dr Wolszczak's report. He accepted that at March – May 2024, this was not a long-term condition but said that he had therapy for over a year. The reference to the impairment being non-chronic leads me to conclude that it was not long term.

36. My attention was not drawn to any evidence of panic attacks in the bundle, and I was unable to locate the same during my reading of the papers. I do not find that the claimant had panic attacks and even if he did, there is no evidence that these, either alone or in combination with other issues, had any substantial effect on the claimant's day-to-day activities or that they lasted or were likely to last more than 12 months.

37. My attention was not drawn to any evidence of difficulty in maintaining personal hygiene and self-care in the bundle, and I was unable to locate the same during my reading of the papers. I do not find that the claimant had difficulty with these issues to the extent that these, either alone or in combination with other issues, had any substantial effect on the claimant's day-to-day activities or that they lasted or were likely to last more than 12 months.

<u>Hormonal imbalance/suspected insulin resistance</u>

38. The report in relation to glucose levels dated 29 August 2023 shows that the claimant's glucose levels were 92 and within the normal range, albeit near the top of the range, the range being 70 – 99. The claimants HOMA-IR result was slightly elevated as were his Estradiol and prolactin results. His testosterone results were normal. The Estradiol result was also raised in November 2023. There is little by way of explanation of these results in the bundle. There is no detailed or explanatory report from an endocrinologist.

39. I find that the assertions by the claimant as to his impairments, as detailed in his impact statement, are not supported by the medical or any other evidence before me. The claimant's assertion in relation to persistent fatigue is not supported save for a reference to lethargy. I do not find that lethargy can be said on the evidence to have had an adverse effect on the claimant that lasted or was likely to last more than 12 months.

40. The assertion of mood instability by the claimant is referenced in the medical records as depression. This is said, and I accept, to be a period of depression in March 2024. The depression did cause a substantial adverse effect on the claimant

as he was not able to work between March and May 2024. The medical report states that the claimant was not able to work between 18 March 2024 and 30 June 2024. The relevant period for the claim ends on 2 May 2024. I do not find that the depression satisfies the 12-month requirement in the EqA10. The condition had not lasted for 12 months and was not likely to last for more than 12 months as it pertained from March 2024 to May 2024 when the claimant's employment ceased.

41. The claimant's reference to headaches is not supported by the medical evidence and I do not find that element of his condition, either alone or in combination with any other impairment, satisfies the definition of disability in the EqA10. The claimant accepted that he did not rely on headaches as a lasting issue that had a substantial effect on his day-to-day activities. The claimant's assertion of impaired concentration and memory is not supported by the medical evidence. Dr Wolszczak states that the claimant was logical and clear in both March and April 2024. I do not find that impaired concentration, memory and/or organisational skills result in the claimant being disabled within the definition, either taken alone or in combination in relation to either mental health or hormonal imbalance/suspected insulin resistance.

42. The only reference to insomnia that I was referred to is difficulty in falling asleep. My attention was not drawn to any specific or persuasive evidence of sleepiness after eating and drinking. I do not find either issue to be, whether alone or in combination with other impairments, a disability pursuant to the EqA10, whether in relation to hormonal imbalance, suspected insulin resistance, mental health, or any combination of them.

43. The only two aspects of the claimant's description of his mental health impairment that might amount to disability are lethargy and depression. The depression does not satisfy the 12-month requirement in the EqA10. The lethargy is only referenced at the end of the relevant period in February 2024 and there is no evidence that it had a substantial effect or was likely to last for more than 12 months by May 2024.

44. The claimant's sickness records date between September 2023 and December 2023 and do not support the his assertion that his impairments had a substantial adverse effect on his day-to-day activities. There was no substantial adverse effect until February 2024 when the claimant was off work.

45. I do not find the claimants assertion of a hormonal imbalance/suspected insulin resistance to fulfil the definition of disability in section 6 EqA10. The claimant had abnormal test results in August and November 2023 and a referral was made to an endocrinologist. There is no medical or other persuasive evidence as to any substantial adverse effect arising from this issue, either on its own or in combination with any other impairment. I do not accept that any hormonal imbalance/suspected insulin resistance is evidenced as the reason for any asserted effect on the claimant's day-to-day activities. Further, even if there were an adverse effect, and none are evidenced by the medics, there is no evidence that the condition's effects were more than trivial, or were long term.

46. I find that the claimant was not disabled by way of mental health or hormonal imbalance/suspected insulin resistance either together or separately, during the material times in the claim.

47. The next hearing is a telephone case management hearing on **16 July 2026** at **2pm.** Separate case management directions will be sent to the parties.

48. The parties must note the future hearings -

a) **16 July at 2pm** by telephone (see above),

b) **3 September 2026 at 10am** by telephone (see above),

c) **12, 13, 14, 15, and 16 October 2026 at 10am** in person at Bristol Civil and Family Justice Centre.

Employment Judge Hastie
Date: 10 June 2026

JUDGMENT & REASONS SENT TO THE PARTIES ON
22 June 2026

Jade Lobb
FOR THE TRIBUNAL OFFICE