CLINICAL THINKING

Solicitor updates and insights on clinical negligence and personal injury topics

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Welcome to the latest edition of our 'Clinical Thinking'. Of note in this issue is coverage of all the big issues - insight and opinion on Jeremy Hunt's proposals for clinical negligence litigation reforms, fixed costs, secondary victims and lots more. 'The gloves are coming off' in mediation, we look at how best to protect your clients' interests and staying the distance in personal injury cases. Just click on the image or gold colour heading below and you'll go straight to that article. Enjoy reading our views; if you'd like to share yours, please get in touch with our team – contact details are on page 12.

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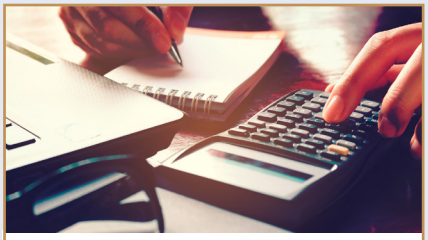

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CLINICAL THINKING

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Fixed costs for lower value clinical negligence claims

By Matthew Best, Senior Underwriting Manager

Putting 'the cards on the table'... I would say that fixed costs can work - but only if they're set at a reasonable level. If they aren't, it will be the claimant who suffers.

If a light-track case justifies £1,500 costs, most firms who do this work profitably will almost certainly have to charge clients the unrecovered fees, as well as any potential success fee. That, in turn, will reduce damages to the claimant. I think the comment by Maria Caulfield (MP and Minister for Patient Safety and Primary Care) about claimant costs being much higher than the defendants is one that needs to be looked at more closely.

What happened to the topic of the NHS learning from its mistakes? The HSCC were debating this in January, but it seems we have moved from that to 'Let's just cut costs'; surely the former impacts the latter and is therefore far more important?

Another solution to the issue of costs would be for defendants to stop taking stronger claimant cases all the way to trial and losing. Let's not forget they have an early start on the medical records, so if the defendant admits liability early and engages in quantum negotiations, costs will inevitably be lower.

Let's also not forget government funding pays defendant firms whether they win or lose. Perhaps that is an incentive for those firms to run cases as long as possible? Defendant lawyers need to earn a living, but their approach in many cases is actually adding to the costs they are seeking to reduce.

The role ATE insurers play in weeding out spurious claims is acknowledged, there is good dialogue between the claimant and defendant solicitors - so let's make the most of that experience and knowledge during the consultation phase for fixed recoverable costs.

In the bigger picture, the NHS seems a 'sacred cow' to many but a 'cash cow' for PPE suppliers and management consultants - to name just two? The government seems to create negative headlines of its own making, almost daily and many of its apparent policy-based actions are being interpreted as seeking more favourable media coverage. In an environment of little clarity, lots of cynicism and easily fuelled agendas will this include 'NHS to be privatised' headlines before too long?

If you would like to share your views, please either call me on 01483 577804 or email matthew.best@temple-legal.co.uk

And that's not all...

MEDIATION MATTERS

Another challenge for the claimant lawyers is to be seen to be as moderate and responsible in their views. More ADR/mediation is the likely way forward to try and appease the government and public opinion.

Mediation can help now without the need for wholesale change. It will help reduce costs as well as help with the lessons learned. The latest article on page 8 from mediation expert and regular contributor Paul Balen is well worth a read.

There is no reason why the mediation process can't be adapted to incorporate a '*lessons learned*' process - for both sides. As a '*quid pro quo*' for the introduction of fixed costs can the government not impose some form of learning on the NHS?

THE JUDICIARY

Also of note is recent court judgments such as the ongoing Paul v The Royal Wolverhampton NHS Trust - which is now at the Supreme Court. Then there is the costs award in R v Barts Health NHS Trust; though this is a win with the judiciary from a technical legal perspective - but what about the big picture?

The Paul judgement is focussed on further into this newsletter. Unfortunately, I detect a possible sense of caution coming from the Supreme Court. If Paul wins, then many other matters get to proceed, with costs incurring all the time; if it loses, the gate is shut. I'm quite aware that each case should be determined on its own facts but wanted to share that observation with you.

Again, if you would like to share your views on these two topics, please either call me on 01483 577804 or email matthew.best@temple-legal.co.uk

Clinical negligence reforms – on the hunt beyond the headlines

By Matthew Best, Senior Underwriting Manager

This is the big one. The one that will have a significant impact on the great work we all do, in whatever capacity we work in… Jeremy Hunt's mission to reform clinical negligence litigation. I've read through the Health and Social Care Committee transcript.

I'm sure we all have heard the latest developments from the most recent Health and Social Care Committee (HSCC) meeting, chaired by Jeremy Hunt. The Committee is concerned by the fact that last year £2.2bn was paid out in new litigation claims; whilst over £8bn has been incurred for future claims.

One of the questions asked at the meeting was whether this is the best way to spend our very precious health resources. Well, clearly that answer is no, but the Committee might want to look at the behaviour of the NHSR in how they conduct litigation. So often a protocol letter of claim is sent and eventually a denial makes its way back. The case will rumble on, resulting in vast amounts of costs being incurred; only for an admission to be made within the trial window.

Approximately, 80% of claims that go to proceedings (where proceedings are issued) end up settling in favour of the claimant. That tells us there must have been opportunities for the NHS to recognise fault and that lessons need to be learned. So, perhaps the HSCC shouldn't just delve into what is being spent/incurred; the question that really needs to be considered is 'Why and how can this be improved?'

Nobody turns to litigation lightly. People want to know what has happened, rather than receiving one denial after the other. People find litigation, particularly in this country, a very stressful and costly process. What the government figures don't show is just how many individuals do approach a lawyer. AvMA estimate less than 10% of the people that approach them seek legal advice; that is around 3,000 people a year.

The costs of implementation will be huge

Mr Hunt appears to have an initial attraction towards a Swedish style non-fault system; but what I do not think is appreciated is the realistic cost of implementing one. There appeared to be a conclusion that the non-adversarial nature of the Swedish system was responsible for significant improvements. That is not exactly what Professor Gustafson said - there are about 10.5m people in Sweden, compared to about 60m in England and Wales alone.

I am eagerly awaiting the next instalment, but the time to make our point is now. There are challenges for each side - for claimant lawyers this includes being responsible in their views and actions.

I'd like to hear everyone's thoughts on these issues

To facilitate this, Temple will be hosting a number of events this year in which we can all have our say on the important subjects. I will be inviting special guests/speakers to come along; to register your interest or share your thoughts please drop an email to me at matthew.best@temple-legal.co.uk or call 01483 577877.

'We could not have proceeded with the matter… without Temple's support'

James King from GoodLaw Solicitors recently got in touch with us to say:
'I would just like to send a short note of thanks to Temple for supporting this claim throughout. It was a case in which prior authority from Temple was required on the grounds of prospects of success. It probably goes without saying that we could not have proceeded with the matter and obtained such a great result for the client without Temple's support and faith in the case.'
Click here to read other feedback provided by our partner law firms.

Practical tips on offers in costs proceedings

By John Ivory, costs lawyer and mediator

As we begin another year, it seems an opportune moment to think about how practitioners can operate to best protect their clients' interests from a legal costs perspective. With that in mind, here are some pointers which may be worthwhile bearing in mind to ensure that costs proceedings are conducted efficiently and effectively in 2022 and beyond:

Be pro-active when a costs order is made

Make an early part 36 offer when an order for costs has been made. Here are four things to consider -

(i) **Receiving parties can open up the possibility** of recovering the rewards available pursuant to CPR 36.17(4), including an enhanced rate of interest, indemnity basis costs of assessment and 10% of the final assessed sum (up to a maximum of £75,000).

(ii) **Paying parties can obtain costs protection** even before a formal bill is prepared, with a possibility of avoiding liability for a hefty costs draftsman's fee. A credible offer based on costs management order allowances should create litigation risk for an opponent and may lead to a swift resolution on commercial terms.

(iii) **It's highly advantageous for paying parties** to make a payment on account of costs as soon as possible. This is to mitigate against liability for what could be a significant claim for interest, with the judgment rate of 8% applied from the date of the final order in the proceedings.

(iv) **"Letting sleeping dogs lie" is not a recommended tactic,** as both parties may be penalised for any delay in commencing detailed assessment proceedings. Conduct issues could be relevant when the court comes to determine who should pay the costs of assessment.

Make the correct offer and in appropriate terms

It is not possible to make a part 36 offer in costs proceedings excluding interest in accordance with King v City of London Corporation [2019] EWCA Civ 2266. Furthermore, part 36 offers in costs proceedings should reflect the terms of CPR 36.5(5) in play since April 2021, by making an offer including interest up to the date of expiry of the 21-day time period. This is for unconditional acceptance, and stipulating that interest will continue to accrue on the principal sum offered beyond that relevant period until the date of acceptance.

If there are arguments concerning a receiving party's entitlement to interest due to delay or conduct issues then the offeror or offeree should make their case clearly and at the earliest stage possible, - in the part 36 offer letter or the paying party's response thereto. This issue could be important when the court is asked to determine whether the part 36 offer has been successful or not.

Be wary of CPR 36.13(4), since if a part 36 offer is accepted after expiry of the relevant period for acceptance (of 21 days). This is unless the parties agree on the liability for costs, then the court will make an appropriate determination. This tactic was used by the defendant in Roxanne Pallett v MGN Limited [2021] EWHC 76 (Ch) who argued that the claimant should have engaged in settlement dialogue at an earlier stage and therefore, for conduct reasons, she should not be entitled to recover her costs. The court ultimately found in favour of the claimant who argued that the defendant had failed to disclose certain documents during the pre-action protocol stage, and this prevented an earlier settlement from being achieved.

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If a party is unsure whether a part 36 offer is capable of acceptance or not based on the available information and evidence in existence at the time the offer is received, or due to conduct reasons, then they should say so. This is in order to try and avoid facing adverse consequences following a trial, reflecting the terms of CPR 36.17(5).

Offers may also be made on a Calderbank or *"without prejudice save as to costs"* ("WPSATC") basis, usually on global terms in full and final settlement. When making such offers it might help to break down the constituent elements for interest and costs of assessment. This is to make it easier to argue whether the sum proposed for acceptance has been beaten or not following conclusion of the court's assessment procedure.

WPSATC offers should also be monitored or, even better, made open for acceptance on a time-limited basis. This should avoid the consequences faced by the defendant in MEF v St George's Healthcare NHS Trust [2020] EWHC 1300 (QB) where the claimant accepted a WPSATC offer on the second day of a detailed assessment hearing. On appeal, it was determined that it was permissible for the claimant to accept the defendant's offer as common law principles applied. Also, that there can be no direct "read across" to the provisions of CPR part 36, which requires leave of the court to accept an offer once the final hearing has commenced.

Lastly it is highly advisable to keep your ATE insurer and/or the client informed as to progress in costs negotiations and to consider all available options to achieve a desirable outcome - especially given the time and expense associated with protracted detailed assessment proceedings and the costs risks involved.

If you would like to discuss any of the issues raised in this article, please contact John via email to john.ivory@keithbintley.co.uk or call 020 3940 4954

The 'Paul' Case: Clinical Negligence Secondary Victim Case heads for Supreme Court with Full Support of Temple Legal Protection

By Matthew Best, Senior Underwriting Manager

This is a specially extended article on the recent high-profile Court of Appeal judgment concerning clinical negligence secondary victims. Temple provided ATE insurance for Mr Paul and his family, with Shoosmiths representing them. There is also comment from Phil Barnes at Shoosmiths.

The Court of Appeal handed down judgment on 13 January in Paul v The Royal Wolverhampton NHS Trust. The main action concerns a failure to diagnose a life-threatening condition of the primary victim that resulted in his death. Attached to the main action are two psychiatric injury claims for Mr Paul's daughters (the secondary victim claimants) who witnessed their father's heart attack and death. Temple Legal Protection provided ATE insurance for Mr Paul and his family, with specialist clinical negligence law firm, Shoosmiths representing them.

The case: secondary victim claim

Mr Paul suffered a heart attack, caused by ischemic coronary artery atherosclerosis; he collapsed in January 2014 when out shopping with his daughters, aged 9 and 12 at the time. Mr Paul's daughters are pursuing psychiatric injury claims as a result of witnessing their father's heart attack and death.

The claimants' case is that the defendant was negligent in failing to perform coronary angiography in November 2012 which would have revealed the coronary artery disease. This could and would have been successfully treated by coronary revascularisation.

The defendant's case is that the claimants cannot satisfy the criteria of proximity in time and space to the relevant *"event"*, one of the *"control mechanisms"*, laid down in Alcock v Chief Constable of South Yorkshire Police [1992] AC 310, which must be satisfied to establish liability for a secondary victim claim. The defendant, relying on Taylor v Somerset Health Authority [1993] PIQR 26 and their interpretation of the Court of Appeal decision in Crystal Taylor v. A. Novo (UK) Ltd [2013] EWCA Civ 194 (Novo), argued that the relevant *"event"* was when the tort to Mr Paul was complete. This is when the defendant failed to perform the coronary angiography and coronary revascularisation, and as that did not occur, it was an omission, therefore there was no event. The heart attack/death was not the relevant event, so the defendant did not owe the claimants a duty of care.

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The claimants do not accept the defendant's interpretation of the decision in Novo and submit that the heart attack and death of Mr Paul was the relevant event - being the first manifest damage caused by the defendant's negligent failure to diagnose his heart condition.

Strike out

Master Cook accepted the defendant's argument and struck out the secondary victim claims, the claimants appealed, and Master Cook's decision was overturned by Chamberlain J on appeal. Chamberlain J held that *"the principle in Taylor v A. Novo is no bar to recovery in this case if it is shown that Mr Paul's collapse from a heart attack on 26 January 2014 was the first occasion on which the damage caused by the hospital's negligent failure to diagnose and treat his heart condition became manifest."* He held that the heart attack and death was capable of constituting the relevant event.

The defendant appealed to the Court of Appeal.

Paul was joined at the Court of Appeal by the cases of Polmear v Royal Cornwall Hospital NHS Trust and Purchase v Ahmed, both secondary victim claims arising from clinical negligence involving appeals of strike out applications. The appeals were heard on 14 and 15 December 2021.

The claimants in Paul were represented at the strike out application and the appeal to the High Court by Laura Johnson of 1 Chancery Lane, and at the Court of Appeal by Laura Johnson led by Robert Weir QC of Devereaux Chambers.

Court of Appeal

The Court of Appeal comprised Sir Geoffrey Vos, Master of the Rolls; Lord Justice Underhill, Vice President of the Court of Appeal (Civil Division) and Lady Justice Nicola Davies.

Vos MR gave the lead judgement, agreed by Underhill LJ and Davies LJ. He identified the issue to be determined by the Court was:

"How the authorities are to be applied to clinical negligence cases where there is a delay between the negligent act or omission and a horrifying event caused to the primary victim by that negligent act or omission."

The *"control mechanisms"* laid down in Alcock arise from accident cases but are applicable to all categories of cases, including clinical negligence cases where it is very common for there to be a gap between the negligence and the horrific event that caused the injury.

The control mechanism that causes much debate in clinical negligence cases is "how the third requirement for the claimant to be personally present at the scene of the accident, or more or less in the immediate vicinity, or to witness the aftermath shortly afterwards is to be interpreted in the context of clinical negligence cases".

But what is the relevant event?

The defendant, relying on their interpretation of Novo, submitted *"that the law is that the secondary claimant can only claim damages for psychiatric injury if the horrific event is the damage completing the primary claimant's cause of action in negligence."*

The claimants submitted that *"the relevant event or trigger for the liability to the secondary victim had to be a single event that was the damage and that it was the duty of the defendant to protect the primary victim against when the damage first becomes manifest or evident."*

Counsel for the claimants in the linked appeals argued that *"any horrific event caused by a breach of duty to the primary victim was sufficient to give rise to legal proximity and liability to a secondary victim satisfying Lord Oliver's five elements, whether or not damage to the primary victim had occurred or manifested itself at an earlier time."*

Vos MR did not accept the defendant and claimant's submissions determining that *"Each of them would create unprincipled and complex factual disputes as to either when damage caused by the negligence was occasioned to the primary victim or when such damage first manifested itself. There is nothing in any of the cases to suggest that this is the distinction that is to be drawn."... "What is important is the horrific event itself that caused the secondary victim the psychiatric injury in respect of which the claim is made."*

The article continues on our website with a look at -

- Applying the authorities
- Significant consequences
- Why this matters and what next?
- Comment from Phil Barnes at Shoosmiths

Click here to continue reading this article.

For detailed insight on the case and the judgment please contact Matthew Best at Temple Legal Protection on 01483 514804 or email Matthew.Best@temple-legal.co.uk

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WE HELP MORE

Mediating clinical negligence and personal injury cases - 2022 style.

By Paul Balen, Mediator and Director of Trust Mediation Ltd

It's official! The letter 'A' is officially redundant. Claims are now all about Dispute Resolution. As the Master of the Rolls said last year: "Courts are there to assist the parties find a resolution to their dispute and (A)DR is to be viewed as part of that process not an opt in". Below regular contributor Paul Balen shares his experience of 5 years' clinical negligence mediation.

As this statement and many recent judgments make clear, the court's function should now primarily be to encourage resolution. Adjudication is the last resort; the fall-back mode when dispute resolution fails. Those brought up and trained for the boxing arena of the court need to go back to school to learn to think resolution from the first bell. The gloves are off the participants and onto the hands of the judges to be wielded against those protagonists who ignore, refuse or fail actively to participate in attempts to resolve their cases outside the court room.

After 5 years of the NHS Resolution Mediation Scheme, mediation as the primary form of dispute resolution is now firmly established in clinical negligence claims. This now encompasses most cases brought against GPs as well as Trusts. There is no reason why mediation should not be similarly attractive to personal injury practitioners although they (and the insurance industry) have been much slower to adopt it as their preferred form of resolution.

Other forms of dispute resolution including settlement meetings and direct negotiations will always have their place but replacing judges and the adversarial approach with an independent neutral mediator, especially one with a specialist background in the field, has shown its worth in case after case.

So what have we learnt and how has mediation developed during the pandemic?

Well, with approaching 900 mediations under our belt and a resolution rate exceeding 80%, we can say for certain that our customers feel that mediation works.

What is more it works for all cases, of all values, and at all stages of the claims cycle. Most noteworthy is the fact that the resolution rate remains broadly consistent whenever in that cycle mediation is adopted. This though is with the caution that, in lower value cases, the later the mediation is held, costs issues definitely impedes resolution. The majority of mediations are now routinely held pre-issue and pre-CCMC.

Before 2020 online mediations were a rarity. Now they are here to stay - pandemic or no pandemic. Parties have embraced and enjoyed the informality and flexibility of the process. Everyone is noticeably more relaxed. Posturing and adversarial phraseology simply do not work online and diminish the speaker. Claimants, who by and large are as well versed in Zoom as their lawyers, if not more so, enjoy the ease at which they can join in or elect not to. As one claimant wrote:

'The opportunity to have mediation in the way that we did was absolutely the best thing that could have happened. The pressures of having to go somewhere for a long day, arrangements for the children, public transport, being in unfamiliar surroundings all take a toll ... I definitely recommend it...'

Continued on page 9 >>

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And so should the parties' lawyers.

Early resolution brings greater client satisfaction and finance partner's approval as cash flow is accelerated. If you don't embrace dispute resolution now the judges are ready and waiting to hand down a financial penalty.

Trust Mediation provides mediators for personal injury and clinical negligence cases. Its USP is that all its mediators have a specialist professional background in dealing with such cases.

If you would like to find out more about mediations in clinical negligence and personal injury cases do contact registrar@trustmediation.org.uk or sign up for one of our forthcoming training presentations or mediation clinics.

The Temple Perspective

We support the use of mediation when the opportunity arises and even offer mediation incentives on our clinical negligence ATE policies. We continue to work closely with Trust Mediation and other entities to ensure that ADR is considered as a viable approach for law firms to achieve the best result for their clients.

If you would like further information on how our ATE insurance cover and disbursement funding can benefit you and your client, please contact Peter Morgan at peter.morgan@temple-legal.co.uk or by telephone on 01483 514 800.

ATE Insurance in Action: Only the strong survive?

Facts from actual personal injury cases and claims

By David Stoker, Senior Underwriter

Though Temple is well known to leading clinical negligence practitioners, we wanted to remind you about our equal appetite and experience for personal Injury work. We insure PI claims of all types including industrial disease, accidents at work and public liability - and specialise in high value claims. Here's just a few reasons why - facts based on actual cases.

We are a committed partner and will stay the distance.

The recent RTA reforms has not been the doomsday scenario many feared. There are many cases where the value is well in excess of £5,000. We have just authorised rejection of an offer in excess of £3 million in a pedestrian RTA case where a provisional damages settlement is being sought.

Temple will support you through the good times and the not so good.

QOCS is often a good safety net but are you prepared for that big loss? This month (January 2022) we are paying a single claim for £70,000. It had QOCS protection although several experts were required. It went to a 5-day trial with the outcome being the judge preferred the opponent's evidence – as simple as that. The client was protected by Temple's cover - we do not quibble or look for ways of not meeting our commitments.

At Temple you can speak to an underwriter immediately

We can provide that important clarification you may need when, for example, taking a break in negotiations. In another case last month, the writer took a call asking, "Would we reject an offer of 60% on liability?". The QC for the claimant believed 70% was about right; we backed that and authorised rejection there and then. The 10% difference amounted to about £500,000 and would be invaluable towards future care.

We are not afraid. We care about your clients and justice.

In 2022 we are supporting a number of cases proceeding to the Supreme Court. Here are just two examples:

For secondary victim cases (my colleague Matthew Best looks at this in detail elsewhere in this newsletter) one decision will be vital - as the current Court of Appeal ratio decidendi is very unsatisfactory. As you may know the ratio effectively prevents a claim being made if the client was not present at the shocking event. The Taylor v A Novo Court of Appeal decision can only be overturned by the Supreme Court.

We are also backing a case against the local authority where the Claimant's case is that the road layout and barrier adjacent with a reservoir were inadequate. Sadly the driver of a car died when her car went into the water. Kate McCue of Chris Kallis solicitors said *"Temple have been invaluable in supporting our client in a partially successful appeal to the Court of Appeal. They are willing to back our client in an appeal to the Supreme Court on an issue which is not only of significant personal importance to our client but also could be of great public importance as well. In light of the potential liability on costs with multiple Defendants, our client would have been unable to take this next critical step of appealing to the Supreme Court without the backing of Temple. They are a valuable partner and provide an excellent service to our clients."*

If you would like Temple ATE insurance for personal injury cases, please call David Stoker on 01483 514808 or email david.stoker@temple-legal.co.uk to discuss your requirements.

Armed and ready - again. The 2022 AvMA Annual Clinical Negligence Conference

By Philip Pipkin, Underwriting Support Manager

Once again, Temple Legal Protection are attending the annual AvMA Clinical Negligence conference at Leeds Armouries Museum on 24th-25th March 2022. We have attended this event many times over the years and look forward to seeing some of our 'comrades' and clients at the event.

The Leeds Armouries Museum is without doubt a fantastic venue and home to the UK's national collection of arms and armour. Amazingly, entry is free to five galleries, over 4500 objects on display and the opportunity to experience live combat demonstrations. If you haven't been, you really should.

The Temple platoon this year is made up of myself, David Pipkin and Andy Lyalle. Our tactics are to supply 'arms' to our clients in the form of disbursement funding and the 'protection' of ATE insurance solutions.

We are very much looking forward to seeing some friendly faces and hope you will join us at our garrison to share intelligence on your funding and insurance needs and the fascinating experience of the Leeds Armouries Museum. We will also share our views on the ATE insurance market in general - so do please come and have a chat. Over and out...

If you're not going to be at the conference but would like to find out more about ATE insurance and disbursement funding for your firm and clinical negligence clients, please email Philip.Pipkin@ temple-legal.co.uk or call me on 01483 514417.

The big picture for personal injury: under attack - as usual.

By Matthew Best, Senior Underwriting Manager

The choice of venue for this year's AvMA annual clinical negligence conference is perhaps apt. Though the focus of attention by the government is currently on clinical negligence, personal injury has basically been under attack constantly - and still is.

As has recently been reported, the annual figures published by the government have shown the number of motor claims fell dramatically in 2021. I can echo this when looking at the number of ATE policies being insured by Temple - something I am sure other providers are seeing.

However, it is not just motor claims on the decline, the whole PI sector is. In 2020, we saw a drop of just under 50% in the number of PI policies incepted (compared with 2017 figures), but they rose by just over 30% during 2021. I do find the drop in motor claims no coincidence, considering the same year saw the Civil Liability Act come in to force, resulting in reduced compensation available to successful claimants. It was also reported the number of clinical negligence cases was up 37%; here at Temple we have seen much less of a fluctuation in recent years.

Claimants a sitting duck for 'fat cats'?

Reducing the awards for those successful in their quest for justice and making claimants believe it isn't worth the time and effort to claim are just two observations - whilst motor insurer 'fat cats' reported £3.3bn in profits last autumn.

This might be OK, perhaps, if the promise of cheaper car insurance premiums actually happened. I agree with those saying they should be held to account more but is the reality this is less likely as some of those profiting are to be found in Westminster?

if you would like to share your views, please either call Matthew Best on 01483 577804 or email matthew.best@temple-legal.co.uk

Charities in 2022

By Lisa Fricker, Solicitor Services Manager

Temple remains committed to our charitable endeavours and we are currently finalising plans to support our chosen charities throughout 2022.

We have once again chosen to support the Queen Elizabeth Foundation (QEF), Brain and Spinal Injury Centre (BASIC) and Child Brain Injury Trust (CBIT) this year. Our aim throughout the year is to organise fundraising events with each charity, as well as participating in events organised directly by the charities to raise much needed funds for these exceptionally good causes.

Details of the support each charity provides can be found on their websites which are listed below.

- QEF
- BASIC
- CBIT

Throughout 2022 we are also proud to continue our relationship with the London Legal Support Trust by participating in walks and other activities that are arranged by the charity.

If you would like to know more on the charitable work Temple undertakes or get involved with fundraising for these great charities, then please don't hesitate to contact me on 01483 514872 or via email to lisa.fricker@temple-legal.co.uk.

Really quite interesting? What's caught our eye recently

We all love a list, especially a useful list. Below are links to some topical articles on clinical negligence and personal injury litigation that have caught our eye in the last three months.

- 'NHS trust loses costs battle after saying solicitors' skill wasn't needed'
- 'Medical negligence claims process can be "inhumane experience"'
- 'PI Claims: Whiplash portal reforms - A success or a failure?'
- 'Where have so many RTA claims disappeared to?'

For all our latest news please visit the Temple website. Our podcasts can be listened to at www.temple-legal.co.uk/news/podcasts/, previous webinars watched at www.temple-legal.co.uk/news/webinars/ and previous newsletters viewed at https://www.temple-legal.co.uk/news/newsletters/.

ATE Insurance and Disbursement Funding Product Guides

Get all the facts about our ATE insurance and funding facilities - **click here** to download your copy of the Clinical Negligence Product Guide and **click here** for the Personal Injury Product Guide.

CLINICAL THINKING

Solicitor updates and insights on clinical negligence and personal injury topics

temple legal protection

Which types of clinical negligence do Temple Legal Protection cover?

We can provide ATE cover for all types of clinical negligence claim, including surgical negligence, pregnancy and birth injury claims, prescription and medication errors, cosmetic surgery negligence, dental negligence and opticians' negligence.

Click on the links below for in-depth ATE insurance information for clinical negligence litigators.

- **Pregnancy and Birth Injury Cases.** Read more
- **Cauda Equina Syndrome (CES) cases.** Read more
- **Delayed diagnosis / misdiagnosis cases.** Read more
- **Surgical Negligence cases.** Read more
- **Prescription and medication.** Read more
- **Optician's Negligence claims.** Read more
- **Dental negligence cases.** Read more
- **Cosmetic Surgery Claims.** Read more
- **Nursing Care and Care Home Claims.** Read more

Contacts:

Matthew Best | Senior Underwriting Manager

Matt's day-to-day role involves managing a large number of ATE insurance schemes for law firm's clinical negligence and personal injury claims. In addition he uses his experience to ensure that their Temple disbursement funding facilities are set up and run smoothly. He is often seen at APIL, AvMA and SCIL conferences sharing his expertise.

01483 514804 | matthew.best@temple-legal.co.uk

Lisa Fricker | Solicitor Services Manager

Lisa has over 15 year's experience in the legal insurance industry, and is used to working closely with solicitors to develop and maintain good working relationships. In her role Lisa manages our internal and external review process and is focused on ensuring that the quality of service provided by Temple remains at the highest standard.

01483 514872 | lisa.fricker@temple-legal.co.uk

David Stoker | Senior Underwriter

David's experience allows him to undertake a key role within Temple's ATE insurance personal injury and clinical negligence teams. He also participates in the assessments of delegated schemes that Temple provide to help our customers make the most of the products and services we offer.

01483 514808 | david.stoker@temple-legal.co.uk

Peter Morgan | Senior Underwriter

Peter is responsible for assessing risks along with the day to day management of delegated authority schemes. He is also available to help with any underwriting questions to ensure customers are getting the best from their Temple ATE and funding products.

01483 514800 | peter.morgan@temple-legal.co.uk

Philip Pipkin | Underwriting Support Manager

Philip's integral role at Temple is to ensure that personal injury and clinical negligence underwriting tasks are dealt with quickly and professionally. He mainly deals with initial ATE insurance enquiries and general underwriting issues but also assists in the maintenance and introduction of delegated schemes to Temple's customers.

01483 514417 | philip.pipkin@temple-legal.co.uk

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