



Resolution

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The following information was requested on 18 September 2020:

The once-honourable NHS Litigation Authority is now functioning as a bottom-line business for the benefit of both its subscribed NHS Trust beneficiaries and its appointed legal sub-contractors, the organization is driven by greed and the accumulation of massive wealth from taxpayers pockets (1.5B paid to legal firms). This is to the detriment of NHS clinical negligence victims.

The new NHS Resolution brand under the leadership of Helen Vernon CEO is perceived to be developing a strategy of unfairly shaping the laws that should protect NHS patients' rights to favour her own Trust beneficiaries. That strategy is not by lobbying the elected government to change democratic legislation but by creating a symbiotic relationship between the "bench and bar". This develops an awesome biased power by having one "NHS Resolution inner circle" that should actually be two separate constituent parts of our democratic judiciary. The British public have the incorrect perception that our democracy intends that only our elected law makers be permitted to create law. Yet in reality, especially in clinical negligence cases, the unelected judges create their own law. It's called case law.

In clinical negligence cases, this happens consistently, for the public, or an unrepresented victim it is a judicial nightmare.

In NHS Resolution cases this creates a billion pound business opportunity for qualified legal practitioners. The perceived strategy of the NHS Resolution is to make cases so convoluted and complex that only the legal profession and judges can understand them. The net effect has been to increase the need for more NHS Resolution sub-contract legal services, create more work for them, therefore pay more monies, clog up the courts and continue to feed the "monster" clinical negligence legal industry.

The value of billions of pounds of public monies are reflected in the tens of millions of pounds of profit (reported by companies house) for law firms working for the NHS Resolution organisation. Whilst genuine victims of NHS clinical negligence, who are increasingly effected by judge driven changes, self-serving legal bureaucracy, are left confused and ill-served by an unfair supposedly democratic legal system. By complicating the legal system and constantly changing their interpretation of law, the law profession have achieved their ultimate job security, whilst obtaining the massive accumulation of individual wealth for themselves.

Question 1 - District Judge Batchelor sits at Sheffield Court, How many NHS clinical negligence case have been defended by NHS Resolution beneficiaries in Judge Batchelor's court 2016 - to present.

Judge Batchelor, who was appointed as District Judge in February 2016 had been working in a consultancy role for NHS Litigation Authority with Browne Jacobson and mans LaBerryce Mawer LLP. She was employed for 27 years giving advice to NHS Trusts on how to defend high value clinical negligence cases, working for Browne Jacobson and Hill Dickinson, who were on the panel on multiple for Yorkshire NHS Trusts.

Company House records show that she was a LLP Partner in several law firms with significant commercial relationships to both NHS Yorkshire Trusts and the NHS Resolution. Company House records indicates she shared in tens of millions of pounds of profit annually with her fellow LLP members.

Question 2 - From 2011to 2016, How much was paid by the NHS Resolution paid to

(a) Browne Jacobson

(b) Berryce Mawer LLP.

Our Response

We cannot answer Q1. Although NHS Resolution may hold some information relating to claims such as these, due to the way claims are recorded on our claims database, we will not be able to identify such specific cases. It might be helpful to explain that when claims are notified to NHS Resolution they are categorised against pre-defined cause, injury and speciality [codes](#), unfortunately claims are not recorded against a judge's name. Therefore, while there may be information held in our records, we are not readily able to identify the relevant files by searching the database. To do so would involve a review of all cases to identify which ones relate to claims involving Judge Batchelor. NHS Resolution receives thousands of claims each year.

We can answer question 2 in respect of Browne Jacobson. Please let us know if you are interested in this information.

Berryce Mawer LLP is not a law firm. Please can you clarify if you mean Berrymans Lace Mawer?

Therefore, we estimate that the cost of complying with the request in its entirety would exceed the 'appropriate limit'. Section 12(1) of the Freedom of Information Act 2000 is a provision which allows a public authority to refuse to comply with a request for information where the cost of compliance is estimated to exceed a set limit (known as the 'appropriate limit'). The 'appropriate limit' for NHS Resolution is £450. This equates to 18 hours of work at the rate of £25 per hour set out in the 'Fees Regulations'.

We estimate that it would take on average 10 minutes to locate, retrieve and extract the requested information from an individual file. It may therefore be the case that we would be able to examine only 108 files within 18 hours.

In addition, given the complexity of clinical negligence claims and their litigation, it is possible for a single electronic or paper-based file to contain hundreds of documents in a variety of formats.

Please also note even if we were able to carry out a review of 108 random files we may not be able to provide you with the level of detail you require owing to Data Protection grounds.

We would need to suppress low numbers or any information that could possibly lead to the identification of claimants, patients or individuals where disclosure would breach the General Data Protection Regulation.

Further to our obligations to provide advice and assistance, you may find it helpful to review the work of the [Getting It Right First Time team](#) with whom NHS Resolution has been working with to undertake in-depth analysis of our claims data. They have produced a number of [reports](#) from analysing our claims data which has been shared following approval of the confidentiality advisory group to the use of confidential patient information for this purpose.

If you would like to know how data is categorised in our Claims database please see the following link: [Glossary](#)

This concludes our response to your request.

If you are not satisfied with the service that you have received in response to your information request, it is open to you to make a complaint and request a formal review of our decisions. If you choose to do this, you should write to [Tinku Mitra](#), Head of Corporate and Information Governance for NHS Resolution, within 28 days of your receipt of this reply. Reviews of decisions made in relation to information requests are carried out by a person who was not involved in the original decision-making about the request.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a review of the decision. Generally, the Information Commissioner will not make a decision unless you have exhausted the local complaints procedure. The address of the Information Commissioner's Office is:

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Water Lane
Wilmslow
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