What are the risks?
Stories of e-cigarettes exploding and causing fires have hit the headlines over the past year, including the story of a Kentucky man who suffered second-degree burns after his e-cigarette battery exploded in his pocket. Some of the incidents reported are the result of overnight charging (causing batteries to overheat), using incorrect chargers or of e-cigarettes being used in proximity to medical equipment. To date there has been very little regulation of the manufacture and supply of e-cigarette products, with many bought online and no opportunity for the consumer or supplier to check their quality. The new regulations aim to address these issues.

Research into the effect of e-cigarettes has been relatively limited and is ongoing. However, we are aware that the vapours in e-cigarettes can contain low levels of toxic substances such as lead, nickel and formaldehyde and it is not really known what effect these may have on the body if used for extended periods of time. Proponents of e-cigarettes say that whatever harmful effects there may be, they are bound to be less than traditional tobacco products.

Many reports have been conflicting, with newspapers such as the Daily Telegraph reporting that ‘E-cigarettes are no safer than smoking tobacco’ and Cancer Research UK then asserting that ‘Headlines about e-cigarettes don’t mean they’re not safer than tobacco’.

One study looked at cells in a lab and found increased levels of DNA damage and cell death in those treated with a high concentration of e-cigarette vapour. The cells that were treated with tobacco smoke died within 24 hours, whereas the cells treated with e-cigarette vapour were still being experimented on eight weeks later.

Some opponents of e-cigarettes are concerned that increasing usage will normalise smoking and even attract non-smokers, increasing the chances of them taking up traditional tobacco products. Similarly, smokers seeking to quit may take up vaping instead, as an alternative to stopping entirely.

An estimated 1.3 million people in the UK use e-cigarettes, yet very little is known about the benefits or risks of these products. Lisa Fletcher discusses the Tobacco Products Directive and the Tobacco and Related Products Regulations 2016 that are due to be implemented in the UK on 20 May 2016. She addresses the implications for manufacturers, employers and insurers.

>>> continues on page 3
Welcome to the latest edition of disease insight, Hill Dickinson’s newsletter focussed on legal and associated issues in the occupational disease sector. In each edition our legal experts - drawn from across each of our national offices - will keep you up-to-date with key developments in this wide-reaching area.

In this edition, I provide an update on recent changes in the regulation of e-cigarettes and consider how these changes will affect manufacturers, employers and insurers. Elizabeth Wilson-Lagan reviews the on-going debate regarding the correlation between mobile phone usage and cancer and considers whether it really is an emerging risk. Claire Parkin summarises recent legal developments in the sector and Paul Edwards, head of costs, provides an update of the latest issues.

We are keen for disease insight to be as interactive as possible, so please tell us your views - both about the issues we cover and on any points that you would like to see covered in future editions.

We hope that you find this both an informative and entertaining read.

Best wishes
Lisa Fletcher
lisa.fletcher@hilldickinson.com

New rules for costs budgeting

There have been some important changes to costs budgeting procedures as outlined in the 83rd update to the Civil Procedure Rules. The time to file budgets has been changed. From April 2016 if the claim is worth less than £50,000 then the budget must be filed with the directions questionnaire, otherwise it must filed be 21 days before the case management conference (CMC).

There is a new document, precedent R, to be used to record discussions on budgets and agreed reports should be filed seven days before the first hearing in every case. Parties are required to only complete page one of precedent H in matters where the value of the claim is under £50,000 or the costs claimed are less than £25,000.

Excluded from the budgeting regime are claims on behalf of children or where the claimant has a severely impaired life expectancy. It has also been confirmed that courts must not fix or approve hourly rates at the CMC. Unfortunately this will mean that budgets are not as accurate as they can be, even if they have been approved or assessed by the court.

Paul Edwards
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Most recently, a report was released from the Royal College of Physicians (RCP) on 28 April 2016, entitled ‘Nicotine without smoke: tobacco harm reduction’. The 200-page report states that e-cigarettes are likely to be beneficial to UK public health. The report identifies that the use of e-cigarettes in the UK is limited almost entirely to smokers or those that have been smokers and suggests that e-cigarettes are a useful tool for stopping smoking. The report also suggests that the health risks are likely to be substantially smaller than those arising from tobacco smoking, with data putting the likely risks at less than 5% of those associated with tobacco. The RCP recommends that the regulations should ensure product safety, but enable and encourage smokers to use the product instead of tobacco.

EU legislation

The Tobacco Products Directive (the directive) was adopted on 19 May 2014 in an effort to standardise tobacco control across the EU. The Tobacco and Related Products Regulations 2016, bringing UK law in line with the directive, are due to come into force on 20 May 2016. The new provisions include advertising restrictions, standardised packaging, minimum pack size and the requirement to provide a leaflet including certain information on the product. The directive also introduced the regulation of e-cigarettes as consumer products and under the new regulations an e-cigarette will be classified as a tobacco-related product.

For employers

E-cigarettes fall outside of anti-smoking legislation so they are allowed in public places, which could include the workplace. Employers must use their discretion if they wish to ban them, but some may choose to do so for safety and liability reasons.

With minimal research about the long-term effects of vaping, there is very little information about any risk of secondary vaping. What if, for example, an employee in an open plan area uses an e-cigarette for the majority of the day, but one of the other employees is pregnant? Would there be a risk to the pregnant employee and her unborn child? If so, would the employer be liable for any injury?

If employers allow e-cigarettes, they must also consider any potential liability for damage caused by defective products in the workplace, which is of course difficult given the limited research to date. They should ensure that any damage or liability that arises out of the use of e-cigarettes in the workplace is covered by their insurance. It would be wise to take a cautious approach.

For insurers

With the level of uncertainty surrounding e-cigarettes, insurers are understandably reluctant to cover the risk. The increasing prevalence of e-cigarettes means that insurers are going to have to deal with them. For health insurers this will mean deciding whether an e-smoker is a smoker or a non-smoker; product liability insurers are going to need to consider their insured’s manufacturing and compliance processes; household and public liability insurers are going to have to consider defective products or misuse.

Good news?

There are mixed views on whether e-cigarettes are beneficial to public health or whether they promote the concept of smoking. Certainly, until the real health and social effects of e-cigarettes are known, regulation seems sensible. Manufacturers, employers and insurers will need to understand the implications that these regulations will have on their businesses and make the necessary adaptations sooner rather than later.

Lisa Fletcher
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Nanofibers: the asbestos of the future?

Nanofibers are a type of fibre similar to asbestos which may cause the same problems with the lungs. Further scientific research is required in this area, but it is important to be aware of the potential implications for employees who have worked with nanofibers and others who have been exposed to the potentially dangerous material.

What are nanofibers?
Nanofibers are about 1,000 times smaller than the width of human hair and can be made from a range of materials including carbon. They are used to strengthen objects from tennis rackets to airplane wings. They are also used in energy-saving light bulbs and have a similar structure to asbestos fibres. They started to gain momentum on their introduction in the 1980s and became more widespread in manufacturing at the start of the 21st century.

Why are we talking about them now?
Researchers at MIT believe that they have developed a new use for nanotechnology in the traditional light bulb. The incandescent light bulb used a tungsten filament to produce light and was highly inefficient (and therefore is banned in the European Union). Using nanotechnology, a structure is created around the filament of the bulb. The leaking infrared radiation is captured and reflected back to the filament which re-absorbs it, then re-emitting it as light. This could result in a highly efficient light bulb and again sees the potential use of nanotechnology increasing both in manufacture and within domestic and commercial premises. It has brought the debate about nanotechnology and the use of nanofibers back to the top of the agenda.

How do they affect the health of humans?
In 2012 it was found by the University of Edinburgh that nanofibers over five thousandths of a millimetre long are harmful to the lungs. If these nanofibers are inhaled into the lungs they can become stuck in the lung cavity and may lead to cancers such as mesothelioma. This study was carried out on the lungs of mice and not human lungs, but it is still very helpful in determining how to design safer nanofibers. The findings in this study show that these fibres are likely to have similar effects to asbestos. It is noted that in asbestos cases the onset of the lung cancer is around 30-40 years after exposure to the asbestos and it is likely to be a similar case with nanofiber exposure.

Working with nanofibers
The majority of the people who have worked with nanofibers will not have done so until the start of the 21st century. There are currently 300,000 to 400,000 jobs in the EU dealing directly with nanotechnology and many more workplaces handle manufactured nanomaterials (used in food, cosmetics etc.). The European Agency for Safety and Health at Work warned in 2012 that awareness of the potential risks associated with nanomaterials is too low among workers and the public. The majority of Europeans (54%) do not know what nanotechnology is and 75% of workers and employers in construction are not aware they work with them.
Hill Dickinson’s legacy (disease and abuse) team, headed by Alastair Gillespie and Lisa Fletcher, was presented with the Legal Partner of the Year award at the prestigious Insurance Times 2016 Claims Excellence Awards.

The judges praised the team’s high-level expertise in the defence of occupational disease and abuse claims where team members have acted on a number of significant precedent-setting cases in the Court of Appeal and Supreme Court. The judges were also particularly impressed with the team’s exemplary client retention rates over a substantially long period of time. The team were also awarded ‘highly commended’ in their shortlisted category, Legal Team of the Year at the Modern Claims Awards. Sincere thanks to our clients who provided valuable testimonials to the panels.

Legal claims: watch this space

There have been an enormous number of claims for personal injury in relation to asbestos in the workplace and other environments over the past few decades. It is possible that we may see similar claims being made in relation to nanofibers. There is increasing development and use of nanomaterials and continuing research into their properties and effects. If a direct causal link is shown between nanomaterials and health problems in the future, there are likely to be cases against employers due to exposure.

It may be some time before we will see this type of claim emerging due to the latency period of 30-40 years following exposure. Due to the fact that the nanofiber industry picked up momentum at the start of the 21st century it is likely to be 2030 before we start to see many claims coming forward, but in the meantime we would be wise to be aware of the facts in order to be prepared to defend such claims.

Chantal Rabbetts
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materials

Health and Safety Executive Guidelines

• There are currently no UK workplace statutory exposure limits for nanomaterials.
• There are guidelines regarding the way nanomaterials are dealt with, such as limiting exposure and exposing as few workers as possible to the substances.
• There are guidelines on wearing protective equipment when necessary – gloves, eye protection or masks, information about spillages etc.
• The guidelines inform employers to provide adequate training on dealing with nanomaterials.

COSSCH Control of Substances Hazardous to Health Regulations 2002 (as amended)

• COSSCH imposes a duty on employers to carry out a risk assessment when working with hazardous materials.
• COSSCH states that nanomaterials do not currently meet the criteria for health surveillance as there is no direct link established to industrial disease.
• Employers are told to consider a health monitoring programme as the health effects are strongly suspected but not established.

REACH EU Regulation concerning Registration, Evaluation, Authorisation and restriction of Chemicals

• REACH stated that employers should aim to keep chemicals with suspected hazards out of the EU market. However, REACH has also stated that we do not know enough about nanomaterials and there will be further testing.
Troubleshooting - mobile phones and their effect on your employees’ health

Elizabeth Wilson-Lagan reviews the ongoing debate about whether there is any correlation between mobile phone usage and cancer, and considers what this might mean for employers. Is this an emerging risk?

Back in the day
It has been over 40 years since the first public mobile phone call was made in New York in 1973. Since then, mobile phones have become a ‘must-have’ item for the vast majority of the population. Most of us have one mobile and some of us even use two: a personal ‘smart phone’ and another provided by work. Nowadays we don’t seem to be able to function without mobile phones in our everyday lives and our employers expect us to carry and use them so that we can always keep in touch.

Current employment policies
Over the years employers have implemented mobile phone driving policies to protect their employees, and themselves, from the risk of road traffic accidents. The risk of distraction is obvious - but what about the unseen dangers? Can mobile phones really harm our health?

Research and classification to date
For a number of years now questions have been raised about a possible link between the use of mobile phones and brain tumours. The research in this area has provided contradictory results recently.

A fourth study by the Hardell group concluded in 2010, and confirmed an association between mobile phones and malignant brain tumours. Where mobiles had been used for more than 10 years the risk of developing a brain tumour doubled and more hours on the phone meant a higher risk. The Interphone study in 2011 included over 6,000 people across 13 different countries. It was found that there was largely no link between mobile phones and brain tumours, apart from in the 10% of people who used their phones the most. Another Danish cohort study in 2011 looked at over 420,000 people and found no link between mobile phones and any type of cancer.

In May 2011, the International Agency for Research on Cancer, an agency of the World Health Organisation, classified radiofrequency magnetic fields as a group 2B carcinogen. This classification means that these magnetic fields are possibly carcinogenic to humans and was based on an increased risk of glioma, a malignant type of brain cancer. Dr Jonathan Samet, who chaired a working group looking into the risk, explained that ‘the conclusion means that there could be some risk, and therefore we need to keep a close watch for a link between cell phones and cancer risk’.

In 2015 the European Commission Scientific Committee on Emerging and Newly Identified Health Risks stated that the studies do not show that an increased exposure to electromagnetic radiation will cause an increased risk of brain tumours or other cancers of the head and neck region. The NHS website currently highlights that ‘Concerns have been expressed that prolonged or frequent exposure to radio waves might increase a person’s risk of health problems such as cancer. However, most current research suggests it’s unlikely that radio waves from mobile phones or base stations increase the risk of any health problems’.

Lloyd’s of London published a white paper on the question of electromagnetic fields (EMF) in 2010. They concluded that although there were many similarities to asbestos, no current scientific evidence supported any change in the current risk management policy. In 2015 Lloyd’s excluded EMF liability from their insurance policies as a precautionary measure and it is likely that the entire insurance industry will follow suit. It should be remembered that the health risks of other carcinogens such as asbestos were not initially recognised but have since led to a raft of claims.
Ongoing research
There has of course been a substantial boom in the use of mobile phones in recent years and it is too early to really know what the long-term effects will be. The research is ongoing in this area and it is hoped that there will be further clarification of the position in the near future. A number of current studies are underway.

COSMOE was a large cohort study launched in Europe in March 2010 to analyse mobile phone usage and long-term health. There have been 290,000 mobile phone users enrolled, all over the age of 18. The participants will be followed for 20-30 years and they will answer questionnaires on their health and lifestyle and their mobile phone usage; health records and mobile phone records will also be provided.

The Million Women Study is ongoing and already provided a report on mobile phones and cancer, in April 2015. This is the largest study to date in this area and includes around 790,000 women. The initial report found no link between the use of mobile phones and brain tumours or 18 other types of cancer. There are expected to be many further reports to come from this study.

Legal moves
We are yet to see a reported case in the UK in which a claim that a mobile phone has caused cancer or a tumour has been successful. However, the Italian courts have. In October 2012, the Italian Supreme Court found a causal link between mobile phone use and a non-cancerous tumour in the case of a 60-year-old businessman who had used a mobile handset for up to six hours a day over a 12-year period.

This decision has not yet been repeated, but we are seeing more claims worldwide in relation to mobile phones causing cancer. In the American Murray case there are 13 plaintiffs making a joint claim for more than US$ 1.9 billion in combined damages. There is likely to be worldwide press coverage following that judgment.

Employers’ liability
So what does this mean for employers? If an employee is required to use a mobile phone for their work, could an employer be found liable for any injury suffered as a result? Possibly. Whilst there is no conclusive link between mobile phone usage and cancer, employers should make themselves aware of the potential for a risk to develop and take cautionary measures to protect their workforce. Employers should keep up to date with research and look for pragmatic alternatives to extended use of mobile phones, such as hands free kits.

There is certainly no need to panic just yet, but as ever with these types of issues, forewarned is forearmed

Elizabeth Wilson-Lagan
elizabeth.wilson-lagan@hilldickinson.com
Legionnaires: the next industrial bomb?

What is it?
Legionnaires’ disease is the most serious of the diseases caused by the legionella bacteria. It is a potentially fatal form of pneumonia and anyone can be susceptible to infection. The risk increases with age, but smokers or people with impaired immune systems are at greater risk.

Legionnaires’ disease is contracted by inhaling small droplets of water that contain the bacteria. The bacteria are common in natural water sources, but it is rare for the conditions in the water to be right to allow people to catch the disease. The bacteria may also be found in purpose-built water systems such as cooling towers, evaporative condensers, hot and cold water systems, humidifiers and spa pools. Outbreaks from these sources are more likely given the higher temperatures maintained. The risk increases if water is stored or recirculated or if sludge, scale or rust deposits build up.

Responsibility
Employers and those in control of premises have a duty to understand and manage legionella risks. The HSE guidance extends these obligations to all ‘duty holders, including employers, those in control of premises and those with health and safety responsibilities for others’ who must carry out an initial risk assessment, regular reviews, management and maintenance and keep records to demonstrate compliance. If a risk is identified, the duty holder must introduce a course of action.

Employers must comply with their duties under the following:
- The Health and Safety at Work etc. Act 1974 (HSWA)
- The Management of Health and Safety at Work Regulations (MHSWR)
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- The Notification of Cooling Towers and Evaporative Condensers Regulations 1992
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) - this states that any cases of legionellosis in an employee must be notified to HSE.
Legionnaires’ disease: a guide for employers

1. Is there a risk assessment in place for the system?
2. Does the risk assessment contain a description of your system, e.g. an up-to-date schematic diagram of the system, showing what the system comprises including parts out of use?
3. Does the risk assessment conclude that there is no significant risk?
4. If the risk assessment does identify a significant risk then:
   a. Is there a written control scheme in place to address the risks?
   b. Has a responsible person(s) been identified in writing?
   c. Are the roles and responsibilities of all staff involved in the control regime clearly defined in writing and have they all received appropriate training?
5. If external contractors are used, are their roles and responsibilities clearly defined, in writing, and have you checked on the competence of the contractors/consultants and found it acceptable (e.g. experience and qualifications, training, membership of professional organisations or recognised trade body)?
6. Have you considered all other health and safety issues (e.g. COSHH assessments for handling of water treatment chemicals, working at height, working in confined spaces, electrical safety and ease of access to parts of the system)?

Guidance provided by the HSE

An industrial bomb?

Awareness of legionnaires is on the rise and with reports of legionnaires in the news, there is a fear that it is the next industrial bomb. Claims can be very expensive given the severity of the illness, possible complications and the length of time for recovery that can affect a victim’s employment.

However, reports of legionnaires remain relatively low, with only 342 cases reported in the UK in 2014... so there seems no real cause for concern at present.

Jane Harwood
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There have been a number of recent legal developments in the industrial disease arena. Claire Parkin summarises them for you here.

CLB Guidelines

There are proposals to revise the Coles, Lutman and Buffin (CLB) Guidelines (2000). Revisions have been published in draft form in the Clinical Journal of Otolaryngology and the paper is entitled, ‘Guidelines for quantification of noise-induced hearing loss in a medicolegal context’. The idea is to distinguish age-associated hearing loss (AAHL) from noise-induced hearing loss (NIHL) in a more accurate way. The proposed amendments will also look at how each person will react to noise differently in relation to the effects on hearing. The current guidelines are open to interpretation in respect of age-associated hearing loss which has sometimes resulted in significant differences of opinion between experts. The new guidelines seek to address this by making the calculation more specific and consequently more accurate. The suggestion by the report is understandably that this will increase the level of NIHL, thereby increasing damages awards to claimants.

In reality the way in which the current guidelines allow for experts to interpret the AAHL percentiles mean that the converse is probably true. An internal analysis of existing cases reveals that approximately 75% of cases see a decrease in the level of NIHL. Whilst some claims will see an increase in damages the net effect of the change across a client portfolio is likely to be a decrease in awards for damages or, at worst, maintenance of current levels.

The Heneghan case

The Court of Appeal handed down judgment in the case of Heneghan v Manchester Dry Docks Ltd and Others on 15 February 2016, dismissing the claimant’s appeal. The deceased died from lung cancer in 2013 after he was exposed to asbestos by multiple employers, six of which are defendants in the case. The defendants had all contributed to the asbestos exposure in varying percentage amounts and none of them had been responsible for more than half of the exposure. The claimant argued that each defendant should be jointly and severally liable for full damages. This argument was rejected and it was held that the damages owed should be divided between the defendants in line with the percentage of exposure they were responsible for.

Industrial Injuries Advisory Council report - diffuse pleural thickening

The Injuries Advisory Council's (IIAC) report released in April 2016 is a review of the terms of prescription for diffuse pleural thickening under the Industrial Injuries Scheme. This has been carried out by the IIAC. The Council recommends a change to the list of prescribed diseases for which people can claim industrial injuries disablement benefit, proposing that the definition of prescribed disease D9 is amended by removing the requirement for ‘obliteration of the costophrenic angle’. The costophrenic angle is the place where the diaphragm meets the ribs and has generally been destroyed in a case of diffuse pleural thickening. The reasoning behind the change to the definition is to enable CT scan evidence to be used more simply and directly in claims assessment.

Future losses in fatal claims

The War Pensions Scheme was amended on 11 April 2016 to enable lump sums of £140,000 to be paid to war veterans who were exposed to asbestos before May 1987. The Naval, Military and Air Forces Etc. (Disablement and Death) Service Pensions (Amendment) Order 2016/374, Section 5, has been amended to include lump sum payments. Prior to this, war veterans were unable to claim compensation from the state when they developed asbestos-related diseases. The Government was criticised for the unfair treatment of veterans who could not claim in the same way as civilians. It was reported that a ‘non-married veteran with cancer caused by asbestos would be entitled only to receive a war disablement pension amounting to around £31,000 over the course of a year. Yet under the 2014 Mesothelioma Act, a 63-year old civilian in the same situation with the same condition could expect a £180,000 lump sum.’ It is good to know that this is no longer the case.

Legislation changes for asbestosis victims

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Claire Parkin

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Who’s who at Hill Dickinson
Find out more about our team and put faces to names.

Lisa Fletcher

1. Tell us about yourself
I studied at university in Manchester and then the College of Law in Chester. Not too keen to rush into the workforce. I then moved to Glasgow and studied for a masters in legal informatics. It took a little while to complete the dissertation, during which time I worked in recruitment. I re-focused on a legal career in the late 90s and was fortunate to secure a position with Hill Dickinson as a paralegal in our health department. I qualified in 2002 and left Hill Dickinson to join a firm in Manchester, returning five years later as a partner. When I’m not working, I am a keen (now armchair) Manchester City supporter.

2. How did you get into disease work?
From an early stage, in practice, I realised that I wanted to work in litigation. I was very lucky in my early years of qualification to have a very supportive boss and she encouraged me to move outside accident claims into long tail disease claims - I’m forever grateful!

3. What do you enjoy most about your job?
Solving the puzzle! I’m a driven and determined individual and, particularly with uninsured claims, I like nothing more than solving the corporate riddle, finding the insurance or mounting a successful defence.

4. What do you enjoy least about your job?
There is always a balance between what is right (say, the decision to defend a spurious claim) and the financial implication for the client. It is really disappointing when you know you have a good case, but the value means that it isn’t worth spending the money defending it (particularly in the QOCS world). There is always a fine balance - but no-one likes to feel like their hands are tied. Conversely it is difficult, at times, to tell a client who really wants to defend a claim that their case is bound to fail. Sometimes the law seems stacked against the defendant and, whilst I feel frustrated by that at times, it is important to recognise when you have a lost cause.

5. What is the most challenging case you have ever had to deal with and why?
I’ve had many over the years and when you deal with high value claims up to many millions each brings its own challenges. I think that one really sticks in my mind as a challenge (for the right reason). I acted for a company who couldn’t locate their insurance and were facing a high value mesothelioma claim. It was spurious (there was clear exposure elsewhere but no solvent company or insurer to pursue), but if successful it would have meant the demise of the business. Four generations of the same family had founded and worked (and were still working) in the business. It was steeped in family and social history and I felt strongly that this was not a claim that should succeed against them. It was before the fund of last resort for mesothelioma victims, so was within a different landscape. I traced their insurance and was retained to act for the insurer, who decided to make an economic challenge. Whilst it’s not very John Grisham, I was delighted to help the company in finding their insurance and to ensure that their business continued - which it does to this day. To provide some balance, I did act in an inquest into the deaths of 27 patients at a hospital, and achieving a ‘natural causes’ verdict across the board for my client was an amazing experience after many years of work.

6. What would you have done if you hadn’t gone in to law?
My family will tell you that in primary school I was writing in my school book that I wanted to work in the law. For as long as I can remember it was an ambition (it all started with Rumpole of the Bailey!). At every stage of my academic career I made choices for a legal career (not all of them right, on reflection!) so I don’t think I ever really considered anything else, which is very odd as I’m the first lawyer in my family - they are mostly a creative bunch of engineers/architects/teachers who love music. So if I had to do something else, it would use my creative side: music, cooking, and gardening.

7. What qualities do you most admire in the people you work with?
An opinion! I love nothing more than a team discussion about something topical or current on the files. I’m very vocal (my team always know when I’m at my desk and not in meetings - even if they can’t see me from where they sit). I like to involve the team, at all levels, in discussions about cases. We have a real open door/collaborative approach and I love that. I’m very proud of the disease team at Hill Dickinson, we have a real mix from 18-year-old apprentices to senior managers/partners. Everyone is encouraged to question and to have an opinion and I relish that challenge.

8. What is your biggest achievement to date, both personally and professionally?
That’s a tough question! I’m a busy mum and proud of juggling it all as best I can. I work full-time so it is a challenge. I’m lucky that my husband works in the same industry and that we can jointly work the childcare around our jobs. We are lucky to work for a firm that prioritises diversity and parental rights so we can do the kids’ run, whilst doing the day job. The firm offers great flexibility and I’m very proud to work for a firm like that.

My biggest achievement workwise is a difficult one to call. I have to say that achieving partnership in five years of qualification was amazing personally, particularly as my mother, who was very ill, lived to see it. I’m very proud of the next generation, and proud of my team. Each time one of them hits a new target, whether that is academic or work-based, we genuinely celebrate it together. We all have our own story and we support and celebrate that.
Hill Dickinson’s insurance legacy team (abuse and disease) seminar

London, 14 September 2016

Hill Dickinson LLP’s award-winning abuse and disease team is delighted to confirm a seminar at their London office.

Guest speakers are Tony Maden MD FRCPsych, emeritus professor at Imperial College London, and Leigh-Ann Mulcahy QC of 5 New Square Chambers.

Professor Tony Maden is a forensic psychiatrist who trained at the Maudsley hospital and the Institute of Psychiatry. He was an honorary consultant and clinical director of forensic services at the Maudsley. From 1999 to 2012 he was professor of forensic psychiatry at Imperial College London. His clinical posts included eight years working as clinical director for dangerous and severe personality disorders. His book *Treating Violence* was published by Oxford University Press in 2007 and he co-authored the 2010 book *Mental Health Law: a Guide to the Mental Health Act and the Mental Capacity Act*. Since retiring from his career as a medical academic and an NHS consultant he has worked in independent practice. He prepares medico-legal reports in a range of areas and has a particular interest in adult survivors of abuse and/or neglect. In recent years he has also appeared in and presented television documentary series such as *Cutting Edge*, *Killers Behind Bars: The Untold Story*, *Inside Holloway* and *Meet the Psychopaths*.

Leigh-Ann Mulcahy QC has wide advocacy experience at all levels, including the Supreme Court and House of Lords. As well as litigation, she acts as an advocate and arbitrator in commercial and insurance arbitrations. She has succeeded in three cases before the Supreme Court, including *International Energy Group Ltd v- Zurich* (2015) where Leigh-Ann represented the successful appellant, Zurich. The case concerned asbestos/mesothelioma risks and in particular whether an insurer has any right of contribution from another insurer and/or a right of recoupment from a solvent employer in respect of uninsured periods; and *The Employers’ Liability Policy Trigger Litigation* (2012) arising out of the insurance of asbestos liabilities. Leigh-Ann will be talking about the current position with policy coverage and how we got to the present position.

Alastair Gillespie, partner and head of the abuse team and Lisa Fletcher, partner and head of the disease team within the insurance business group at Hill Dickinson will also be speaking at the event, each providing an update of the current developments in their respective fields.

If you are interested in attending, please contact Lisa Fletcher via email lisa.fletcher@hilldickinson.com or telephone 0151 600 8857 and Alastair Gillespie via email alastair.gillespie@hilldickinson.com or telephone 0151 600 8916.

About Hill Dickinson

The Hill Dickinson Group offers a comprehensive range of legal services from offices in Liverpool, Manchester, London, Sheffield, Piraeus, Singapore, Monaco and Hong Kong. Collectively the firms have more than 1150 people including 190 partners and legal directors.

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