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*standing up for you*

The planned Social Action, Responsibility and Heroism Bill is expected to receive royal consent early next year but it is both ill-conceived and totally unnecessary says Thompsons' head of policy, **Tom Jones**

# Heroism Bill attacks vital health and safety laws

**THE SO-CALLED "Heroism Bill" was launched in the latest Queen's Speech and is the government's most recent assault on the laws that keep workers safe and hold negligent employers to account.**

Justice Secretary Chris Grayling claims the Bill will mean that, in cases of negligence and breach of duty, courts must consider the wider context of defendants' actions, including whether they behaved responsibly and "for the benefit of society", or took "heroic action" to help people in danger with no regard to their own safety.

Of course no one can justify people, who go above and beyond their duty to put themselves in danger in the cause of helping another, being held liable for injury if they did the right thing as best they could in difficult circumstances. But no court would do so; courts already behave sensibly on those occasions by throwing out lawsuits on the grounds of common sense. It says a lot about the arrogance of this government when it doesn't even trust a judiciary, respected the world over, to get it right.

This Bill is simply there to grab some good headlines, pandering to the government's financial backers who support more powers for bosses and weaker legal

rights for workers to hold negligent employers to account. This is just spin because, in reality, this Bill will produce no real change as everything the government says the Bill will do is already in the law.

Where is the evidence that this is needed? Where are the cases brought to court where damages are awarded? If the government really wanted to deal with this issue, it would actually tackle the insurers who pay out on cases rather than fight them.

But to do so would undermine the mantra of fear that helps to keep the perception of a compensation culture, used by the government's friends and funders in the insurance industry to justify increased premiums and increased profits, alive.

There are workers across many industries who operate in dangerous environments and regularly put themselves at risk, whether to help a colleague or, in the cases of the emergency services, a member of the public.

### Existing legislation

The application of existing legislation already means that such people are unlikely to be prosecuted for unintended consequences of their heroism. However, it is a worry that this Bill may actually make it harder for workers, who act in response to dangerous circumstances that may have



*It is a worry that this Bill may actually make it harder for workers to take action against their bosses*

arisen due to the negligence of their employers, from taking action against their bosses.

If the government were serious about helping rescuers, for example, it would alter the existing law to allow compensation for those who try to help, but end up witnessing a disaster and suffering physical injury or a stress disorder as a direct result.

A man in the Midlands, who watched his colleague's head being crushed in a press while desperately trying to help, received

no compensation for the stress disorder he suffered. This was because of the House of Lords Hillsborough decision of **White -v- The Chief Constable of South Yorkshire** (1998) that said: if you are in no physical danger you receive no compensation whatever you see – even if someone else has been negligent.

Instead of taking on the real challenges and conducting a proper consultation, the government has gone for a populist bill that is neither needed, helpful nor legally coherent.

Oliver Collett, senior industrial disease solicitor, outlines employees' rights when working in dust-ridden environments

# The hazards of dust in the workplace

**REGULAR EXPOSURE to high levels of dust in the workplace can affect the respiratory system and cause workers to become seriously ill.**

Dust is listed as a hazardous substance in the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and typical types of dust exposure can be wide-ranging across different industries and working environments.

Types of hazardous dust may include:

- asbestos
- silica
- coal
- wood
- cotton
- paper
- flour
- metal.

Dust inhalation of the types listed above can lead to serious lung diseases, such as cancer, byssinosis (caused by exposure to cotton dust), chronic bronchitis, silicosis and asbestosis, asthma, Chronic Obstructive Pulmonary Disorder (COPD), and metal lung disease (caused by exposure to cobalt-containing hard metals).

There are also some more unusual circumstances where lung disease can be contracted, for example:

- Farmer's Lung – caused by exposure to spores found in mouldy hay, straw and grain

- Bird Fancier's Lung – caused by exposure to bird droppings
- Mushroom Worker's Lung – caused by exposure to spores generated during commercial mushroom cultivation
- Malt Worker's Lung – caused by exposure to contaminated barley, typically seen in malt workers in whisky distilleries.

## The regulations

Regulation 7 of the COSHH Regulations states that every employer shall ensure that the exposure of employees to substances hazardous to health is either prevented or, where prevention is not reasonably practicable, adequately controlled.

Regulation 6 says every employer must carry out a risk assessment before permitting any employee to carry out work where employees are exposed to substances hazardous to health.

This appears straightforward. It is clear that employers must carry out risk assessments and either prevent dust exposure or provide sufficient personal protective equipment (PPE) – or other mechanical means of extraction/ventilation – to prevent or minimise exposure to the lowest level possible.

However, many employers faced with claims deny liability on the basis that they took reasonable steps to prevent exposure, that the exposure to the substance was within relevant exposure limits set by the Health and Safety Executive and that there

were other causative factors resulting in the development of the disease.

## Silicosis

Out of the dust diseases mentioned above, there is one type that has, for some time, been thought to have been consigned to the history books with the advent of modern day health and safety legislation and regulation, and advances in PPE and mechanical dust control.

Sadly, the development of silicosis is still a disease that our specialist solicitors see all too often. What is particularly frustrating is that this is a disease that is so easily prevented if employers adhere to their legal duties.

### What is silica?

Silica is a very common mineral found in sand and rocks such as granite, sandstone, flint and slate, and in some coal and metallic ores. Silica is also used as a filler in some plastics. In the workplace, these materials create dust when they are cut, sanded, carved, broken, drilled or crushed, and this can be hazardous to health.

Occupations with exposure to silica commonly include:

- foundry workers
- stonemasons
- stone cutters
- potters
- sandblasters
- demolition and construction workers
- tunnelling workers
- glass manufacturers
- brick cutters.

Different types of stone contain different amounts of silica (see table).

In workplaces, there are also other every day activities that can cause silica to be released into the air:

- Leaks or spillages causing a build-up of dust
- Dust that is not cleaned up safely, for example by dry sweeping rather than wet cleaning
- Clothing and surfaces that are

Type of stone	Silica content
sandstone, gritstone, quartzite	more than 70% silica
concrete, mortar	25% to 70%
shale	40% to 60%
china stone	up to 50%
slate	up to 40%
brick	up to 30%
granite	up to 30%
ironstone	up to 15%
basalt, dolerite	up to 5%
limestone, chalk, marble	up to 2% (but these can contain silica layers)

contaminated with dust

- Where accumulated dust is raised from the ground or other surfaces by moving vehicles and people
- Fine dusts that remain in the air from work activities.

### What is silicosis?

Silicosis is a completely preventable but incurable respiratory disease. It is caused by inhaling silica dust (or crystalline silica). If this dust is inhaled, small particles of it can become embedded into parts of the lung and cannot be cleared by mucous or coughing. The dust is toxic to the lining of the lungs and causes a strong inflammatory reaction. Eventually, this can result in the lung tissue becoming irreversibly thickened and scarred, a condition known as fibrosis. This scar tissue prevents the lungs from taking in oxygen properly.

Serious exposure to high levels of silica can cause disease within a year, but it usually takes at least 10 to 15 years of exposure before symptoms occur. The longer the interval between exposure and the onset of symptoms, the slower the disease tends to progress. As well as silicosis, silica exposure can also lead to COPD, tuberculosis and lung cancer. ➔



➔ **What should the employer do to protect workers?**

Employers whose workers are at risk of exposure to silica should carry out a full risk assessment for their workers, including keeping a written record of the assessment and telling the workforce about anything significant that the assessment finds. Employers may also consider what practicable substituting material – with a lower silica content or none at all – can be used.

There are a number of ways that employers can prevent or control exposure. Using adequate ventilation and extraction systems and following good occupational hygiene practice are important in controlling levels of exposure. Correct PPE should be provided, and equipment used in control measures should be kept in correct working order. Employers should also train workers

*Employers must monitor the working environment to ensure controls are working effectively and that exposure limits are not exceeded*

properly in how to use such equipment and ensure workers are aware of the health risks involved in working around silica.

Employers must monitor the working environment to ensure controls are working effectively and that exposure limits are not exceeded. Health surveillance should also be put in place to enable early identification of ill effects on the workforce.

**What should employees do?**

- Ask if the material you are using contains silica
- Follow all safe working procedures
- Use controls such as dust extraction as trained
- Wear PPE when provided
- Ensure any face masks fit correctly and filters are regularly cleaned and checked. Report any defects immediately
- Do not dry sweep dust and debris; always use a vacuum or wet clean
- Do not use compressed air for removing dust from clothing.

**Case studies**

Thompsons Solicitors is experienced in representing workers from across a range of industries who have developed diseases from exposure to hazardous dust.

Industries where silicosis is still relatively common include stonemasonry and quarry working.

**The stonemason**

John Whittaker, a stonemason from York, has secured a six figure damages settlement from his former employer, who failed to take necessary steps to protect him from the hazardous effects of stone dust over the course of a near-forty year period working for them.

Mr Whittaker’s lung disease was so acute he had to leave his job in 2008 and he has been unable to work since. He has been left breathless and unable to walk long distances and it has been estimated that the silicosis has shortened his life expectancy by five years.

Mr Whittaker first took his case to a different solicitor, who turned his case down, incorrectly advising that he would not be eligible for compensation. Thompsons’ expertise in occupational disease cases meant he was provided with quality guidance and compensated with a six-figure sum.

**The foundry worker**

A 56 year old man who had worked in two west Yorkshire foundries between 1976 and 1990 developed silicosis due to breathing in significant quantities of crystalline silica during the course of his work.

The man first worked in an iron foundry where he was involved in a number of processes including mixing sand with chemicals. In this environment, substantial amounts of silica-rich sand could be found in the

air and sand would be swept up without damping.

In the second workplace, he worked in the shot blast department where a shot blasting machine leaked large quantities of sand into the atmosphere.

Not one of the foundry worker’s employers provided satisfactory respiratory protective equipment. At times dust masks were provided, but these were never designed to prevent inhalation of crystalline silica. When a rubber mask was provided, it was ill fitting and improperly maintained and, again, inadequate to prevent exposure.

As a result of his long-term exposure to silica dust, Thompsons’ client developed silicosis which gave him a 20 per cent respiratory disability. Even after changing jobs, he continues to experience breathlessness and has to avoid strenuous activities.

**The quarry worker**

A man who had spent his working life in quarries and stone cutting jobs secured over £200,000 in compensation from his former employers after developing COPD and silicosis, which led to a 60 per cent impairment of his breathing ability. He was unable to work as a stonecutter and was too ill to work in other jobs. Not being able to work, and the financial hardship this involved, also led to the man developing a depressive illness.

The worker was involved in various activities including extracting sandstone in a quarry using a pneumatic drill, cutting stone using a frame saw, polishing stone, and chiselling stone. He also worked cutting gritstone and limestone.

In all cases the man’s employers failed to provide adequate extraction equipment or take measures to damp down the stone dust generated. When water jets were used to dampen down the dust, they did not work properly.

This case demonstrates how, even just a few years ago in 2006, companies in the stone industry were failing to adequately protect employees.

**The electrician**

Silicosis can also affect workers in industries where one might not expect it to.

For example, Thompsons is investigating a claim for compensation on behalf of an electrician who was exposed to hazardous dust while working in the vicinity of other tradesmen involved in demolition and refurbishment projects.

In carrying out his electrical work near to activities including knocking down and through walls, breaking up concrete floors and sanding down gypsum, the electrician was exposed to large quantities of building dust. As a result, he has developed silicosis and his future employment and health remain in doubt.

Drugs intended to make people better can be toxic to those tending the sick, explains senior clinical negligence solicitor [Linda Millband](#)

# The risks of cytotoxic drugs for healthcare workers

**CYTOTOXIC DRUGS, also known as antineoplastics, are a group of medicines that contain chemicals that are toxic to cells and prevent their replication or growth. Because of these properties they are widely used in chemotherapy treatments.**

They can also be used to treat conditions such as arthritis, psoriasis, multiple sclerosis and the prevention of transplant rejection thanks to their anti-inflammatory qualities.

But, as a result of their toxicity, there is also a risk to health professionals who handle and dispose of them and so they are designated as substances hazardous to health as defined by the Control of Substances Hazardous to Health Regulations (COSHH) 2002.

Studies in the UK and USA have shown frequently detectable levels of cytotoxic drugs in the air of hospital environments when the drugs are prepared without biological safety cabinets. Healthcare workers who have prepared drugs without the provision of adequate protections have also tested positive for the drugs in their urine.

The dangers of exposure to these drugs can include acute skin reactions such as

*Anyone working with patients or animals is therefore at risk of exposure and appropriate control measures should be taken to protect all relevant employees*



dermatitis, nausea, headaches and dizziness, and eye irritation. Long-term exposure has also been connected with more serious consequences including abdominal pain, hair loss, liver damage, spontaneous abortion and congenital malformations. There have also been cases of low birth weight for babies born to care workers.

Exposure to the drugs can be through skin contact, skin absorption, inhalation of aerosols and drug particles, ingestion and needle stick injuries. The major risk of injury therefore occurs in drug preparation, drug administration and the handling and transportation of waste and the cleaning of spillages.



## Guidelines

The Health and Safety Executive (HSE) has issued guidelines on the safe handling of cytotoxic drugs in the workplace for use in a range of healthcare settings including hospitals, oncology units, care homes and veterinary clinics.

Anyone working with patients or animals is therefore at risk of exposure and appropriate control measures should be taken to protect all relevant employees.

Under the COSHH Approved Code of Practice, employers must assess the risks of handling the drugs and take the necessary precautions to protect them through identification of the hazard, an evaluation of the risk, and the introduction of suitable measures to protect the employee by the control of exposure and the use of appropriate protective equipment.

The Cytotoxic Safety Council of America also suggests that family members of people undergoing cancer treatment should similarly be aware of the risks of the drugs, and be advised of the precautions they should take if the drugs are administered in the home environment, or if they are discharged at home immediately after the administration of the drug as there are risks of contamination to the home environment.

The dangers of cytotoxic drugs have been known for many years and the HSE first released guidelines in 2003. It is important that all employees working in a healthcare setting are aware of the risks and are given adequate information and training to provide full protection from the dangers of these highly toxic substances.

Martyn Gwyther, accidents abroad solicitor, outlines the best courses of action following an accident or illness abroad

# When accident or illness strike abroad

*Contact a lawyer who specialises in overseas accident claims, such as Thompsons Solicitors, as soon as possible after your return*

**SUFFERING AN injury or illness when you are abroad can be a traumatic experience. Not only might talking to doctors be made more difficult by a language barrier, there may also be funding issues that need to be addressed before treatment can be provided.**

Other common issues include concerns about the quality of treatment facilities and a real sense of fear and isolation that the lack of a local support network can lead to.

The following tips may be useful:

- Book a package holiday through a reputable tour operator to ensure that, if something does go wrong with the holiday, you will have the right to pursue a remedy back home in the UK as opposed to bringing your claim overseas.
- Report any accident or illness immediately, or as soon as possible after medical attention has been sought. Reports should be made to the hotel manager or the resort representative for the tour operator through whom the holiday was booked.
- Check that an entry is made into the accident report book and that the resort representative's report of the accident is accurate with regard to what happened and what you told them about the accident. Do not accept an inaccurate summary of what has occurred. Ask for

a copy of the accident report that is produced.

- Enquire with the hotel manager, the tour operator representative or other guests whether there have been similar incidents in the past.
- If possible, ask to see the accident report book and the resort representative's audits of similar incidents to check the accuracy of what you are told. If there are entries about similar incidents, ask for copies.
- Take names, addresses, telephone and email contact details of people who saw the incident occur, or who have knowledge of previous complaints or similar incidents. If you are not physically able to do this, ask someone travelling with you at the time to do so if possible.
- Take photographs of what you believe to have caused the problem. Use a commonly-found object, such as a coin, to give an indication of scale. Ideally, these should be taken at the time, but it may be necessary to do this later if the injury or illness is severe.
- Contact your travel insurers to notify them about the issue and ask them to pay for any medical treatment that may be required.
- Seek medical attention while still abroad. Do not leave the issue until you return home. This can sometimes cause problems in establishing that your injury or illness was suffered abroad.
- Before you return home, attend a

medical centre to ensure that you are fit to fly home. At the same time, ask for copies of your medical records for the attention that you received overseas. Occasionally, it can be difficult to secure copies of such records when you return to the UK.

- Check that medical records you may be provided with at the time are accurate. Language barriers can cause difficulties with the reporting of such incidents so, if you are not satisfied, ask them to be altered there and then.
- Upon your return to the UK, whether this is earlier than expected because of the accident or illness that you have suffered, or on the scheduled flight, see your GP to record what has happened and to ensure that you secure appropriate follow-up medical treatment.
- Contact a lawyer who specialises in overseas accident claims, such as Thompsons Solicitors, as soon as possible after your return. Some countries insist that any personal injury claim that you wish to commence is started within a very short period of time from the date of the accident. For instance, in Spain the time limit is just one year, whereas in England the time limit is three years.

## Advice from union legal service

If a member has suffered from an accident or illness abroad, you can get advice through your union legal service and Thompsons Solicitors. Thompsons has expertise in areas including work-related accidents abroad, package holiday claims, accidents or illnesses occurring during international carriage by air and sea, road traffic accident claims, claims under the Consumer Credit Act 1974, fatal accidents abroad, and brain and spinal injuries.



## Case studies

Food poisoning is not an uncommon occurrence on foreign holidays. While it is often just a case of a few days' upset, sometimes it can be much more serious. One example is that of Stacey Sewell who contracted salmonella, which led to long-term bowel problems, while on a package holiday in Gran Canaria.

Ms Sewell was bed-bound for the whole of her stay and was hospitalised when her pre-existing colitis, which was being effectively managed with medication, flared up after her return home. This painful condition continued to be severe for more than a year. After this, Stacey was diagnosed with the additional problem of post infective irritable bowel syndrome which had been caused by the salmonella, and which may still require significant surgical intervention.

Ms Sewell accessed Thompsons Solicitors through her union's legal service. Her holiday operator, Thomas Cook, admitted liability and settled the claim out of court for more than £22,000.

It is also worth noting that not all holiday-related accidents happen abroad. Indeed, one case involved a holidaymaker who fell down a staircase while on her way to board an international flight. The union member had to take nine months off work following the fall which badly dislocated her shoulder, tore her hamstring and caused her to develop post traumatic stress disorder.

The union's legal service instructed Thompsons Solicitors who pursued a claim against the flight operator, Thomson Airways Ltd, and settled out of court for £28,000. Thompsons was able to claim under the Montreal Convention, which covers accidents to passengers who travel, or intend to travel, internationally or within the UK by air.



Thompsons' joint national head of clinical negligence, **Kashmir Uppal**, on recent work her team has undertaken on holding negligent clinicians to account

## The fight for victims of clinical negligence

**MOST MEDICAL care in the UK is of a high standard and health service staff work hard to deliver the best care possible. However, sometimes things go wrong and clinicians make mistakes.**

It is not always the fault of the healthcare professionals when something goes wrong. With creeping privatization and an ageing population there is escalating stress on an increasingly under resourced NHS. Failures are often systemic and down to staff struggling to cope with an ever rising workload. But, English law rightly awards compensation if it can be proved that the treatment fell below the standard of care generally accepted to be reasonable for that area of medicine.

Thompsons Solicitors has a team of clinical negligence lawyers across the UK. They have, over the past year, represented hundreds of patients who have experienced a poor standard of care that has led to further treatment or an existing condition being missed or ignored. Below are case studies of four of the most severe examples of clinical negligence that Thompsons has been working on.

These four surgeons failed in their duties as healthcare professionals and caused harm to their patients. Taking on a professional and proving they were wrong is tough but Thompsons Solicitors believes every patient who has endured negligent treatment should get compensation if they want it by holding the perpetrator to account.

### Ian Paterson

Ian Paterson worked as a breast surgeon at a number of different NHS hospitals and private clinics in the Midlands. He treated thousands of women referred to him from 1994 onwards, who had found lumps in their breasts and were worried they might have breast cancer.

Mr Paterson endangered his patients by using an unapproved surgical technique. His so-called cleavage-sparing mastectomies, which left tissue around the cleavage area for cosmetic reasons, were performed by the consultant at Heartlands Hospital, Solihull Hospital, Good Hope Hospital, Spire Hospital Parkway and Spire Hospital Little Aston. Mr Paterson's actions went against national guidelines that state that no excess tissue should be left behind because this could lead to the cancer returning.

He did not inform his patients that he was doing anything other than following usual procedures and the women and men he operated on had no idea they were at an increased risk of their cancer returning.

Many of the women operated on by Mr Paterson had to undergo further surgery to remove the excess tissue and some have even suffered a return of their cancer and secondary spread.

We also believe that Mr Paterson, while working privately at The Spire Hospital, ➔

*Thompsons Solicitors believes every patient who has endured negligent treatment should get compensation if they want it by holding the perpetrator to account*

performed entirely unnecessary cancer operations. He would examine lumps, sometimes carrying out ultrasounds and mammograms, and then advise the women that they had precancerous lumps that had to be removed. However, the lumps were often totally benign and harmless, and should have been investigated with a simple biopsy. This means that his patients were anaesthetized and left with scarring for no reason.

#### Roger Bainton

The University Hospital of North Staffordshire Trust (UHNS) revealed in July that an investigation by the Royal College of Surgeons (RCS) had concluded that suspended facial surgeon Roger Bainton harmed 18 people by carrying out

unnecessary and inappropriate surgery.

Mr Bainton allegedly performed unnecessary surgery on patients with jaw injuries and also used an unproven and experimental bone substitute, known as DBX, to treat damaged eye sockets. He was suspended by the UNHS in February 2013 after a number of his colleagues came forward with concerns about his professional practice.

Thompsons Solicitors now represents over 60 of Mr Bainton's former patients and believe that many more people may not yet have come forward.

Mr Bainton's former patients include Donna Dillon who was referred to North Staffordshire hospital for treatment following a serious assault in 2007. She had to have her nose and right eye restructured. Mr Bainton performed a total of eight operations on her some of these made no difference to her face.

Ms Dillon said: "Bainton essentially cut the end of my nose off and I still can't breathe properly. I never had a proper consultation to explain exactly what needed to be done to restructure my face."

#### Rob K. Jones

Rob K. Jones (also known as Kenneth

Jones) practiced for around 20 years as an obstetrician and gynaecologist at the Royal Cornwall Hospitals NHS Trust in Truro (known locally as Treiske Hospital).

The Royal Cornwall Hospitals NHS Trust is now contacting all of Rob Jones' patients from the last two and a half years, around 1,500 women, to inform them that their care is being reviewed. It is likely that this review will eventually be extended to patients from longer ago.

Mr Jones was suspended in May 2012 after an external review was carried out by the Royal College of Obstetricians and Gynaecologists. The review found that Mr Jones did not follow the correct guidelines in his obstetric or colposcopy practice and there was a higher than expected frequency of surgical complications following relatively straightforward surgical procedures.

The frequency is considerably higher than it ought to be, which Thompsons consider on balance is likely caused by poor surgical technique. The review also highlighted that he was inadequate at recordkeeping and that he made unusual decisions in obstetrics in relation to hypertension during pregnancy, which can increase risks to women.

#### Benjamin Ononeze

Benjamin Ononeze, a consultant in gynaecology and obstetrics, made a series of errors while operating on women at hospitals in the north-east of England and is currently under the watch of the General Medical Council (GMC), after a Medical Practitioner Tribunal Service panel review.

Dr Ononeze has admitted causing a "traumatic and unnecessary" instrumental delivery of a baby instead of performing a caesarean, incorrectly removing an ovary during a hysterectomy, and leaving a swab inside a patient, which was not discovered until a month later.

Thompsons Solicitors is currently acting on behalf of a number of people treated by Dr Ononeze, all of whom are understandably concerned that he is subject to a GMC investigation.

Using a union's legal service when making a claim against an employer has considerable advantages over high street solicitors says **Judith Gledhill**

# Why the union legal service matters

**UNDER THIS government, we have seen the insidious proliferation of zero hours contracts, new fees in employment tribunals, legislation that benefits the insurance industry over mesothelioma sufferers and reductions in workers' rights around redundancy consultations and TUPE.**

Under this attack it is clear that today union legal services are as invaluable as they have ever been in providing legal protection and support for union members.

This government has also ended strict liability in health and safety law. A feature of our legal system since the 1880s, strict liability meant that the injured party generally did not have to prove that the employer should or could have foreseen that an accident might happen. It was sufficient for the injured person to point to the accident and to show that the accident happened as a consequence of the employer's breach of the law.

Today, the removal of this principle has weakened incentives on the employer to proactively embrace workplace health and safety and to keep their house in order, something that's making workplaces less safe and making it more difficult for the injured to pursue claims.

The legal service provided by Thompsons Solicitors exists to defend the rights of the injured or mistreated. Thompsons is resolutely committed to trade unions and we are proud to say that we never work for employers or the insurance industry. This independence

means members receive the highest quality service, and that we negotiate hard with insurance companies who often want to settle cases early.

Because of this government's attacks, your union's personal injury legal service has never been better value – or more important. Despite these changes that are squeezing the model of legal provision, union members are guaranteed to receive 100 per cent of their compensation and don't have to pay anything out of this in hidden fees or in costs for things like medical reports.

This makes the union legal service completely different to high street law firms who can take a cut of up to 25 per cent of a compensation award.

Thompsons has specialist solicitors in all areas of personal injury law, such as industrial illnesses and disease, accidents at work and on the road, and in related areas such as clinical negligence, as well as in employment rights.

We ensure that all our lawyers and other members of staff receive in-depth training to ensure they are kept up-to-date with changes in the law and legal practice.

Union members can be confident that their case will be dealt with by a leading expert and be reassured that your solicitor will always work to secure the maximum compensation in the minimum time, and with as little disruption to members and their families as possible.

### Benefits of your legal service provided by Thompsons Solicitors

- 100 per cent compensation guarantee
- No hidden fees
- Representation for you at or away from work
- Representation for you and members of your family
- A service dedicated to injured members; we never act for insurers or employers
- Provided by expert solicitors across the country and a firm with over 90 years' experience working with unions

*"I never had a proper consultation to explain exactly what needed to be done to restructure my face"*



# Our pledge to you



**THOMPSONS**  
SOLICITORS

**STANDING UP FOR YOU**

Thompsons Solicitors has been standing up for the injured and mistreated since Harry Thompson founded the firm in 1921. We have fought for millions of people, won countless landmark cases and secured key legal reforms.

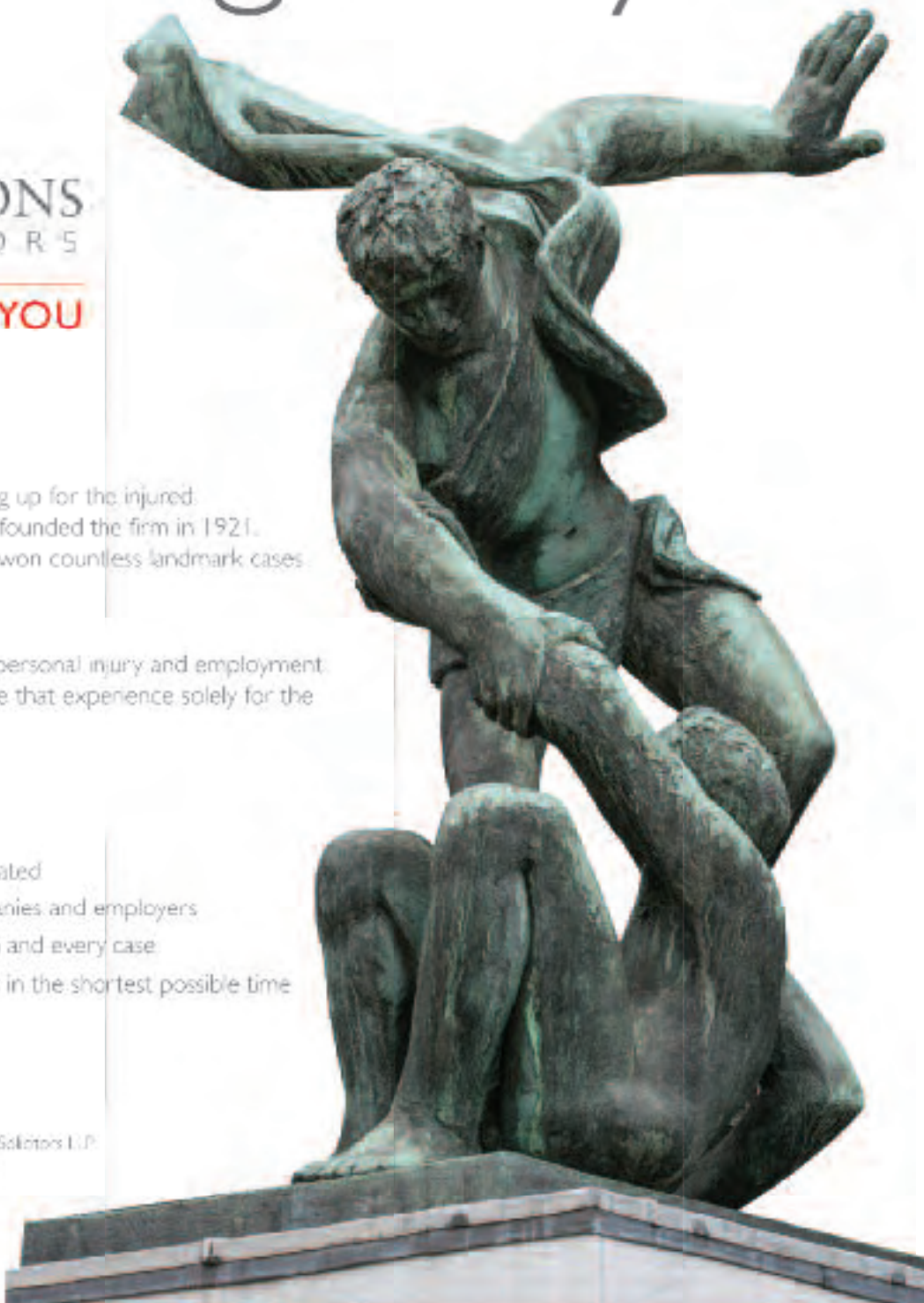
We have more experience of winning personal injury and employment claims than any other firm – and we use that experience solely for the injured and mistreated.

#### **Thompsons pledge that we will:**

- work solely for the injured or mistreated
- refuse to represent insurance companies and employers
- invest our specialist expertise in each and every case
- fight for the maximum compensation in the shortest possible time

The Spirit of Brotherhood by Bernard Meadows

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