









claims, neurological or orthopaedic injury (including cauda equina cases), cancer, stroke and cardiac cases. She is interested in the psychiatric and psychological issues which frequently accompany serious injury and seeks to ensure that totality of the impact on the lay client is acknowledged, so far as the litigation process can do so.

The generally separate stages of liability and quantum of damages in a complex clinical negligence claim involve different approaches. The former requires a forensic and technical interrogation of the clinical records and witness evidence, experts' argument and analysis, but without loss of sight of the family tragedy at the heart of the case. Once liability is established, the focus can finally shift to the assessment of, and provision for the needs of the client. This can be an overwhelming and intrusive period for the client and their family, with the involvement of multiple experts, and it requires careful handling. Sally works closely with her instructing solicitors in tackling both stages of the litigation to build up and test the evidence needed to support the Particulars of Claim and Schedule of loss, to maximise the prospects of success at trial, and, possibly more importantly for the client, to maximise the prospect of securing a good outcome in negotiation before trial.

Sally has lectured extensively on practical trial litigation, and draws upon that together with long experience of complex medical analysis to advance the optimum case for her clients, and advise them accurately about the prospects of their claims.

As an Assistant Coroner and editor of the BPILS chapter on fatal accidents, Sally is also experienced in cases involving a terminal or fatal outcome.

#### Sample representative cases

Claims causing cerebral palsy with profound injury arising from:

- Antenatal failures to heed a fall-off in fetal growth, to manage maternal illness or infection;
- Intrapartum failures of management of induction of labour, of monitoring of the fetal heart rate in labour, or of management of caesarean section;
- Post natal failures to heed signs of the development of malnutrition or jaundice.

Wrongful birth claims resulting from failures to detect profound fetal abnormality.

Claims involving paediatric injury from untreated meningitis, or from the performance of surgery.

Claims involving catastrophic injury resulting from cauda equina syndrome, from spinal or other surgery, or from a failure to heed and investigate metabolic disorders or signs suggestive of cancer.

Examples of particular cases of interest:

Cerebral palsy claim involving child born to teenage mother, in care herself. Issues at quantum stage relating to foster care, local authority and maternal involvement.

Hypoglycaemic brain injuries caused to children where mother sought to establish breast feeding but where a language barrier limited her communication with midwives, or where midwives failed to heed signs suggestive of ongoing difficulty in establishing a feeding pattern

Claim involving catastrophic bladder injury in surgery with profound ongoing sequelae, but complicated by unexplained cognitive impairment of the claimant

Claim arising from late manifestation of rare genetic disorder. Significant difficulty in establishing causation or a different outcome, necessitating discounted settlement and consideration of possible alternative Defendants in