#COURTOFPROTECTION

Welcome

Court of Protection From Litigation to Deputyship



Introduction

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Agenda

Time	Торіс	Speaker(s)	
10:00 - 10:20	Welcome & Intro	Sue Bowler & Lucy Taylor, Shoosmiths	
10:20 - 11:00	Litigation Masterclass	Denise Stephens, Shoosmiths	
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Litigation Masterclass



Denise Stephens Partner

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We are halfway there.....





Important People



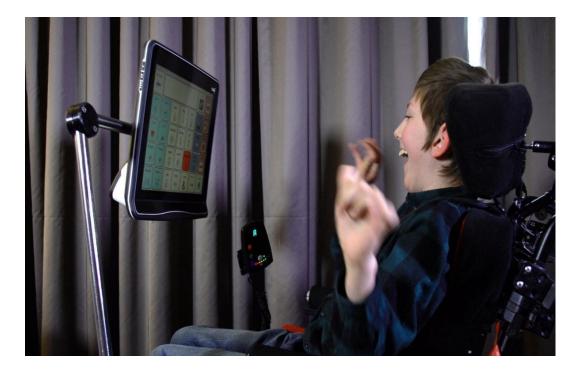
James Robshaw (a child by his mother and litigation friend Suzanne Adams) v United Lincolnshire Hospitals NHS Trust [2015] EWHC 923 (QB)

Leading case on quantum

Highest court award

Set a precedent for a number of firsts

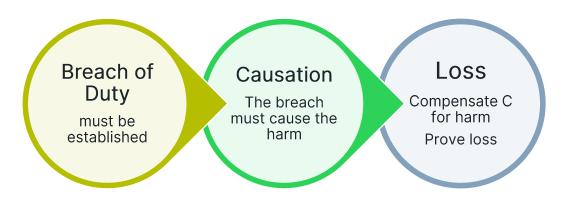
Litigation Solicitor and Deputy – Denise Stephens



Capacity - Litigation Friend

- CPR 21 Court rules for Claimants who lack capacity
- CPR 21.2 A protected party must have a litigation friend to conduct proceedings on his/her behalf
- A "protected party" means a party who *lacks capacity* to conduct proceedings.
- "Lacks capacity" is defined as lacking capacity within the meaning of the *Mental Capacity* Act 2005 (MCA)
- <u>MCA s2.1</u> "A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain"
- Capacity is decision specific

Legal basis for claim (1)

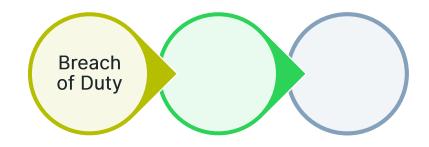


Q: What Duty? A: The duty to provide a proper standard of medical care

Q: Who owes the duty? A1: Private Health Providers A2: Institutional Health Providers – vicarious liability and direct liability

> Q: How is the duty derived? A: Tort and Contract

Legal basis for claim (2)



What is the standard of care?

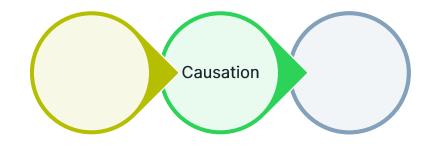
"[The doctor] is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art... Putting it the other way around, a man is not negligent, if he is acting in accordance with such a practice, merely because there is a body of opinion who would take a contrary view." Bolam v Friern HMC [1957] 1 WLR 582

- Specialism dependent
- Location dependent (access to tests)
- Time dependant (medical knowledge at the time)
- But not experience dependent Wilsher v Essex Area Health Authority [1987] UKHL 1
- Demonstrate opinion has a logical basis Bolitho v City of Hackney Health Authority [1997] UKHL 46

Consent: Part of duty to provide medical care is the duty to inform the patient of risks.

"A doctor is under a duty to take reasonable care to ensure that the patient was aware of any <u>material risks</u> involved in the treatment and of any reasonable alternative or variant treatments' - Montgomery v Lanarkshire Health Board [2015] UKSC 11

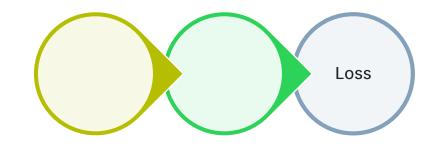
Legal basis for claim (3)



The 'But For' test

- No civil liability for negligence that does not cause harm.
- The person bringing the claim for compensation must prove that 'on the balance of probabilities' the negligence caused the harm.
- 'Harm' means any physical or psychiatric injury, or death, and the financial consequences of that injury or death.
- In the vast majority of cases, this issue is resolved by applying the "but for" test, namely, whether, on the balance of probabilities, the injury would have occurred but for the Defendant's negligence.
- If there are multiple cumulative causative factors, only one of which is the negligent cause, it may be impossible for the court to apply the but for test. In such cases, the court considers whether the contribution of the negligent cause was a material contribution

Legal basis for claim (3)



Compensation is known as 'damages' in the court system It is intended to repair the harm, as best as money can Falls into three categories:

- Damages for the injuries themselves
- Losses and expenses Claimant incurs as a result of the injuries up to trial
- Consequential losses and expenses Claimant will suffer in the future

Quantum covered in more detail by Kashmir Uppal in a later session

Establishing if there is a claim

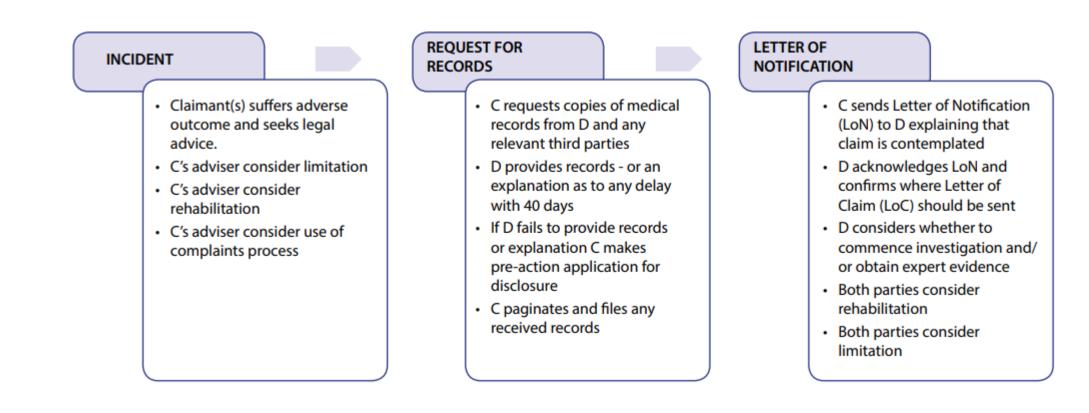


Pre-action Protocol

Protocols introduced to encourage parties to settle before issuing a claim A number relevant to personal injury cases:

- Practice Direction Pre-Action Conduct and Protocols applies to all pre-action protocols
- Pre-Action Protocol for Resolution of Clinical Disputes
- Pre-Action Protocol for Personal Injury Claims
- Pre-Acton Protocol for Disease and Illness Claims
- Pre-Action Protocol for Resolution of Clinical Disputes relevant in Robshaw
- Illustrative flowchart to show steps required to take

PRE-ACTION PROTOCOL FOR RESOLUTION OF CLINICAL DISPUTES – FLOW CHART



PRE-ACTION PROTOCOL FOR RESOLUTION OF CLINICAL DISPUTES – FLOW CHART

LETTER OF CLAIM

- C sends LoC to D and D's insurer detailing allegations as to breach of duty and causation
- C provides D with copies of relevant records and/ or a list of all records obtained
- C sets out chronology of events
- C provides evidence as to condition, prognosis and alleged quantum losses
- Both parties consider rehabilitation

LETTER OF RESPONSE

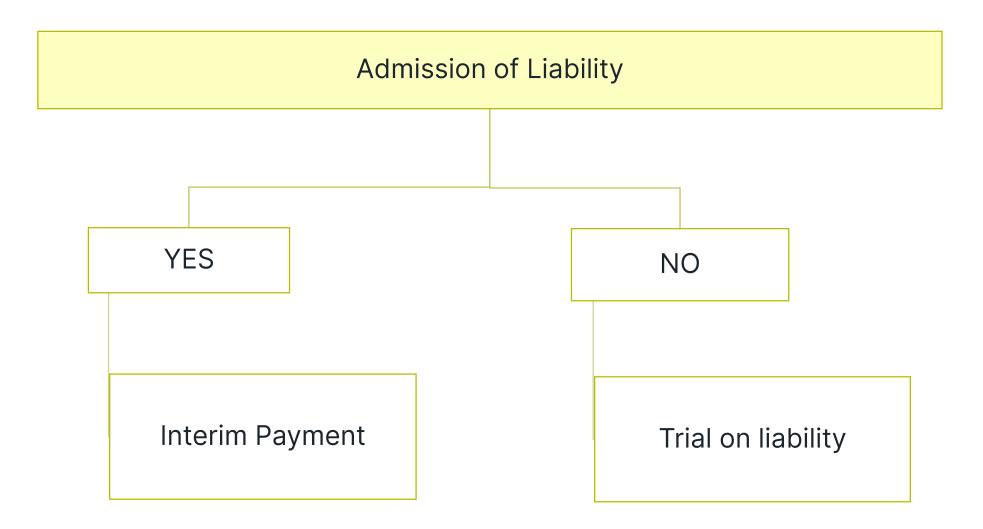
- D provides C with detailed Letter of Response (LoR) within 4 months
- LoR will set out any admissions or denials as to breach of duty and/or causation
- D identifies relevant medical records not referred to in LoC
- D agree C's chronology or provides alternative chronology
- Both parties consider rehabililtation

ADR

- Parties consider whether matter can be resolved without further recourse to the court
- Parties consider nonfinancial resolution (eg. face-to-face explanation, further treatment and/or apology)
- Parties consider financial settlement (without without admission of liability)
- Parties consider rehabilitation

STOCKTAKE

- Parties seektonarrow issues to dispute
- Parties seek to agree chronology and key facts
- Parties seek to identify any matters that could be dealt with as prelimiary issues (eg limitation)
- Parties consider rehabilitation
- Parties consider what further expert evidence will be issued
- Parties consider whether Protocol has been complied with



Change of Solicitor



APPOINTMENT OF CASE MANAGER

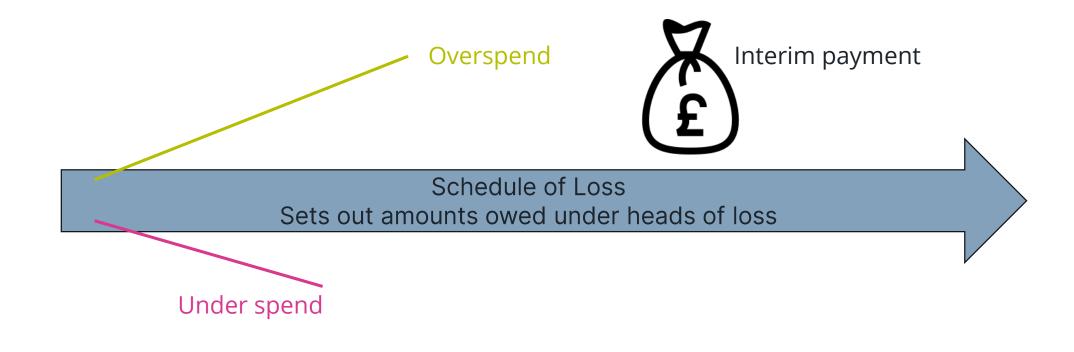
- Carers
- Therapists



Being an advocate

- Equipment
- Eye-Gaze
- Accommodation
- Education differentiating the curriculum claim for teacher and assistant
- Tribunals
- Swimming Pool
- Kontiki Motor-home

Proving the loss



NHS v Private

s2 of the Law Reform (Personal Injury Act) 1948

"(4) In an action for damages for personal injuries (including any such action arising out of a contract), there shall be disregarded, in determining the reasonableness of any expenses, the possibility of avoiding those expenses or part of them by taking advantage of facilities available under [the National Health Service Act 2006 or the National Health Service (Wales) Act 2006] or the National Health Service (Scotland) Act 1947 or of any corresponding facilities in Northern Ireland".

Peters v East Midlands [2009] EWCA Civ 145

The Court of Appeal held that that there was no reason in policy or principle why a claimant who wished to opt for self-funding and damages in preference to reliance on the statutory obligations of a public authority should not be entitled to do so as a matter of right, provided there was no double recovery. Further, where the court had ordered a [defendant] to pay 100 per cent of the care costs necessary to meet a claimant's needs, there was no duty on a case manager to seek full public funding.

Disclosure

- 1. Carers' Records
- 2. Case Manager's contact notes
- 3. Redacting
- 4. 91 lever arch files



Evidence

Lay Evidence	Expert Evidence	Schedule of Loss
Case Manager's witness statement Making the difference to the case Two opportunities	Expert Evidence Reports Joint Meetings	Schedule of Loss Receipts Proof of purchase

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Case Manager's role

Support family through litigation



Keep in contact with Litigation Solicitor



Conferences

Conference with Counsel Conferences with Experts Round-table meetings

Privilege entitles a party (or their successor in title) to withhold evidence from production to a third party or the court. This evidence may be either written or oral.

- The privilege belongs to the client, and the client's lawyer is under a professional obligation to assert the privilege until it is waived by the client.
- Litigation privilege arises when litigation is pending or contemplated
- Supports the principle that a litigant or potential litigant should be free to seek evidence without being obliged to disclose the result of their research to their opponent.
- The privilege applies to communications between a client or the client's lawyer and a third party.

Round Table Meeting



Settlement or Trial?

Trial

- 1. Run up to trial
- 2. Preparation for the big day
- 3. Start of the trial
- 4. Case manager in the witness box



Settlement or Judgment?

Infant Approval Hearing

Breakdown of James's damages:

- Periodical payments
- Lump Sum
- Order

Kashmir Uppal will be explaining court's approach in Infant Approval hearings in more detail later today.

Receipt of Damages

Listen to James' story in this video:



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Case Management Tips & Pitfalls For Running An Effective Multi-disciplinary Team



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Funding for INA/case manager

- Compensator insurers/public body
- Liability/causation can take much longer in clinical negligence cases
- Rehabilitation Code purpose is to "help the injured claimant make the best and quickest possible medical, social, vocational and psychological recovery"
- Personal Injury and Clinical Disputes Protocols The claimant and the defendant shall both consider as early as possible whether the claimant has reasonable needs that could be met by rehabilitation treatment or other measures. They should also discuss how these needs might be addressed
- Interim payments

Rehab code – medium, severe and catastrophic injuries

- rehabilitation assistance will be considered by "immediate needs assessment" (INA) carried out by a case manager or rehabilitation professional
- claimant's solicitor and compensator should discuss at the outset an appropriate person to carry out the INA and their instructions/method of assessment eg a joint referral, subject to the claimant's approval
- parties should seek to agree early implementation of reasonable recommendations and secure funding
- with catastrophic injuries it is especially important to achieve good early communication. The INA should be able to be carried out even if the claimant is an NHS in-patient

Rehab code - INA assessors

- parties cannot insist on a certain case manager if the other side have raised a reasonable objection within 21 days
- responsibility of commissioning the provider is ultimately the claimant's as long as they can show co-operation
- assessor's overriding duty is to the claimant and they should act completely independently from their instructing party
- the assessment may be carried out by someone who has a business link with the parties' representatives <u>only with agreement</u> from the other side
- the assessment should reveal information and analysis which maximises the claimant's recovery and mitigates loss

Choosing case manager

- Usually by litigation solicitor or Deputy do not be "bullied" by the Defendant
- Relevant experience/expertise
- Availability
- Regulatory compliance CQC is required by section 10(1) of the Health & Social Care Act 2008 (the Act) which states that:
 - 'any person who carries on a regulated activity without being registered under this chapter in respect of the carrying on of that activity is guilty of an offence'

A list of 'regulated activities' is set out in Schedule 1 to the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 and includes personal care.

Immediate Needs Assessment - Rehab Code

- the assessment should be conducted entirely outside the litigation process, unless parties agree otherwise in writing
- the INA, report and related correspondence will be deemed privileged unless the parties agree otherwise. Anyone involved in the assessment process will not be a compellable witness

MDT

- Case manager
- Solicitor litigation and/or Deputy
- Neuropsychology/neuropsychiatry
- Physio
- OT
- SALT
- Support workers
- Anyone else relevant?
- Consider the possibility that the closet clinician might not be the best

MDT considerations

- Suitability and relevant experience both in their field and in case management work
- Availability
- Any sub specialisms?
- Cost including consideration for travel- COVID has made us all adapt and embrace new ways of working, utilise statutory services where possible
- Right "fit" for the client/family?
- Establishing good working relationship with members of the MDT
- Co-ordination of MDT and review of rehab plan is essential
- Be clear in the instructions what is expected of MDT especially in relation to arrangements for funding
- Case manager should create and lead a cohesive MDT to provide holistic rehabilitation

Funding

- Understand the funding available and any limitations, give realistic cost estimate
- Monitor and work within estimates
- Understand when and how can more funding be obtained if needed
- Notify instructing solicitor well before estimate is exceeded
- Provide revised estimate and reasons
- If estimates are exceeded without authority there may be insufficient funds
- The needs of the client should be at the heart of the selection process for the MDT
- Communication from MDT to Case manager and onto the solicitor/insurers essential

Assistance for funding of MDT

- Section 2(4) of the Law Reform (Personal Injuries) Act 1948 requires the courts, in determining the reasonableness of the expenses, to disregard the possibility of treatment/therapies etc being available on the NHS
- CHC
- Adult Services
- Children's Services
- Disabled Facilities Grant

Notes

If the litigation is ongoing ALL therapeutic and case management notes are disclosable documents – to Court, experts, all parties

Keep separate privileged notes for discussions relating to the litigation

Do not mix litigation and therapeutic matters together in emails

Be cautious about email and notes content

Solicitors should give clear instructions about what material is privileged

Things Change!

- Changes with physical or psychological health of client
- Family dynamics or support changes
- Members of MDT leave and new ones join
- Initial goals not being met
- Different priorities for client, MDT, and instructing parties
- Disagreements
- Safeguarding
- Whatever happens the client should be at the centre of their journey
- Don't be afraid to advocate for well being of the client
- The "curved ball"
- Communication, communication, communication- its good to talk!

Case Study - Charles

- RTA aged 50 2017
- Passenger multiple vehicle impact
- Close family member main cause of accident
- Severe brain injury and multiple orthopaedic injuries
- Pre-existing physical and mental health issues
- Discharged from acute NHS care with limited support
- Unable to deal with letters so fell through rehab follow up completely
- Depressed, anxious, suicidal, daily living was a huge burden
- Defendant's insurers and solicitors very slow
- Small interim payment
- Appointed psychologist, OT, physio August 2018

Case Study - Charles

- Finally case manager agreed for INA
- Several more months for case manager appointment November 2018
- Rehab plan and goals in place January 2019
- But progressive physical deterioration, became very frail
- Much debate about cause of deterioration
- Therapies withdrawn
- Plan changed to maintaining quality of life rather than rehab July 2020

Case Study - Charles

- Continuously increased and changed the care provision as deterioration accelerated
- Worked with NHS extensively GP, dietician, hospital ward, consultants
- Referred for CHC fast track assessment
- Palliative care team brought in consultant and District Nursing team
- Transfer to hospice as client's preferred place of care
- Worked with hospice staff
- Died December 2020
- Not the outcome anyone expected 2 years ago, but the best that could be provided for the client in conjunction with their wishes
- Constant monitoring, review, communication and flexibility were key

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Adding Value & Settlement Considerations



Kashmir Uppal Partner

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Agenda

1. Quantum

- Legal and practical requirements
- Evidence
- Court approach
- 2. Case Study
- 3. Settlement
 - What is an acceptable figure
 - The Approval Hearing

What is Quantum?

Warning legal jargon!

"The overall aim of compensatory damages for tort is to place the claimant, so far as money can achieve this, in the same position as she would have been in if she had not suffered the wrong for which she is now being compensated" Livingston v Rawyards Coal Co(1880) 5 App Cas 25, 39 (Lord Blackburn).

"..the principle is that "full compensation" should be provided, for both financial and nonfinancial losses". Heil v Rankin[2001] 2 QB 272 (Lord Woolf)

"Claimants must understand that if they bring actions for damages it is for them to prove their damage, it is not enough to write down the particulars, and, so to speak, throw themselves at the head of the court saying 'This is what I have lost. I ask you to give me these damages'. They have to prove it." Bonham Carter v Hyde Park Hotel [1948] 1 WLUK 36

Basic principles Court will apply



The Schedule of Loss

- 1. Key document
- 2. Aim is to provide a range of figures which represent the loss and expense caused by the injuries which the claimant has suffered
- 3. Must have clarity and credibility
- 4. Structure is important
 - 1. Set out the basic facts on first page (no more than 2 pages at most)
 - 2. Isolate each individual head of loss (sometimes called heads of damage)

What does Head of Loss mean?

Heads of Loss General Damages

Compensation for pain, suffering and loss of amenity (PSLA) Often calculated using previous cases with a similar injury.

Consider:

Length of time the claimant is in pain

The effect it will have on the claimant's personal life



the unnecessary suffering, for days, weeks, months, or permanently

the residual impact on an individual's life eg:

Loss of love and affection

Loss of enjoyment – holidays and leisure time

Heads of Loss General Damages for future loss

Compensation for future financial losses and expenses Calculated depending on the claimant's ability to work or continue studying. This becomes more complicated for claimants who are in education or selfemployed as there is not a fixed income. Considerations:

nursing care or therapies

special equipment such as prosthetic limbs which need to be replaced every few years

injured people may no longer be able to perform the same jobs they did before, if they can work at all

missed career or educational opportunities - promotions, new projects or other delayed/lost advancement.

Heads of Loss Special Damages

Compensation for expenses, expenditure and other financial (pecuniary) losses to the date of trial

eg: past loses capable of relatively precise financial computation

Calculated using a record of expenses incurred from the moment of the injury until the case is settled Examples: Loss of earnings Clothing and personal effects Medical care & expenses DIY, gardening and housework services Aids and appliances Alternative/adapted accommodation transport

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Schedule of Loss - Sources of Evidence (1)

- 1. Witness evidence
 - Claimant's family life and social life, hobbies, health, work and ambitions before the facts forming the basis of the claim took place. How do you do this for someone affected from birth?
 - Where the claimant believes her life and work would have gone but for the negligence
 - The injuries that have been sustained by the claimant and the impact that this has had upon her life
 - The losses and expenses that have been incurred and will continue to be incurred into the future
 - Supporting Witnesses family or work colleagues to deal with certain heads of loss eg care and assistance or promotion prospects
 - Importance of the diary

Schedule of Loss - Sources of Evidence (2)

- 2. Supporting documentation / paperwork
 - Earliest opportunity keep all receipts, invoices, wages slips etc
 - Keep a diary or spreadsheet of items on a daily/weekly basis
- 3. Medical Evidence
 - Any claims made in the schedules of loss must be supported by medico-legal expert

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When do we start looking at Quantum?

Medical negligence

Personal injury

Capture information	Accident occurs. Legal advice is sought		Adverse outcome occurs – legal advice is sought.	Capture information
	C sends letter of claim. D passes to Insurer		C requests copies of medical records from D and any relevant third parties	
	Rehabilitation Code Consider Rehabilitation as soon as possible.		C sends letter of notification to D explaining claim contemplated.	
	D responds to Letter of Claim. Both parties continue Rehabilitation Code.	C sends Letter of Claim including chronology of events, relevant medical records and evidence as	Formally plead loss	
	Parties nominate and instruction experts		to condition prognosis and alleged quantum Both parties consider rehabilitation.	
Formally plead loss	Both parties disclose Experts reports and C discloses schedule of losses.		D responds to Letter of Claim. Both parties consider rehabilitation	
	Both parties consider ADR		Both parties consider ADR.]
Formally plead loss	Issue and serve Claim and Particulars of Claim includes Schedule of Loss		Issue and serve Claim and Particulars of Claim includes Schedule of Loss	Formally plead loss
	Defence and Counterclaim]	Defence	
	Disclosure		Disclosure	
	Witness Evidence		Witness Evidence	
	Expert Evidence		Expert Evidence	
	Trial		Trial	

Case Study

Case Study "ABC" (1)

Date of birth: 1 June 2008

Mismanagement of ABC's birth resulted in ABC suffering from bilateral symmetrical palsy affecting all four limbs, of predominantly spastic type with some evidence of dystonia.

Liability was established by extrapolating from ABC's condition at birth, which was simply not consistent with the fetal heart recordings as noted in the medical records. Instead of CTG, a pinnard was used to monitor the fetal heart. The causation experts concluded that as he was born in such a poor condition with no obvious complications such as cord entanglement or shoulder dystocia, the only explanation for his condition was fetal distress which was not detected due to the negligent way the intermittent auscultation was carried out.

Case Study "ABC" (2)

- Severity of cerebral palsy closest to Level V of the Gross Motor Function Classification System (GMFCS) – applicable to a child without independent rolling or significant floor mobility. Has better trunk and head control resulting in better sitting ability. Some ability to remain in unsupported sitting position.
- 2. Spasticity increased during childhood
- 3. Evolved some lower limb joint contractures and hip subluxation
- 4. Development asymmetrical posture of his lower limbs since undergoing hip surgery
- 5. Unlikely to be able to use a walking device for functional mobility although could use supported device for therapeutic benefit
- 6. Unsure if able to take standing transfers and will continued to need hoisting for all transfers
- 7. Tone will continue to increase during childhood and adolescence and require further interventions
- 8. Fine motor ability is likely to remain at the same level.

Case Study "ABC" (3)

- 9. Severe learning difficulties and microcephaly
- 10. Continue feeding orally into adulthood
- 11. Full time care
- 12. Speech is difficult to understand and this is likely to continue due to dysarthria and limitations on his verbal language development
- 13. Has epilepsy but has not experienced recurrence of seizures while taking medication
- 14. At risk of developing further orthopaedic bone and joint deformities requiring surgical intervention
- 15. Will always lack capacity to make decisions about his life affairs, litigation, treatment and care

Case Study - A breakdown of damages

Heads of Loss		
Gratuitous Care		
Private Care		
Professional case management		
Medical Treatment and therapies		
Aids & equipment		
Orthotics		
Accommodation		
Travel & Transport		
Holidays & Leisure		
Deputyship Costs		
Education Costs		
Loss of earnings, pension and benefits		
Assistive technology		

Case Study "ABC" Treatment and Therapies

- Physiotherapy
- Speech and language therapy
- Occupational therapy
- Psychology
- Orthopaedic and Botox

Interim payment allowed care and therapies to be in place much earlier Expert evidence supported care and therapies

GMFCS reduced to level IV. Huge impact on ABC's life. Increased life expectancy to 70.

Case Study "ABC" Accommodation

- Expert opinion confirmed ABC required suitable accommodation to meet his needs and the needs of those caring for him
- At time of birth (June 2008) parents lived in a flat
- 9 months old moved into a two storey detached house with 3 bedrooms. Rented from Grandparents. Unsuitable for ABC's long term needs
- December 2016 rented Property X that had already been adapted to meet the needs of another individual with disabilities so only required minor adaptation works to meet the longer term accommodation needs of ABC
- December 2017 able to purchase Property X after Interim payment ABC 9 years 6 months old).

Allowed implementation of care and therapy regime which resulted in ABC making significant improvements in her medical and emotional condition.

Case Study "ABC" Gratuitous care to Private care

- 24 hour waking night care
- ABC's mother worked as nursery manager from Sept 2008-Jan 2014. Took ABC to work with her. Stopped work between Feb 2014 and Sep 2014. Returned to work Sept 2014. Gave up work Sept 2015 to look after ABC.
- Private Care regime started June 2017 (ABC 9 yrs)
- Level of ongoing Gratuitous care 7 hours per week until date of trial
- Expert evidence provided regarding value of care

Reduced care burden on parents.

Case Study "ABC" Education

- Education lawyer to help with education, health and care plan (EHCP) to ensure special education provision remains adequate and he receives the requirement support
- Annual reviews
- Include costs of appealing any decisions
- Tied in with ongoing therapies and assistive technology

Ensures ABC special education needs remain in place.

Case Study "ABC" Loss of earnings, pensions benefits?

How to calculate when claimant is unlikely to work?

- Mother: did a BTEC National Diploma in Early Years Level 3 and 2 years at University training in midwifery and paediatrics. Manager of a Nursery before ABC
- Father: went to college and passed a computing course
- Likely ABC would have:
 - completed school and gone on to further education, achieving NVQ2 and NVQ3 qualifications
 - Achieved earnings equivalent to at least the average earnings across all employees in UK. Average between male and female
- Lost Years claim for loss of pension (difference between life expectancy and but for life expectancy)

Assist in calculating loss of earnings claim, more information from family better you can assess what the likely career path of the child might have been. Included lost years claim as best position to assist with settlement negotiations

Settlement Considerations

To settle or not to settle?

- 1. Contrary to what people think aim is not to go to trial
- 2. BUT need to progress claim as if you are to ensure carry out appropriate investigations and keep pressure on defendants.
- 3. Don't accept all offers needs to be at the right level.
- 4. What is the right level?
 - Schedule of Loss best position
 - Always a compromise
 - Bear in mind may need care for life
 - Litigation risk
- 5. Big figures may get claimant excited but need to remember damages may need to last for claimant's life.

Case Study: ABC settled at RTM

- Capitalised sum £22,184,625
- Lump sum £8.5 million
- Periodical Payments of £150,000 to age 19
- Periodical Payments of £252,500 from age 19 for life (70yo)
- Provisional damages
- Option to vary periodical payments

Settlement Approval Hearings

Where a claim is made on behalf of an individual who lacks capacity, whether a child or protected party, there are additional safeguards which involve judicial approval. At the Approval Hearing the Judge ensures the child or protected party's:

- 1. claim is not under-settled
- 2. compensation is appropriately managed and invested
- 3. The Litigation Friend's costs and expenses do not unduly erode the compensation

Settlement Approval Hearings

- 1. Generally conducted by a Master in the High Court or by a District Judge in the County Court.
- 2. Judge needs to see all relevant matters to assess whether proposed settlement is reasonable:
 - the medical evidence
 - the key evidence relating to liability if the proposed settlement is either to liability only or includes some discount for the risks on primary liability and/or contributory negligence
 - a supportive opinion
 - a birth certificate for all child claimants
 - a proposed consent order in accordance
 - An initial application for investment of damages
- 3. Can apply for anonymity

Get in touch



Clinical Negligence team

Kashmir Uppal



Clinical Negligence Lawyer of the year National Eclipse Proclaim PI Awards Nov 2018



Partner of the Year Birmingham Law Society Legal Awards March 2018

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- \bigcirc Kashmir.Uppal@shoosmiths.co.uk
- 03700 86 4375

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Agenda

Time	Торіс	Speaker(s)				
10:00 - 10:20	Welcome & Intro	Sue Bowler & Lucy Taylor, Shoosmiths				
10:20 - 11:00	Litigation Masterclass	Denise Stephens, Shoosmiths				
11:00 - 11:45	Case Management – Tips & Pitfalls for running an effective Multi-Disciplinary Team	Sue Bowler, Shoosmiths & Zoe Scott, Bush & Co.				
11:45 - 12:30	LUNCH	BREAK				
12:30 - 13:15	Adding Value & Settlement Considerations	Kashmir Uppal, Shoosmiths				
13:15 - 13:30	The Role of the Deputy post Settlement - General Overview	Lucy Taylor, Shoosmiths				
13:30 - 13:45	Family/Gratuitous Care Payments	Rebecca Bristow, Shoosmiths				
13:45 - 14:00	Accommodation	Lauren Miner, Shoosmiths				
14:00 - 14:15	Wills and Planning for the worst	Helen Gott, Shoosmiths				
14:15 - 14:30	BR	EAK				
14:30 - 15:00	Financial Planning for the Future	Robin Bailey, Chase de Vere				
15:00 - 15:30	Q&A with Panel & Close	All				

The Role Of The Deputy Post Settlement

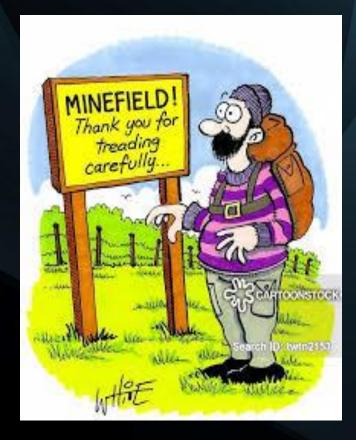


Lucy Taylor Principal Associate

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The Role of the Deputy post Settlement General Overview



Family / Gratuitous Care Payments



Rebecca Bristow Senior Associate

Rebecca.Bristow@shoosmiths.co.uk 03700 864 333 07834 172 866



Post settlement gratuitous care

- Family and Friends
- Providing assistance above and beyond the call of duty
- Rate claimed in litigation is usually commercial cost of care less 20 25% to reflect no income tax is payable
- Best Interests of P
 - How else is P contributing towards family costs
 - Overall family situation

Court of Protection's attitude to gratuitous care payments

- Family Care Payments
 - Natural love and affection
 - Informal care
 - Re HC [2015] EWCOP 29 Senior Judge Lush applied 20% discount sim to PI claim
- Different for professional v lay deputy
 - Professionals to apply the best interests test
 - Lay to seek Court authority if reimbursing themselves or someone closely connected to
- Important to consider Court authority if working with lay deputies

Practical application post settlement

- Starting point is always the settlement
- Extends beyond parents and partners
- COP team's role to consider practical application
 - Recovery
 - Changes post settlement
 - Acceptance of commercial care
- What does P's family want?

Accommodation



Lauren Miner Associate

Lauren.Miner@shoosmiths.co.uk 03700 864 439 07762 889 897



A brief note on Swift v Carpenter

- On the whole, good news!
- · Cash injection vs. excessive benefit to the estate

Pre-2017 Roberts calculation (2.5%DR): \pounds 900,000 x 2.5% x 26.54 = \pounds 567,150Roberts calculation (-0.75% DR): \pounds 900,000 x -0.75% x 55.02 = - \pounds 371,385, so NIL.Roberts calculation (-0.25% DR): \pounds 900,000 x -0.25% x 48.34 = - \pounds 108,765, so NIL.New approach calculation: \pounds 900,000 - \pounds 98,087 = \pounds 801,913

- Caution!
- Delays...

Outsourcing specialists

• PROS:

- Experts in disability adaptions
- Time
- Breadth of experience
- Generally reduces risk of future issue
- CONS:
 - Cost can it be recovered or has it been recovered?

Working with a case manager

- Play to your strengths
- Know your limits!
- Case management is already a big job- do we want to compromise that?
- Oversight and attention to detail specific to P
- Time!

Using your OT

- Involve from the outset!
- Does P have an existing OT?
- Do they have accommodation expertise?
- If not, considering bringing in an accommodation OT early enough to understand P before the property project – if you have the means

Rentals

- Don't disregard them!
- Testing opportunity
- Space!
- Always worth at least having the conversation

Need vs Want

- The "wants" of either P or P's family can be very difficult to negotiate
- Although P's style and wishes should be valued and taken into account, it's important to set expectations
- Hydrotherapy!
- Changes over time

When funds aren't sufficient

- Have all elements been awarded to 100%?
- Cutting corners?
- Compromise!
- Talk to your financial advisor
- Don't forget future-proofing how old is P? Are they going to need changes in future? How often?

Wills and Planning for the worst



Helen Gott Associate

Helen.Gott@shoosmiths.co.uk 03700 867 307 07842 606 032



Does the client already have a Will?

- The starting point is to see whether the client already has a Will in place.
- If so, the existing Will should be reviewed to check:
 - Is the Will validly executed?
 - Does it reflect the client's current circumstances?
 - Does it benefit people who are no longer in the client's life or exclude people who are now in the client's life?
 - Does it appoint executors who would be able to deal with a large estate?
 - Is it likely that the client will regain capacity to update their Will?

Example – Barbara is 75, sustains a brain injury in an RTA and receives a compensation award. Barbara had a diagnosis of dementia prior to the accident. She has a Will in place made when she was 70 in which she left her estate to her husband, Leslie, who has since died. The Will doesn't provide any substitute beneficiaries and as such, the Will fails. Barbara's estate would pass under the intestacy rules, the rules which apply when an individual doesn't have a Will.

On intestacy, the estate will pass to Barbara's sister from whom she is estranged.

Statutory Wills

- The Court of Protection can authorise the execution of a Statutory Will on behalf of a person who lacks capacity to make a will for themselves. (s 18(1)(i) Mental Capacity Act 2005). The test for capacity is the section 2 MCA 2005 capacity test.
- A person lacks capacity if they are unable to make a decision for themselves because of an impairment of or a disturbance in the functioning of the mind or brain (s 2(1) MCA 2005).
- The Court can't order a Statutory Will for anyone under 18 years of age. In cases where there are concerns that the client won't live to 18, the Deputy can apply for a statutory settlement to be put in place. The considerations for settlements are similar to the considerations for a Statutory Will.

Statutory Wills

- What is the Court looking at when considering a Statutory Will?
 - What is in the client's best interests taking into account:
 - The client's past and present wishes and feelings, including any previous Wills
 - Beliefs and values which would influence the client's decision if they had capacity
 - Other factors a client might consider if they were able to do so
 - Take in to account and if apt, consult with:
 - Anyone named by the client to be consulted
 - Anyone caring for the client or interested in their welfare
 - Attorney of an LPA or the client's deputy

Statutory Wills

- What information does the Court want to see to help make a decision?
 - Proposed draft Will
 - Capacity assessment
 - Financial information including assets, income and expenditure
 - Copies of previous Will(s)
 - A family tree
 - Information regarding the client's current and future needs and their circumstances including care provisions
 - Details of the client's medical condition, life expectancy and any changes in the foreseeable future regarding increased expenditure
 - Information regarding the inheritance tax consequences of the estate and how this might change if the Will is approved
 - An explanation of how the proposed changes may alter the client's circumstances
 - Consent to act by the proposed executors

Other matters to consider

- Health and Care Lasting Power of Attorney for the client provided the client has capacity to put this document in place.
- Do the client's immediate family need to update their Wills in light of the client's injury?
 - If Barbara's husband was still alive, would he want to update his Will to leave his estate elsewhere or to Barbara in trust?
 - > Parents updating their Wills to put their child's share in trust rather than gifting it outright
 - Have the client's family appointed the client to act as executor or guardian in their Wills is that appointment still practical?
 - Do the client's family want to put in place Lasting Powers of Attorney for financial decisions and/or health care decisions?

Financial Planning for the Future



Robin Bailey Specialist Independent Financial Advisor Damages Awards Personal Injury / Clinical Negligence / Court of Protection

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Financial Planning for the Future



Chase de Vere Personal Injury and Court of Protection

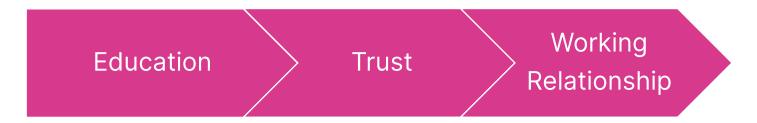
Chase de Vere's Personal Injury and Court of Protection team is highly experienced in providing holistic financial advice to individuals, trustees and deputies in personal injury cases. We specialise in Personal Injury Trusts, Periodical Payments and the investment of damages awards. We provide dedicated services for damages awards led by recognised experts in this field.



Guidance & Support

Role of the Financial Planning Adviser in Damages Awards

Goes beyond the purely financial:





Financial Planning led Solutions

INVESTMENT MANAGEMENT

COURT OF PI	ROTECTION	Financial Products				
Tax P	lanning	State Support / V	Welfare Benefits			
	C	ESG	Capital Needs			
Income Needs		NNING JIG	isaw			
I	Periodical	Payments				
Risk	Review	Regulator	<u>Ethical</u>			
DEPUTY		CASH PLANNING				
STANDA		Person	al Injury			
Pensions	Sustainabilit	y Trust				
rensions	FSCS		Chase de Vere			

Advice Journey

PRE-SETTLEMENT SERVICES SETTLEMENT SERVICES						POST				
PRE-SETTLEMENT SETTLEMENT					S E T	POST				
1	2	3	4	5	Ī	7	8	9	10	
CDV Services Expert Witness Periodical Payments Reports PI Trusts Security Reports P36 Analysis										



Advice Journey

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	PRE-SETTLEMENT SETTLEMENT						S POST E				
12 JSM – cor	T L E M E N T	7	8	9	10						



Advice Journey

PRE-SETTLEMENT SERVICES SETTLEMENT SERVICES						POST				
PRE-SETTLEMENT SETTLEMENT					S E T	POST				
12345Post Settlement CDV ServicesCourt of Protection ServicesPersonal Injury Trust ServicesPl Individual Services						7	8	9	10	



Settlement of Damages Awards

The logic underlying lump sum awards of damages for future loss is that the award should gradually be used over the claimant's lifetime so that by the time he dies it has reduced to zero.

Lump Sums

Top Down Approach

Losses such as the cost of future care and loss of earnings are quantified by use of the:

Multiplicand / Multiplier Approach Discount Rate -0.25%

Life Expectancy Issues?

Objective:

A crucial principle in the assessment of damages in personal injury claims is that the Claimant should be put, as far as possible, back into the position they were in before the injury was sustained.



Discount Rate

Process introduced by Civil Liabilities Act 2018 established a new benchmark for the type of portfolio and risk used in setting the rate.

Discount Rate



Rate set with reductions for:

- Inflation
- Tax
- Expenses
- From assumed return of CPI + 2%

Plus a further reduction to reduce risk of under compensation



Traditional Lump Sum settlement

H West & Sons Ltd v Shephard, Lord Pearce said:

"The court has to perform the difficult and artificial task of converting into monetary damages the physical injury and deprivation and pain and to give judgement for what it considers to be a reasonable sum. It does not look beyond the judgement to the spending of the damages"

Advantages

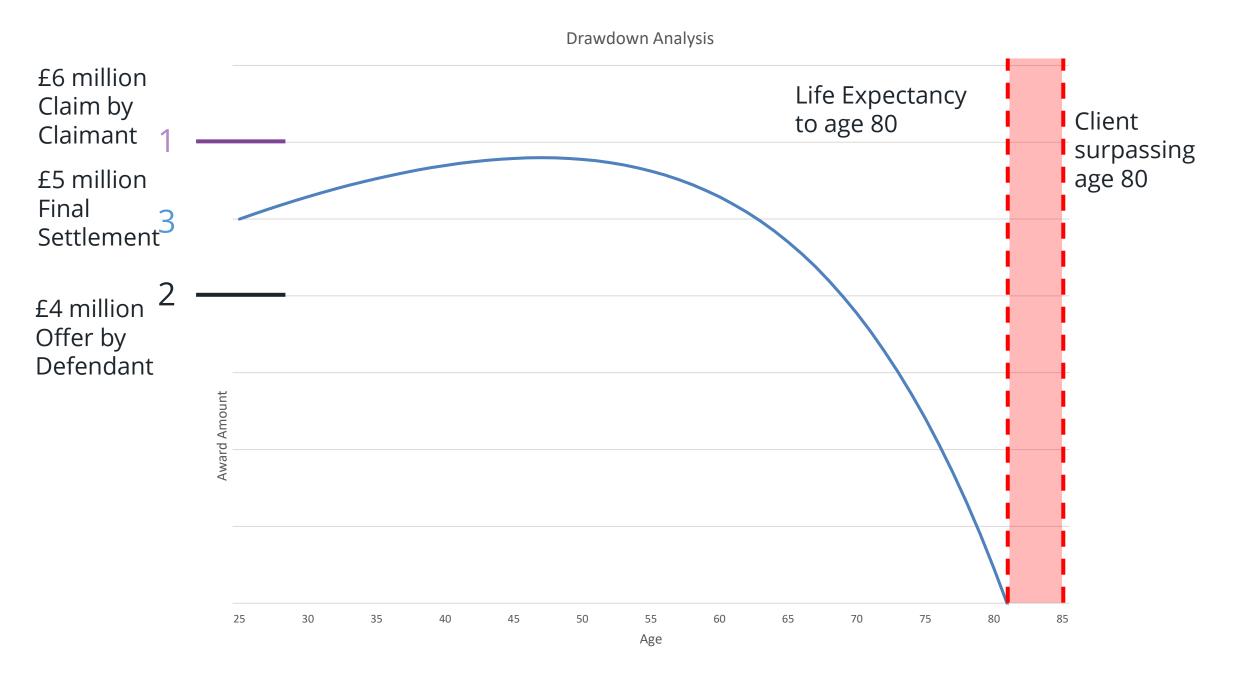
- Free Hand
- Flexibility
- Claimant Preference?

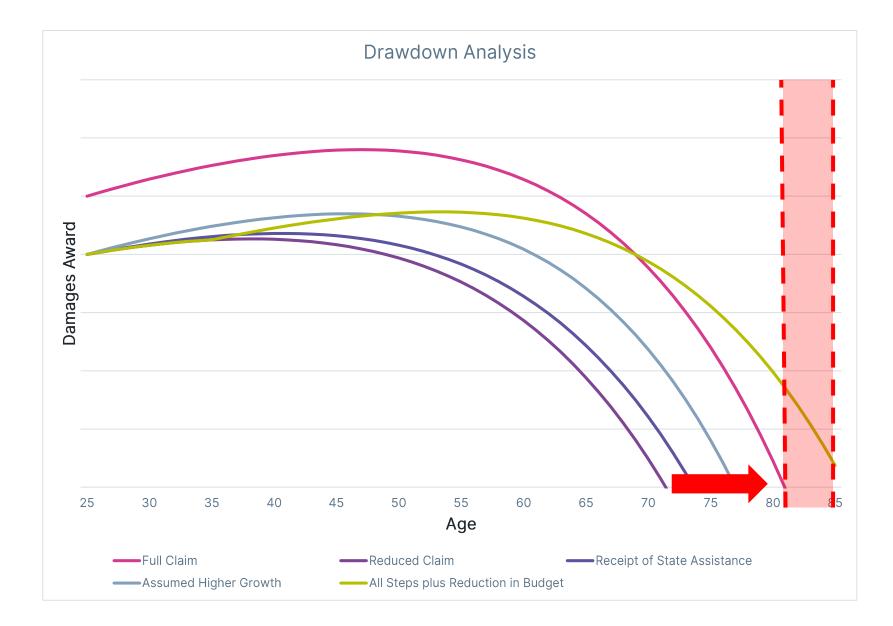
Lump Sum

Disadvantages

- Risk with Claimant
- Taxable
- Management
- Longevity?









Settlement Including Periodical Payments

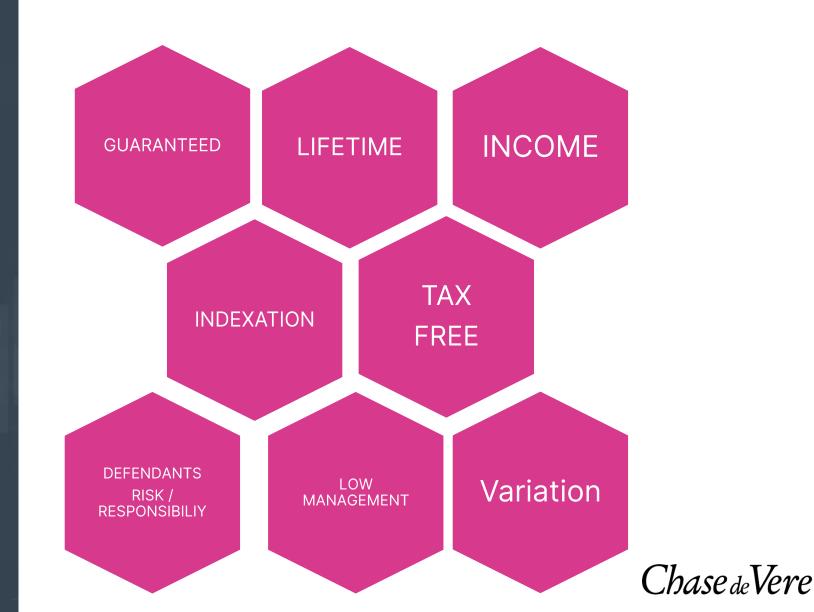
- Periodical Payments Bottom Up Approach
- Based upon the annual amount required;
- Removes arguments over life expectancy
- Reduces financial risk to the Claimant
- A Lump Sum only settlement provides a Top Down Approach



Since the 1st April 2005 the Courts have had the power to make periodical payments for personal injury claims with future loss.

Following a slow start and the outcome of the Thompstone et al cases on indexation now widely utilised mainly in claims exceeding £1m.

Periodical Payment Characteristics



Periodical Payments are highly effective but they're not a Panacea

Periodical Payments

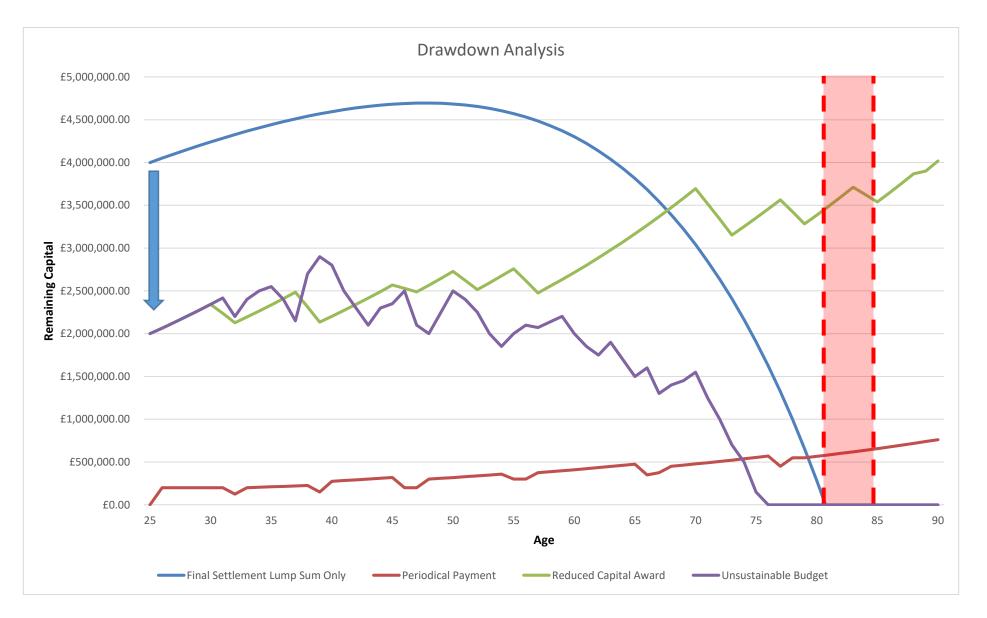
Advantages

- Risk taken by Defendant
- Based on Annual Needs
- Tax Free
- Guaranteed
- Life certain
- Indexation

Disadvantages

- Inflexible
- Capital Needs?
- Link to Defendant







Financial Plan

Taking into account immediate and future needs.

Lloyd Lloyd of Berwick in Wells v Wells said:

"How the plaintiffs will in fact invest their damages is of course irrelevant. That is a question for them"

Apportionment of Funds:

Short Term Needs	Medium Term Needs	Long Term Needs
Cash Instant Access FSCS	Cash Mixed Access Strategy FSCS	Risk Appropriate Portfolio Bias to Quality High Diversification
Annual budget Property WAV Equipment Holiday	Adaptations Medical Procedures CONTIGENCY	Income Ongoing Capital Sustainability



Determining Investment Profile

Claimant's needs and objectives in relation to long term capital and income requirements. Key Factors:

Timescale

Capacity for Loss

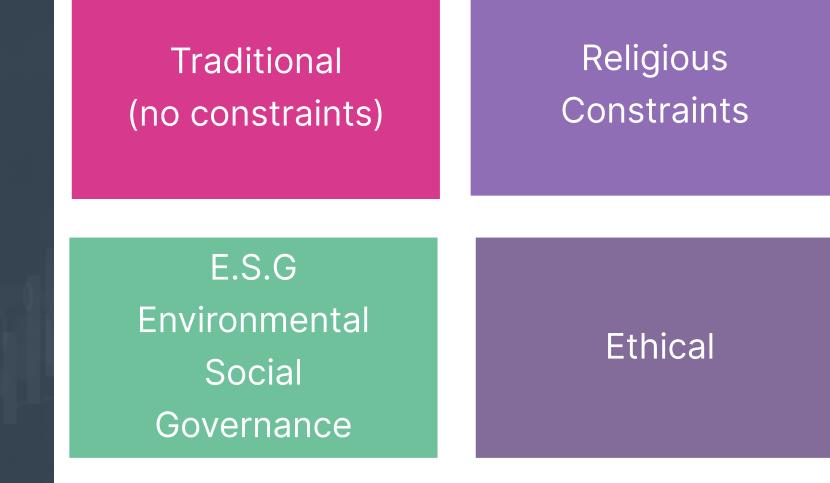
Risk

Inflation

Taxation



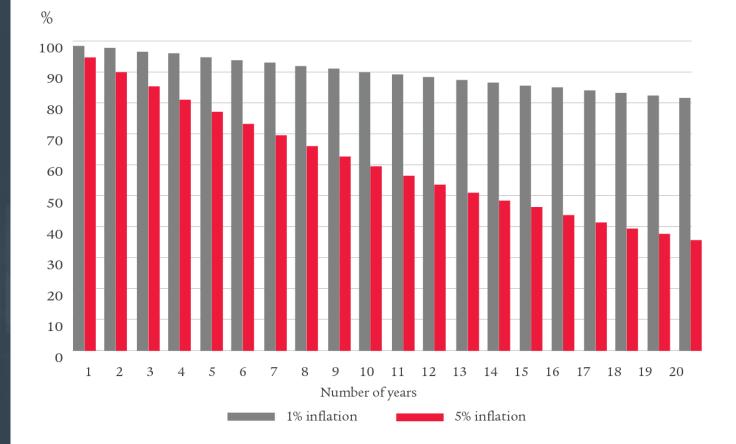
Investment Mandate Restrictions





The Inflation Problem

Chart shows how at a 1% inflation rate £100 would be worth £82 after 20 years. At 5% inflation, it would be worth only £36.





Risk vs return trade-off

Potential return rises with an increase in risk. Different asset types (equities, bonds, property, cash etc) have different risk / reward characteristics. How much risk a saver should trade-off for a better return depends on several factors including their own aversion to risk, their ability to replace losses, and time available to achieve their goal.

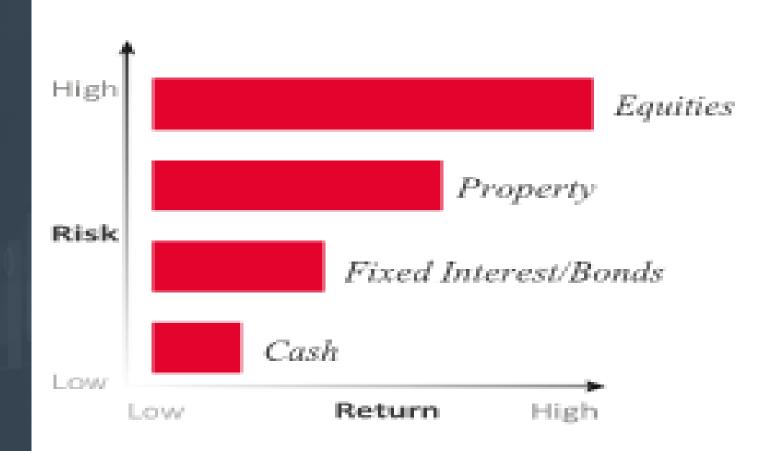


Asset Classes

Asset Classes may include:

- Cash
- Fixed Interest
- Property
- Equities
- Alternatives

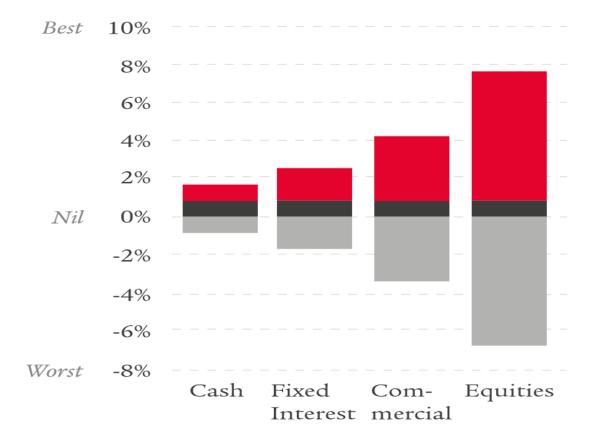
Risk vs Return (illustrative)





Lord Lloyd of Berwick in the Wells & Wells judgement stated "it does not follow that a prudent investment for the ordinary investor is a prudent investment for the plaintiffs. Equities may well prove the best long term investment but their volatility over the short term creates a serious risk" - July 1998.

Returns Variance (illustrative)





Diversify to control risk

If market volatility is the bump in the road, diversification is the shock absorber. Because different assets respond differently to market forces, a good mix of assets in your portfolio can help smooth out investment returns, with the positive performance of some assets neutralising the negative performance of others. You should check your portfolio regularly to check that you've still got the right mix of assets for you.

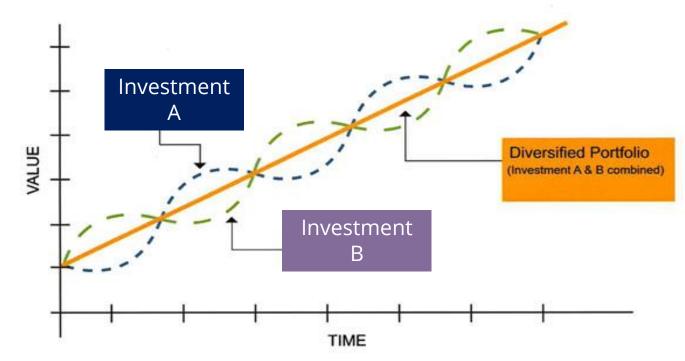


The Benefit of Uncorrelated Investments

How Diversification Works

A Simplified Example

By owning a portfolio specifically designed to take advantage of asset categories with **dissimilar price movements**, an investor can minimize volatility while continuing to pursue positive returns.



Investment A and B have a negative correlation.



Chart shows since 2011 the annual performance of individual assets types compared to a portfolio made up of mixed assets.

Example portfolio: UK Equity 18%, America 15%, Europe 7%, Asia/Japan 5%, GEM Equity 2%, UK Fixed interest 26%, Global Bond 11%, UK Gilt 5%, Property 8%, Cash 3%.

2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	10 year
Index Gilts	High Yield Bonds	America	Index Gilts	Europe	GEM Equity	GEM Equity	Property	America	Asia/Japan	America
21.25%	19.30%	30.87%	18.56%	9.27%	30.84%	24.43%	3.91%	24.41%	27.21%	244.36%
UK Gilts	Europe	UK Equity	Arnerica	Property	America	Asia/Japan	Cash	UK Equity	America	Asia/Japan
15.80%	19.03%	26.21%	17.79%	8.35%	29.31%	23.82%		22.24%	16.17%	136.76%
IG Bonds	UK Equity	Europe	UK Gilts	UK Equity	Index Gilts	Europe	UK Gilts	Europe	GEM Equity	Europe
4.36%	15.05%	26.13%	14.52%	4.86%	25.41%	17.29%	0.25%	20.33%	13.65%	118.38%
Property	IG Bonds	Example Portfolio	Property	Asia/Japan	Asia/Japan	UK Equity	Global Bonds	Asia/Japan	Index Gilts	Index Gilts
2.94%	13.01%	13.80%	11.24%	4.43%	25.40%	13.99%	0.22%	17.36%	12. <mark>1</mark> 8%	114.86%
Global Bonds	GEM Equity	Asia/Japan	IG Bonds	America	Global Bonds	Example Portfolio	Index Gilts	GEM Equity	Europe	Example Portfolio
2.22%	12.89%	10.37%	9.83%	4.18%	16.79%	10.55%	-0.64%	16.04%	10.28%	95.67%
Cash	Example Portfolio	Property	Example Portfolio	Example Portfolic	Europe	America	America	Example Portfolio	JK Gilts	UK Equity
0.14%	10.95%	7.51%	5.87%	3.37%	16.41%	10.53%	-1.37%	14.29%	9.01%	83.63%
America	Asia/Japan	High Yield Bonds	Asia/Japan	Cash	Example Portiolio	Property	IG Bonds	High Yield Bonds	IG Bonds	IG Bonds
-1.55%	10.50%	6.98%	5.22%	0.07%	13.16%	7.85%	-2.22%	10.91%	7.77%	71.90%
Example Portiolio	Global Bonds	IG Bonds	Global Bonds	UK Gilts	UK Gilts	High Yield Bonds	High Yield Bonds	IG Bonds	Example Portfolio	UK Gilts
2.19%	6.93%	0.64%	4.82%	-0.26%	11.06%	6.05%	-3.23%	9.49%	6.26%	68.86%
High Yield Bonds	America	Cash	GEM Equity	IG Bonds	UK Equity	IG Bords	Example Portfolio	UK Gilts	Global Bonds	High Yield Bonds
-3.83%	6.90%	0.16%	3.19%	-0.27%	10.82%	5.0%	-4.70%	7.00%	6.24%	60.89%
UK Equity	UK Gilts	Index Gilts	High Yield Bonds	High Yield Bonds	High Yield Bonds	Index Gilts		Index Gilts	High Yield Bonds	GEM Equity
-7.04%	1.85%	-0.11%	1.25%	-0.66%	10.09%	2.16%	-9.07%	5.88%	4.00%	54.32%
Europe	Property	Global Bonds	UK Equity	Global Bonds		Global Bonds	UK Equity	Global Bonds	Cash	Global Bonds
-15.57%	1.62%	-2.37%	0.64%	-0.93%	9.08%	2.03%	-11.19%	4.99%	0.43%	47.62%
Asia/Japan	Cash	GEM Equity	Cash	Index Gilts	Property	UK Gilts	GEM Equity	Cash	Property	Property
-16.17%	0.57%	-3.84%	0.07%	-1.27%	0.29%	1.72%	-11.78%	0.73%	-3.59%	47.20%
GEM Equity	Index Gilts	UK Gilts	Europe	GEM Equity	Cash	Cash		Property	UK Equity	Cash
-19.02%	0.21%	-5.11%	-0.94%	-10.19%	0.23%	0.14%	-12.16%	0.21%	-6.01%	3.03%



Asset Allocation Example

For Illustrative Purposes Only

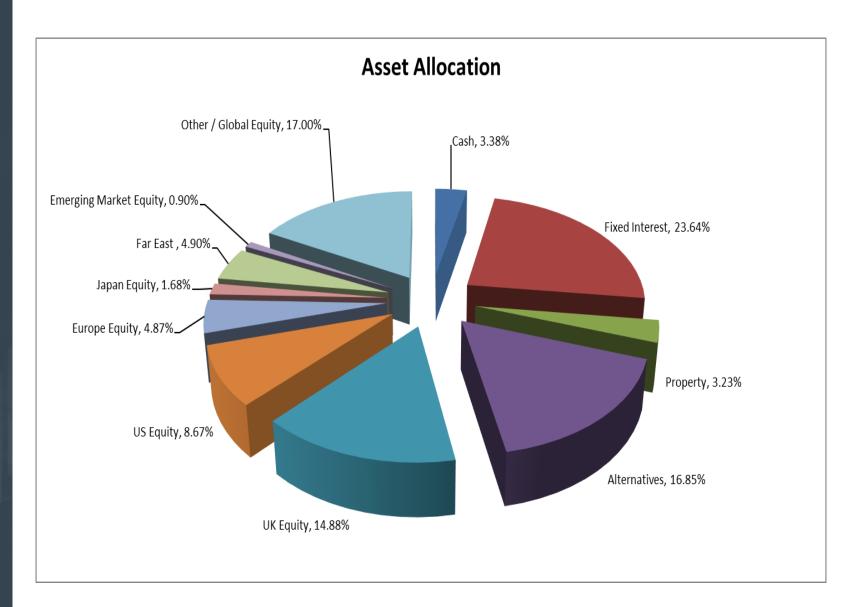




Chart shows: CBOE UK 100 TR UT MIXED INVESTMENT 20-60% Since March 2016

Source: FE Analytics

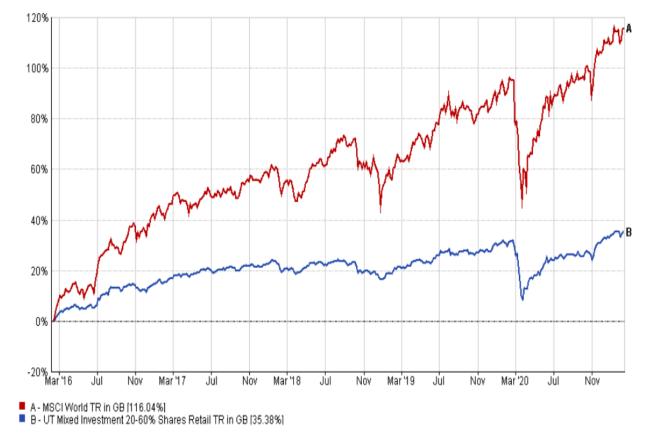


01/03/2016 - 01/03/2021 Data from FE fundinfo2021



Chart shows MSCI WORLD TR UT MIXED INVESTMENT 20-60%

Source: FE Analytics



10/02/2016 - 10/02/2021 Data from FE fundinfo2021



Planning Solutions for Claimants'

INVESTMENT MANAGEMENTFinancial Productscourt of protectionState Support / Welfare BenefitsRiskTax PlanningDEPUTYSHIP STANDARDSPeriodical PaymentsCASH PLANNINGSUSTAINABILTY COSTSESGReviewReview

Adviser Role:

To support Claimants, families and their legal teams through difficult times and ensure that vulnerable people, including children and adults are well placed to meet their lifetime financial needs. The role is to help improve financial outcomes in peoples lives.



Important information

Past performance is not a reliable indicator of future performance.

Investments can go up and down in value, so you could get back less than you put in.

Correct at the time of writing 2 March 2021 and is intended for general information only and should not be construed as advice.



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Thank you

Court of Protection From Litigation to Deputyship

