



KATE LUMBERS

Year of call
1999

Kate Lumbers is an experienced advocate who is recommended by the legal directories as a leading junior in the field of clinical negligence. She also represents families at inquests, primarily where there is alleged to have been medical malpractice. She provides training for others on representing PIPs at inquests.

She also has a successful personal injury practice acting in high value and complex claims.

LEGAL EXPERTISE

Clinical Negligence

Kate is listed as a leading junior for her clinical negligence work in the Legal 500. Her work is high-value and complex work, across the full range of medical and surgical disciplines, including birth injury work. She is instructed by some of the leading solicitors in the field.

Selected Cases

[B v Portsmouth Hospital NHS Trust](#)

The Claimant alleged that the Defendant had negligently delayed diagnosing her condition of bilateral angle closure glaucoma for some four days. During this time the Claimant's sight deteriorated to the extent that her visual acuity was limited to the perception of light only. Over the course of the next 18 months she recovered some of her sight but continued to suffer ongoing visual impairment. The Defendant admitted liability and after some negotiation substantial damages were agreed.

M v Calderdale & Huddersfield NHS Foundation Trust

The Claimant alleged that delayed diagnosis of a meningioma caused her to develop epilepsy. The Defendant admitted breach of duty, but denied causation. Settlement was reached not long before trial.

B, M & W v Luton & Dunstable NHS Trust

Settlement of claims arising out of failures in infection control measures at the Defendant's paediatric intensive care unit. The Claimants were severely premature babies who contracted ESBL E-coli whilst staying at the PICU.

L v Royal Berkshire NHS Trust

The Defendant admitted negligence in failing to expedite the delivery of a second twin and settled the parents' claim.

Inquests & Inquiries

Kate acts for bereaved families at inquests, where her substantial advocacy experience is an advantage. Recently she has been involved in inquests which have raised a range of alleged failings by GPs, trusts, and care homes, including delayed diagnosis of diabetes, wrongful administration of medication to which the deceased had an allergy, failed appendicectomy and negligent colorectal surgery and delay in sending an ambulance.

Kate has extensive experience in Art. 2 and jury inquests.

Selected Cases

Inquest into the death of C deceased

Kate acted for the family in a two week inquest that examined the care provided to the deceased, who took his own life whilst an informal inpatient on a psychiatric ward. The jury concluded that "a combination of short-comings in his care...contributed to his opportunity to carry out this act".

Inquest into the death of K, deceased

This was a complex jury inquest where the deceased developed a DVT following orthopaedic surgery. It was complicated by his sudden descent into psychosis following the surgery. Prior to his final admission he was being seen at least daily by the community mental health team, but despite him being increasingly bedbound, none of the mental health clinicians referred him back for anti-coagulation. During the final admission when he was severely psychotic, medics failed to act on the swelling and discolouration that indicated DVT. JK died in hospital of pulmonary embolism. The jury concluded that JK's death was avoidable.

Inquest into the death of C, deceased

TC was a vulnerable adult with complex drug and mental health problems. He was subject to a multi-agency approach and the Article 2 inquest before a jury involved a number of PIPs. Prior to his death he regularly absconded from the mental hospital where he was a patient and abused drugs and alcohol. Despite this known risk he posed to himself and others no steps were made to move him to a more secure environment. He died of a heroin overdose in a known drug-house whilst on escorted leave.

Inquest into the death of W deceased

The deceased had a history of long-standing bipolar disease. Despite this, her GP suddenly stopped Lithium treatment, without referring her back to psychiatrists and without tapering the medication. The deceased took her own life. She was the sole carer for her young children. This case recently settled for a substantial sum.

Inquest into the death of H deceased

MH developed unstable angina that went unrecognised by the clinicians that saw her. Over a period of 4 months her condition deteriorated. The coroner concluded that; there was a failure to order a CT angiogram in a timely fashion. Had it been undertaken then the blockage of the coronary artery would have been recognised, surgery would have been undertaken and MH would have survived. This case recently settled for a substantial sum.

Personal Injury

Kate acts for both claimants and defendants in all aspects of personal injury law. She is experienced in cases of personal injury arising out of historic sexual abuse, road traffic accidents and workplace accidents. She is also experienced in CICA claims. Her extensive trial experience means that she is skilled in the cross-examination of expert witnesses, including medical experts, scientists and engineers.

Selected Cases

HB (as administrator of the estate of CB) v T

Acted for the Claimant in this fatal accidents claim against the deceased's employer. The deceased had a young family and the claim involved a significant sum for loss of dependency.

W v SS & O & T

Acted for the Claimant who had been involved in an accident at work. This was a high value claim involving multiple defendants in which there were complex causation issues.

H v CICA

Advised and represented the Applicant who had suffered a severe head injury in an RTA. She recovered over

£750,000 in loss of earnings, care and tariff award (2001 Scheme).

D, S, J & S v CICA

Advised and represented four young brothers in respect of appeals of awards made pursuant to the 2001 CICA Scheme for childhood abuse by their parents. The case involved complex psychological and psychiatric evidence as well as claims for loss of earnings.

Memberships

- APIL