DEKA CHAMBERS

Abigail Stamp

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Abigail Stamp specialises in clinical negligence, personal injury and inquests.

She represents both Claimants and Defendants. Her work is exclusively Multi-Track or issued in the High Court. Solicitors comment favourably on her pragmatic and client friendly approach together with her attention to detail and ability to understand complex medical issues.

Areas of Expertise

Clinical Negligence & Healthcare

Abigail is vastly experienced in this field. She is tactically aware and very familiar with the procedural regime having dealt with numerous cases involving issues such as non disclosure of records, non service of a claim form, limitation arguments, applications to resile from admissions and mediation. She is familiar with all aspects of quantum including those involving disputed capacity evidence, short life expectancy accommodation claims, PPO's and provisional damages. Cases include those arising out of:

- Poor management of labour resulting in brain injury, Erb's palsy, still birth and psychiatric injury to the mother. She has also acted in a case involving the misdiagnosis of an ectopic pregnancy resulting in the termination of a healthy embryo.
- Medication failures leading to stroke and serious disability.
- Surgical negligence including claims relating to substandard orthopaedic, obstetric, general and neuro surgery.
- Anaesthetic negligence including mishaps resulting in death and blindness.
- Delays in diagnosis including those relating to appendicitis, peritonitis, cancer, glaucoma, cauda equina and stroke. Also cases in which an organic condition has been misdiagnosed as a psychiatric presentation.
- Nursing negligence including falls, pressure sores and a self-inflicted bowel perforation as a result of inadequate training in the use of an anal irrigation system.
- G.P. negligence including the delayed diagnosis of cancer, substandard performance of minor surgery, and failures to refer patients, such as those with severe infections or recurrent colitis, into secondary care.
- Poor performance of cosmetic surgery including facial peels, breast implants, rhinoplasty and labiaplasty.
- Systemic failings such as mixed up biometry results prior to cataract surgery, failure to recall following adverse x-ray or ECG findings, protracted delays in the provision of treatment or the making of tertiary referrals.
- Fatal accident cases or claims under Article 2 ECHR which arise out of suicide in circumstances where the deceased was a voluntary or compulsory in patient at the time of death.
- Secondary victim cases arising out of the witnesses of traumatic events in hospital or a care home. Also a claim for nervous shock as a result of a Father witnessing the traumatic delivery of his child.

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Notable Clinical Negligence & Healthcare cases

Re: ABC 2021

A fatal accident claim arising out of anaesthetic failures. The deceased was 29 and the claim was brought on behalf of his fiancée, step child and unborn baby. Settled for a substantial sum at mediation.

PD v Care UK Ltd

A claim arising out of an alleged failure by a call handler to properly follow the NHS 111 algorithm of questions leading to a delay in diagnosing cauda equina syndrome, bowel and bladder dysfunction and the need to self catheterise.

Re: BG 2019

A claim arising out of the non administration of thrombolysis. As a result the Claimant suffered brain damage resulting in epilepsy and hemianopia. The Trust initially admitted liability but sought to resile from their admission some 6 years later resulting in a contested application which was resolved in the Claimant's favour. The matter settled shortly thereafter at a JSM for the sum of £512,000.

ZM v AB University Health Board - May 2018

Birth injury resulting in shoulder dystocia and Erbs palsy. Complex issues relating to employment evidence, disability and disadvantage on the labour market. Settled at JSM in the sum of £430,000.

NK v Dr J - March 2018

Failure to diagnose choroidal neovascularisation resulting in loss of vision in circumstances where the opposite eye was also at risk of damage. Settlement on a provisional damages basis was secured.

RO v ABM UHB- March 2017

It was alleged that the patient had been given inadequate information as to the treatment options available prior to undergoing the insertion of an intracranial pressure bolt, and that the neurosurgical access point used was negligent. The result was a post-operative haematoma and hemiparesis. Led by Richard Booth QC. The case settled 2 days before a liability only trial in the sum of £650,000.

VP v RCH NHS Trust August 2017

A tragic claim relating to a delayed diagnosis of cancer resulting in the death of a single Mum. The elder child took responsibility for caring for her younger sibling, who had not had contact with her Father since birth. The question of apportionment required careful consideration. Settlement approved in the sum of £365,000.

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Various Claimants v Nuffield Health/ Western Area Health NHS

Advising in a number of cases arising out of suboptimal orthopaedic surgery performed at an NHS referral centre. The poor surgical outcomes at one of the referral centers in question was identified in a Panorama investigation. The majority of these cases arose out of hip and knee replacements and poorly performed cruciate ligament repairs (e.g. due to the introduction of infection, poor placing of prosthesis, poor cement technique, inadequate consent etc). In the most serious a retired Claimant required 10 remedial procedures, one of which was complicated by infection and a stroke. He experienced pain and disability and there was a risk of amputation. The claim settled for £385,000.

Personal Injury

Abigail's cases range from those injuries arising out of road traffic accidents and accidents at work to fatal accidents and accidents abroad.

She also co-editor of the Occupier's Liability and Defective Premises Chapter of APIL Personal Injury, Law Practice and Precedents. She has dealt with a number of CICA cases including those arising out of assaults resulting in brain injury and maximum or near maximum CICA awards. Her cases include those resulting in serious orthopaedic injuries and brain injury.

Abigail is also frequently instructed on cases in which medical causation has been complex such as where the Claimant has developed additional complications or life threatening conditions during the course of the litigation and cases in which pre and post-accident drug use or behavioural difficulties have compounded the disabilities suffered. She has acted in cases involving injuries resulting in fibromyalgia, CRPS, chronic pain, chronic fatigue syndrome and somatoform disorder together with those involving allegations of fraud or exaggeration including those in which damaging surveillance evidence has been obtained. She is familiar with claims in which the Claimant has 'borderline capacity' to manage the litigation and their finances and claims where the Claimant has moved abroad giving rise to the need to consider bespoke evidence as to the impact of disability on the labour market and an alternative discount rate or periodical payments order.

Notable Personal Injury cases

AT v CB 2020

RTA resulting in brain injury requiring the ongoing need for case management and a support worker. Complex issues surrounding capacity and the use of an LPA to manage the settlement sum.

AF v An Employer July 2019

A claim in which the Claimant suffered an ankle fracture and thereafter a somatoform disorder as a result of an accident at work. Orthopaedic, pain and psychiatric evidence was required. The Claimant settled at JSM for just over £230,000.

PP v MB December 2018

Representing a Claimant in a claim arising out of a catastrophic RTA in which the Claimant, a farmer, suffered life changing orthopaedic injuries and his fiancé, a student, died. Employment evidence was required to assess the deceased's chance of

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securing work following graduation in her chosen field of behavioural analysis. The matter settled at JSM for 1.15 million.

FD v JP December 2017

Representing a Claimant who sustained orthopaedic injuries during a high impact RTA. Some years later she developed widespread chronic pain. The Claimant's experts attributed the deterioration the sequelae of the accident and the Defendant's experts attributed it to an exacerbation of a pre existing somatoform disorder. The matter settled at a Pre trial settlement hearing for £160,000.

Re: LH March 2017

The Claimant suffered from a wedge compression fracture and chronic pain following an accident at work. He underwent a residential pain management course during the course of the litigation. The claim settled for £500,000 at a JSM a few days after the change in discount rate.

Tina Blandford v The Forestry Commission and Others 2017

Successfully defended an Occupiers' Liability case at trial. The Claimant sustained injury as a result of her horse becoming spooked by a log transporter whilst riding through the Forest of Dean and alleged that the signage within the forest was inadequate.

Re: PL 2016

C sustained an ankle injury and DVT following an accident at work. During the cause of the litigation he suffered a stroke and venous ulceration. He was then diagnosed with pulmonary hypertension and had a substantially reduced life expectancy. Medical causation was extremely complex and multiple causation experts were required.

Re: CJ 2015

Representing the Claimant who had been run over whilst lying drunk in the road. As a result he sustained serious orthopaedic and pelvic injuries resulting in disability and erectile dysfunction. It was also alleged (but disputed) that he sustained a frontal lobe injury resulting in psychological injuries and cocaine addiction. The case was complicated by pre accident recreational drug use. The case settled for £185,000 less 35% contributory negligence.

Re: CC 2014

Representing an applicant in a CICA claim who sustained a brain injury following an unprovoked assault in a pub. Following extensive rehabilitation he was able to return to work in a semi sheltered environment. The modest sum of compensation initially offered by the CICB was increased to in excess of £412,000 by the first-tier tribunal.

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Inquests

Abigail regularly represents bereaved families and employers at inquests arising out of accidents at work and road traffic accidents. She has also acted in a number of cases involving deaths in custody, hospitals or care homes including those where the deceased was either under Section, subject to deprivation of liberty safeguards, or where there was evidence of systemic failings. She has experience of a number of cases involving the suicide of patients who were or should have been under the care of the mental health team together with cases resulting in a verdict of neglect.

She is very familiar with inquest procedure, including those engaging Article 2 ECHR or requiring a jury, and is praised for her ability to deal with issues raised in a sensitive manner. Chambers UK [2016] commented, 'Her inquest experience particularly focuses on proceedings investigating fatal events that may have breached the Right of Life under Article 2 ECHR... Recommended for inquest work and subsequent civil proceedings.'

Notable Inquests cases

Re: JS 2019

Article 2 inquest investigating a system of operation whereby ambulance technicians were not trained to interpret ECGs but instead expected to obtain clinical support from out of hours G.Ps who were unable to visualise the ECGs taken. The matter was protracted because the assistant coroner's conduct was acknowledged by the senior coroner to be unsatisfactory and the inquest re-listed de novo before an alternative coroner.

Re: Katy Lowry 2018

Representing the family at an inquest in which a 30 year old with severe disabilities attended A & E with vomiting and dehydration. No observations were undertaken. She collapsed, was unable to protect her airway and aspirated. The coroner considered that there had been a gross failure to provide basic medical attention on the part of the hospital and recorded a conclusion of death by natural causes contributed to by neglect.

Re: WS February 2018

Representing the family at an inquest in which concerns were expressed about a failure on the part of nursing staff to take and react to adequate basic observations. The coroner reached a narrative conclusion with a neglect rider.

Re: JS March 2017

Article 2 inquest following the suicide of a patient who was allowed to leave a mental health ward contrary to her care plan.

Re: SP 2015

Representing the family at a jury inquest and in subsequent civil proceedings following a crush injury at work.

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Re: MC

Representing the family in a case where the deceased consumed a fatal cocktail of medication and alcohol. She was under the care of the crisis team at the time of death. The coroner concluded that there had been a failure to recognize the serious nature of the recent deterioration in her mental health and that this lead to a lost opportunity to render care which would have prevented death.

Re: DJ

Representing the parents of an adult child. The deceased had hanged himself with the strap of an overnight bag whilst an inpatient at a mental health unit. The case raised issues under Article 2 and the inquest was heard by a jury who concluded that there were a number of failings on the part of the hospital trust which caused or contributed to the death. A claim was subsequently brought (and successfully compromised) under Article 2 ECHR.

Education

- University of Exeter LLB Law (Hons) First Class
- Kings College London MA Medical Law and Ethics

Memberships

- Personal Injury Bar Association
- Professional Negligence Bar Association
- Association of Personal Injury Lawyers

Appointments

- Executive Committee Member of Professional Negligence Bar Association

Accreditation Logos

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