

# Pulse

Personal injury newsletter  
Spring Issue

**MOORE BLATCH**  
resolve



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What you  
need to know



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## Editor's Welcome

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Welcome to the Spring Edition of Pulse – the Personal Injury Newsletter. In this issue Ciaran McCabe explores product liability cases and sets out a guide to relevant legislation which can assist the consumer in knowing their rights, and Adam Manning discusses the role of mediation in personal injury claims.

We speak to Caroline Lewis, a member of Glenside's Occupational Therapy team, who talks to us about occupational therapy and how it is used to help individuals living with an acquired brain injury or other neurological condition.

We're also delighted to welcome Michael Osborne to our team. Michael joins our personal injury team as senior solicitor having previously been a senior solicitor with a leading London firm where he specialised in claims for asbestos diseases.

Sarah Stanton  
Editor and Senior Solicitor  
Moore Blatch Resolve



# Product liability – when things go wrong

By Ciaran McCabe - Senior Solicitor  
at Moore Blatch Resolve

*It is said that all publicity is good publicity, but I doubt that is the feeling of embattled Toyota executives as their company hit the headlines worldwide for all the wrong reasons. The recall of millions of Toyota cars following serious injury and even death to drivers of some of their vehicles has caused alarm, with good reason, amongst Toyota owners.*

As an experienced product liability lawyer I've been interviewed and quoted in the press and on television worldwide following the Toyota recall and below I provide a guide to the relevant legislation which can assist the consumer in such circumstances.

Under the Consumer Protection Act of 1987, you are allowed to make a product liability claim against the manufacturer of a faulty product that can be shown to have caused you personal injury. This covers a wide range of products from cars to pharmaceuticals, toys and household electrical goods and even contaminated blood provided in transfusions.

The four main ways in which a manufacturer can be found to be at fault in a product liability claim are:

### Manufacturing

If a batch of products has been damaged or contaminated during the manufacturing process and you have suffered injury as a result, the manufacturer is likely to be liable.

### Design

If a product is poorly designed, such as a climbing frame with sharp edges or a car with a faulty accelerator, and you have sustained an injury as a result, you can make a product liability claim against the manufacturer.

### Warnings

If a manufacturer fails to exhibit sufficient warnings on a product that is inherently dangerous, such

as an electrical appliance, then the company may well be found to be liable if you are injured as a result.

### Failure to recall/announce warnings

If a manufacturer discovers a problem with a product that could cause personal injury and fails to announce warnings about the product and injury occurs as a result, a product liability claim could well be successful if you are injured by the product.

This Act was created to provide consumers with access to justice against manufacturers if they produced dangerous goods. Most businesses have the protection of product liability insurance which will ensure the consumer is correctly compensated in line with the law should a claim be successful.

The consumer is often unaware of their rights and is left feeling powerless in such circumstances. However the consumer has a right enshrined in law to protect his rights and potentially highlight to other consumers dangerous products which could seriously injure them or their family and friends.

Potential Claimants should always choose a specialist firm with experience when considering such a claim. Moore Blatch Resolve is one of the few firms that has the necessary expertise to undertake these claims and I would be pleased to hear from you if you are considering pursuing a potential claim. We are willing to take all suitable cases on a "no win no fee" basis.

# Mediation vs the Adversarial System

By Adam Manning - Senior Solicitor at Moore Blatch Resolve

*The civil litigation process, which includes personal injury and clinical negligence claims, is of course ultimately based on adversarial principles. That is, it consists of two sides engaged in what can at times appear to be a battle and the busy personal injury practitioner will on occasion be reminded of the saying that litigation is war. The ultimate theatre for this warfare by paperwork is the courtroom and during the claim's progress the combatants will be assessing their strengths and weaknesses, employing tactics and strategies designed to ensure victory and judging when to advance and when to retreat.*

Does it have to be this way? Presumably justice is the ideal result of a legal process. Is pitting the two sides of a case against each other in this dramatic fashion really the best method to arrive at a just result? For a long time many have taken the view that the civil litigation process, far from encouraging parties to rationally consider their cases and work towards a reasonable settlement, draws them into an escalating state of conflict which unnecessarily increases the time and expense involved.

In recognition of this, the Civil Procedure Rules require the courts to encourage the parties to use alternative dispute resolution, or ADR, where appropriate as part of active case management. The personal injury pre-action protocol also requires parties to consider ADR and whether it would be more suitable than litigation and if possible endeavour to agree on a form of ADR to be used. In addition, the rules about costs mean the court can take into account the general litigation conduct of a party, and this includes considering whether efforts were

taken to reach a settlement rather than litigating. The protocol explicitly refers to this point and says the court will have regard to conduct of this nature when determining costs and in particular whether ADR was considered.

Shortly after a claim is issued, an Allocation Questionnaire is sent out by the Court to the parties for them to complete and return. The first substantive section of this requires legal representatives to clearly state that they have advised their clients about the need to settle, the options that are

available and the costs sanction that may apply if in default. The form then asks whether the party would like the court to appoint a mediation appointment and if not, why not. Bearing in mind the potential costs consequences referred to above, this is clearly a serious issue. Indeed, some county courts have gone further when sending out the allocation questionnaire and included with it additional information about mediation services and made it abundantly clear that those failing, without good reason, to use mediation may be penalised on costs. They indicate that those who are unwilling to mediate may find themselves later having to explain exactly why they did not do so.

Clearly mediation is a principal focus for the greater movement towards ADR to avoid the time and expense of litigation as it is normally understood. In certain areas of the law, such as the financial resolution of a divorce or a neighbour dispute, this seems entirely reasonable and logical. Any opportunity to try and remove some of the prejudices or emotions that might be a stumbling block to a settlement and focus on areas of agreement has to be a positive step. But is this as appropriate in a clinical negligence or personal injury claim? Whilst the circumstances of an accident or a clinical negligence claim can undoubtedly be distressing, they would appear to be more factually based than other forms of disputes.

On the face of it, this might suggest to some that mediation was less appropriate in personal injury or clinical negligence claims. Why should a claimant with a strong case be interested in mediation, apart from paying some form of lip service to the requirement to do so? Facts about how an act of clinical negligence or an accident occurred are, presumably, not something that can be mediated. It is notable that, according to professional mediators, a very low uptake of mediation in these areas. Whilst this is no doubt partly due to a certain lack of familiarity with the

process of mediation, it must represent a general disinclination to mediate where there seems to be little apparent benefit in doing so.

There is perhaps a certain tension between an adversarial system based on the parties trying to win out over the other side on the one hand and moves towards mediation with its emphasis on cooperation and the parties showing good faith in working towards a settlement on the other. For the reasons referred to above this might be most easily seen in personal injury and clinical negligence cases. Another point of concern is the general ruling that if parties to a litigated matter undergo mediation than generally the costs of the mediation (which will include the mediator's fee) are not recoverable as part of the normal legal costs paid to the successful party. The costs involved in mediation are either waived or, if the claimant is successful, deducted from the claimant's damages.

Whilst clear evidence on the role of mediation in personal injury or clinical negligence claims is lacking at present, anecdotal evidence suggests that in practise these issues are not as problematic as they might seem. In one asbestos case for instance, the mediation process was put to good effect and the parties were able to conclude the claim at the mediation appointment at court. There it was found that the mediation appointment led to both parties being fully prepared and an opportunity to reach a settlement if at all possible. Costs were also resolved at the appointment showing that a mediation appointment can be useful to parties in concluding a claim earlier than otherwise might occur, which is beneficial for both the parties and their legal representatives.

The role of mediation in clinical negligence is interesting in that in many such cases the defendant will be represented by the NHS Litigation Authority. There has always been

disquiet voiced about the amount paid by the NHSLA to successful claimants and their legal representatives and indeed the recent report on the costs of civil litigation once again refers to this. What is perhaps less well reported is the often seeming reluctance of the NHSLA to negotiate or discuss liability for claims at an early stage, thereby potentially reducing costs. It maybe that greater use of mediation might hasten this process.

Another useful alternative in clinical negligence claims to the normal litigation route might be what could be called "neutral evaluation" of a claim. A clinical negligence claim will obviously involve medical evidence and this may be complex in nature. Both parties might submit their evidence to a neutral third party, suitably medically qualified, who would evaluate the evidence and then present their findings to the parties. The advantage here might be a hastening of decisions concerning liability to the benefit of all concerned. This process of neutral evaluation has received support in the recent report on civil litigation costs by Lord Justice Jackson.

The motivation to mediate from the regulatory framework, the cases and the courts themselves will undoubtedly mean it will be encountered more frequently in the coming years by personal injury and clinical negligence practitioners. It maybe that some of the initial reluctance to mediate in these sorts of matters maybe overcome with the more widespread appointment of mediators experienced in these areas, something reflected upon in the recent report by Lord Justice Jackson on civil litigation costs. The Jackson report stopped short of making mediation compulsory but certainly encouraged and promoted its use and has suggested that all lawyers be further educated in its use and benefits. Forward thinking lawyers will be thinking about its use and how it might benefit clients in pursuing their claims.

# Glenside Interview

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On the Sofa with Caroline Lewis,  
a member of Glenside's  
Occupational Therapy Team

*In the third of our series of articles with neuro-rehabilitation experts at Glenside Hospital near Salisbury, we meet Caroline Lewis who talks to us about occupational therapy (OT) and how it is used to help individuals living with an acquired brain injury, or other neurological conditions, to regain their independence and move forward with their lives.*

## What does an occupational therapist do?

Think about everyday activities, many of which you learn from a relatively young age and conduct almost subconsciously on a daily basis – from your morning routine to deciding what to eat, writing a shopping list or managing your finances. All of these activities require a complex range of cognitive, perceptual, physical and executive functions in order to be completed successfully.

Now put these tasks in the context of an individual that has suffered an acquired or traumatic brain injury. As a result of major neurological damage, they have lost the ability to do even the simplest of tasks, let alone complete any of the above tasks independently without guidance or assistance.

This is where the skills and expertise of an occupational therapist are used. They carry out initial assessments to identify how an individual's injury has affected their abilities. Through a structured

rehabilitation programme and goal-setting, they work on a one-to-one basis with an individual to help them re-learn these basic skills and enable them to do things for themselves again. The role of an OT is vast – we look at an individual's needs holistically; whether physical, spiritual, emotional, sexual or cognitive and aim to put them back in control of, and put a purpose back in their life.

## Tell me a little about the OT Team at Glenside

The OT team at Glenside consists of 20 people and is led by a head therapist. The team is divided into three main parts: OTs/OT Assistants; Activity Organisers; and Recreational Assistants.

OT Assistants work under the direction of the OT on varying treatments to help promote independence in tasks, which include personal and instrumental activities of daily living, access to the community and specific exercise programmes.

The Activity Organisers also work under direction of the OT and work with patients in four of our homes to plan and undertake activities that they have identified they would like to do, such as a trip to the cinema or meeting a relative for a coffee in the community. The focus of the role is to encourage patients to get involved in developing their own activity programmes as part of rehabilitation promoting quality of life. Risk assessments are always completed before activities take place. For example, before going out into the community to meet a relative for a coffee, the OT would undertake an assessment in our on-site coffee shop to enable us to see how a service user would be able to function in a busy, social environment.

Finally, our Recreational Assistants promote independent living for patients that are living in our supported living bungalows and are at the final stage of their rehabilitation. Staff are available 24/7 and the Assistants assess patients to ensure they can undertake a particular activity safely, e.g. going

shopping, using public transport, planning meals and budgeting, and work with them to put an appropriate plan in place to complete each activity successfully.

## What range of treatment does the OT Team provide and how does it help patients?

In all cases, treatment begins with an initial assessment of an individual's capabilities which forms the basis for a tailored and structured, graded rehabilitation programme.

Part of the initial assessment involves meeting with the patient and their family/relatives to get to know what the patient was like before their accident, their likes and dislikes, hobbies and other interests. This information really helps to make a difference in how we approach their rehabilitation. I am currently working with one patient on a series of basic arm movements which are similar to moves that he used to perform in Martial Arts classes – both his response and progress to treatment have been encouraging.

Observing functional activities is a useful part of the evaluation process. Within this we use a variety of scientific measures to look at orientation, memory, spacial awareness, sequencing and motor processing skills. Goals are always 'S.M.A.R.T' orientated – Specific, Measurable, Attainable, Resourced and Time Bounded. No two treatment programmes are alike but all involve working one-to-one with therapists to achieve defined tasks to reach agreed goals. These cover a variety of tasks; putting on socks and shoes, brushing hair, establishing a morning routine, making a snack etc. Independent assessments are a key part of monitoring progress and measuring outcome.

Other aspects of the OT rehabilitation programme pull together multiple skills and situations to develop coping strategies. In preparing for returning home, support is given to a patient's partner or family to help them cope with the new routine and equipment, either in the home or hospital environment.

A community visit may be set up so that a therapist can observe a patient to see how they cope. Other aspects may focus on budgeting and understanding the value of money; how much does 'x' cost, how much change to expect out of £20 and remembering a PIN number. Transport is also assessed, e.g. do they need to use public transport on discharge?

Our rehabilitation programme also includes support for developing vocational skills. On the Glenside campus, patients undertake post duties or work in the coffee shop. Some more advanced patients may travel off campus for a job in the community.

## How long does a treatment programme last and what happens after patients have been discharged from Glenside?

The needs of an individual patient determine the structure and length of the treatment programme, but the ultimate aim is always the same – to help them regain independence and control of their life. In preparation for discharge back in to the community we'll work with family and other agencies to establish routines and test them in the home environment and also provide equipment and training to promote safety. We have links with community OTs to whom we make further recommendations for the patient.

## How does the OT Team's work complement that of other rehabilitation specialists at Glenside?

In providing the best possible level of care to our patients, we take a multi-disciplinary approach to treatment and work with other rehabilitation specialists.

We work jointly with physiotherapists to cover areas such as sitting/standing, balance, posture/seating, spasticity, movement and transfer during tasks/ routines. Work with Speech and Language Therapists focuses on improving communication – one of our patients only has the ability to move one finger, so collaborative working has used splinting to help him operate a number of different switches to communicate. Input from the psychology team focuses on behavioural management and modification to help service users interact appropriately with others.

## What professional training and qualifications are required to become an OT?

As a minimum, you need to complete three years' training (degree) to become a qualified OT. Vocational qualifications such as NVQs are available at Assistant level. Further training and continued professional development is mandatory.

## What is the most satisfying aspect of being an OT?

The reward from working with patients to reduce their physical disability and improve their functional performance in order for them to return to family life/ community living. The fact that many patients exceed our expectations is incredibly satisfying, which is in part due to the structured and consistent therapy that we provide at Glenside. Life goes on, albeit differently.

# An officer and a pirate

By Tim Blackwell - Partner and Solicitor  
at Moore Blatch Resolve



*We recently successfully settled an interesting case after five months of negotiations with the defendant.*

Our client was a security officer onboard a commercial cruise liner. Back in 2005 the ship was attacked by pirates off the Somali coast. The ship came under heavy fire from rockets and machine-guns and the safety of the passengers was at severe risk.

Instead of fleeing for cover our client together with a Master at Arms fought the pirates off using just a water hose and a Long Range Acoustic Device (LRAD) which is capable of causing permanent damage to hearing from a distance of more than 300 metres (984ft).

The pirates, who tried to board the ship for over 30 minutes, were eventually forced to retreat and the ship's Captain was able to direct the ship and its passengers to safety.

Unfortunately, our client sustained multiple injuries during the attack and as a result was unable to work following the incident.

During investigations, it emerged that the Captain of the ship had ignored previous warnings of piracy attacks and activity in the region and as a result sailed too close to the coast. In addition, the Captain decided to stand down the heightened security watch before the attack which probably would have helped to prevent the incident.

The defendant, the company that owned the cruise liner, decided to defend our client's claim but we have recently managed to secure a satisfactory settlement for our client.

# Moore Blatch Resolve supports charity triathlon

Independent neurological centre, Glenside, has helped its patients complete a triathlon to help raise funds for three charities.

26 patients at the centre in South Newton chose to take part in the triathlon, which was co-ordinated by the Physiotherapy Department. To mark the start of the triathlon, solicitors here at Moore Blatch Resolve offered further support and the firm provided t-shirts for all of the patients completing the triathlon.

Glenside's Lead Physiotherapist, Gerry Harlow, said:

"Charity events are a regular occurrence here at Glenside. Not only was the triathlon an excellent way to give patients a goal to work towards as part of their rehabilitation programme, the event also raised funds for charities that help those with neurological conditions."



Headway  
The Brain Injury Association  
[www.headway.org.uk](http://www.headway.org.uk)



The Stroke Association  
[www.stroke.org.uk](http://www.stroke.org.uk)



CLIC Sargent (Children's Cancer)  
[www.clicsargent.org.uk](http://www.clicsargent.org.uk)

Ciaran McCabe, a specialist brain injury solicitor at Moore Blatch Resolve, said: "We are pleased to support the excellent efforts of the patients at Glenside. As a law firm which represents and works with people who have been affected by brain injury and disorders we realise the critical role excellent rehabilitation plays in the recovery of our clients. We're delighted we were able to assist in making the event a success."

# Specialist solicitor joins the team



We are pleased to announce the appointment of Michael Osborne, taking the position of senior solicitor within our highly successful personal injury team.

Michael, who was previously a senior solicitor with a leading London firm where he specialised in claims for asbestos diseases, is now tasked with further developing our firm's reputation within this area and positioning it as a specialist asbestos claims practice within the market.

Damian Horan, partner at Moore Blatch Resolve, says: "Michael brings with him a wealth of experience and we're confident that this, coupled with his understanding and sensitive approach to handling client cases, will ensure the team goes from strength to strength."

"On average, in the UK alone, 13 people are dying every day due to exposure to asbestos and that number is unfortunately expected to keep rising until at least 2015. Michael's specialist knowledge in this field will be invaluable in helping sufferers and their families get the compensation they deserve."

Qualifying in 1993, highlights in Michael's career include having his book, *Asbestos Disease Claims: A Guide for Doctors and other Health Care Professionals*, published in 2001. He has been a member of the steering committee of the British Lung Foundation's mesothelioma awareness campaign and is a member of the Association of Personal Injury Lawyers.

# Moore Blatch Resolve case studies

## Case Study 1

On 27 July 2005, our client, who was at the material time an employee of the Defendant, went to the toilets on the first floor adjacent to her office to check her face as she suffered from Rosacea. The Claimant did not use the toilet or washbasin facilities. She did not wash her hands but only looked / checked her face in the mirrors over the sink. Then, as the Claimant walked to the full length wall mirror she suddenly slipped on liquid near the basins and fell heavily to the floor. The Claimant believes the liquid on the floor was water. There was sufficient liquid on the floor not only to cause her to slip but also to wet the side of her trousers and shirt where they had come into contact with the floor.

Liability was denied by the Defendant. The Defendant alleged a safe and adequate system of checking/inspecting and cleaning the toilet was in operation at the time of the Claimant's accident. The Defendant also alleged the Claimant contributed to her own accident as she failed to look where she was putting her feet, failed to notice the water on the floor and/or tripped, stumbled or lost her balance causing her to fall and sustain injury.

The Claimant fell heavily, landing on her

buttock and right side upsetting the area of her lumbar spine at the level of the 5th and 1st sacral segment. The Claimant had a prior history of back symptoms and had undergone surgery during 1998 of anterior spinal fusion at level L4/5 in her lower back.

However, at the time of her accident the Claimant was relatively symptom-free and had returned to work full-time.

Following her fall, the Claimant developed symptoms of pain and restriction of movement in her lower back and limbs. Despite treatment and medication the Claimant continued to have long-term disabling lower back symptoms. This was interfering significantly with her ability to undertake any form of employment, or lead a normal life at home.

The Claimant relied on medical reports from a Consultant Orthopaedic Surgeon dated 16 December 2007 and 22 October 2009. The surgeon confirmed the Claimant upset the mechanics and core stability of her lumbar spine as a result of her fall, which led to progressive pain and stiffening of her lumbar spine.

The Defendant relied on the medical reports of a Consultant Trauma & Orthopaedic Surgeon dated 23 November 2009 and 12 May 2009, who was of the opinion the accident caused

some bruising and straining around the right lower back and buttock but no significant injury, causing several weeks/ few months of discomfort.

The Medical Experts prepared a Joint Statement. The Consultant Orthopaedic Surgeon believed that her accident accelerated her back problems by a period of five to seven years. The Consultant Trauma & Orthopaedic Surgeon did not think this was a case of advancement or acceleration and that her chronic back pain was not as a direct result of her accident.

Both experts agreed no further orthopaedic investigation was necessary and that there may have been psychological factors at play.

The Claimant was not able to return to her pre-accident employment with the Defendant. The Claimant's employment with the Defendant was terminated on 6 October 2009.

The Claimant required considerable help with domestic chores after the accident.

The Defendant made an offer of £50,000 plus cost (without admission of liability) prior to the CMC which the Claimant accepted.

## Case Study 2

On 8 July 2004, the Claimant was driving a car transporter in the course of his employment and arrived at the Defendant's (his employer's) Depot. He was unloading cars from the car transporter. As he was unloading the fourth car from the top deck, which was lowered, it rolled forward and then stopped. The Claimant climbed down to the space between the decks and looked to see what was stopping the car. Whilst in this position he felt something strike him in the face knocking his glasses to the floor and causing his face to bleed.

The Claimant sustained a perforating injury to his left eyeball and eyelid. He was taken to hospital and underwent surgery. He developed a cataract, which was surgically removed, and also chronic vitreous haemorrhage of the left eye. He also suffered in-growing eyelashes.

The Defendant denied liability, claiming that there was no proof that they had been negligent. Documents in support of the denial were disclosed by the Defendant, and additional instructions

## Case Study 3

Our client was the executrix of the estate of her brother who died on 11 January 2005 from peritoneal mesothelioma at the age of 60 years. The mesothelioma was caused by exposure to asbestos whilst employed by the Defendants during the late 1950s, 1960s and early 1970s.

A claim for asbestos exposure was pursued against all Defendants as jointly and severally liable to the Claimant for exposing the deceased to asbestos.

were taken from the Claimant. Counsel was also instructed to prepare an Advice. Proceedings were issued and the Defendant drafted a Part 18 request for further information. Replies to the request were served on the Defendant and in May 2008 they made a Part 36 offer on liability for a 50/50 split.

Further Advice was sought from Counsel on the offer. The offer was rejected and a further offer was received in August 2008 for a liability split of two thirds/one third. The Claimant accepted this and a Consent Order dated 11 November 2008 was served and judgment was entered against the Defendant.

An initial medical report was obtained, which supported the claim for personal injuries arising from the accident. The Claimant was re-examined in June 2009 when it was advised that the Claimant had recurrent inflammatory episodes in his left eye and in-growing eyelashes. The left eye remained sunken. No significant improvement to the Claimant's left eye and/or overall visual performance were expected. The Claimant had undergone an Iris Implant operation at the end of February 2009.

The Claim included a claim for general damages as well as a claim for travel, care and loss of earnings in accordance with the Law Reform (Miscellaneous Provisions) Act 1934 with a further claim for dependency on behalf of the deceased's son for financial assistance from his father whilst at University and funeral expenses as per the Fatal Accidents Act 1976.

Settlement was agreed at £80,000 plus costs.

In April 2009, the Claimant's Solicitors made an Application to the Court to provide further directions due to the Claimant's Iris Implant operation being delayed by the surgery because of the Claimant sustaining an injury to his hand, and additional medical evidence was required. They also applied to amend the statement of value on the Claim Form. A telephone hearing took place and the draft Consent Order was approved.

The Claimant had been unable to return to work following the accident and lost his HGV and PSV licence. His employment was terminated at the end of November 2006. The Claimant retrained as an Electrician Labourer, but was unable to match his earnings as a HGV Driver. There was also a considerable claim for care and assistance from his wife.

In December 2009, the Defendant made a Part 36 offer to settle the claim at £95000.00. The Claimant rejected this and made a counter offer to settle at £135000.00. After further negotiations the claim settled for £125000.00 in January 2010 and a Consent Order was lodged at Court to conclude matters.

If you would like free initial advice on any personal injury claim please get in touch with us by contacting:

**Damian Horan** on  
**0238 071 8054** or  
[damian.horan@mooreblatch.com](mailto:damian.horan@mooreblatch.com)

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## Moore Blatch Websites

### Moore Blatch

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[www.mooreblatch.com](http://www.mooreblatch.com)

Visit our corporate site to read profiles on all the team and view detailed information on our other services.

### Claims Against Solicitors

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[www.claimsagainstsolitors.com](http://www.claimsagainstsolitors.com)

Claims Against Solicitors is a new site produced by Moore Blatch Resolve that deals exclusively with claims against solicitors.

## Let us know what you think

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We're keen to know what you think about the Moore Blatch Resolve newsletter. Good or bad, any feedback will help us provide you with the topics you're interested in and that you want to read about. Or, if you would like to contribute to the next issue or have any suggestions for articles please send your thoughts to [sarah.stanton@mooreblatch.com](mailto:sarah.stanton@mooreblatch.com).

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