

Bolt Burdon Kemp's

Manifesto for Injured People

#ChampioningChange



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Introduction

Bolt Burdon Kemp LLP is recognised as a leading firm of solicitors representing those who have suffered serious injury as a result of negligence, harassment, or abuse. We are based in London but represent clients nationwide.

We are passionate about supporting injured people, not just through winning their cases, but by advocating for changes in the law. Our work is informed by our clients' experiences and our partnerships with charities which support our clients and others like them.

We raise awareness with governments (local, central and devolved), politicians and policymakers. Our solicitors have contributed oral evidence to select committees and APPGs, and regularly respond to consultations and calls for evidence.

In the past we have successfully campaigned to change the law on the time limits within which survivors of abuse can bring compensation claims, and to amend the civil court rules to make special provisions for vulnerable parties and witnesses. More recently, we have acted to **remove Peter Sherwin's MBE**, highlighted **the problems disabled people have in accessing public transport** and our **courtrooms** and shone a light on **health inequality in the NHS**.

All this leads to our **Manifesto for Injured People**, through which we present policy ideas we believe to be vital to improving the lives of many in our society. We hope that by publishing our manifesto, the plight of seriously injured people will be in the minds of prospective parliamentary candidates as we embark on the next general election.



Jonathan Wheeler

**Managing Partner
Bolt Burdon Kemp LLP,
June 2024**



1. Prioritise the safety of our children

a) Expand the ‘position of trust’ roles

We call for the definition of ‘position of trust’ to be extended to include driving instructors and those running community activities for children.

‘Position of trust’ is a legal term defined in the Sexual Offences Act 2003. It is against the law for someone in a position of trust to engage in sexual activity with a child (under the age of 18) in their care, even if that child is over the age of consent. Those in a position of trust include teachers, care workers, youth justice workers, social workers and doctors.

In 2022 the Government changed the law and extended the definition to faith group leaders and sports coaches. Whilst this is a welcomed extension there are still loopholes in this law. The two most prominent roles omitted are driving instructors and those running community activities for children. We believe people in these roles also have unique access to children so should be included in the term.

b) Introduce mandatory reporting of child sexual abuse

There should be no further delays in the implementation of a mandatory reporting policy.

In 2022 – already seven years after the Independent Inquiry into Child Sexual Abuse began – it was recommended people in positions of trust should be compelled by law to report child sexual abuse. The Government consulted again at the end of 2023 on the details of this policy, to which we responded.

Whilst it is clear there is political will to introduce this legislation, there must not be any further delay. Mandatory reporting is so important: the cost to society in preventing or reducing child sexual abuse by identifying cases earlier

will be overwhelmingly positive, saving money, reducing harm to future generations and limiting the subsequent mental health, emotional and dependency problems which often arise for victims and survivors.

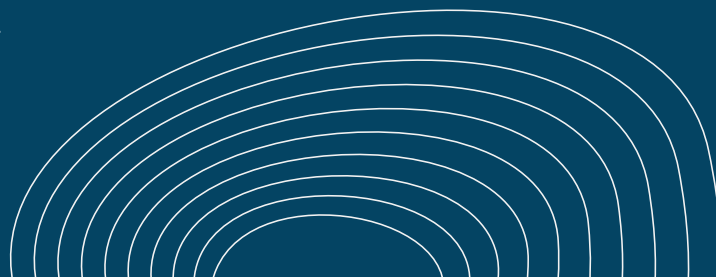
If this duty had already been in place, countless children may have already been better protected. It is vital this is introduced as soon as possible.

c) Improve concussion in sport guidelines

We call for the current guidelines to be expanded so they focus on preventing concussion.

The **first UK-wide Concussion Guidelines for Grassroots Sports** was published in 2023. While the guidance provides advice to parents, coaches and players, outlining the steps to follow when dealing with concussions, it is important to acknowledge its limitations. Primarily it focuses on post-concussion management rather than prevention. Avoiding concussions altogether is a complex issue that requires broader strategies beyond the scope of the guidance.

Children and young people are particularly vulnerable to concussions, and their recovery may take longer compared to adults. Evidence suggests that children, and in particular teenagers, are more likely to suffer a concussion than adults, and younger children are at increased risk of concussion because their heads are disproportionately larger compared to the rest of their bodies. Children’s and teenagers’ brains are still developing, and important neural connections are still being made. If this process is disrupted, it can have long-term problems.



2. Make the UK a more accessible place

a) Build accessible homes

We call for a change in national policy to ensure new homes are built to accessible and adaptable standards. Local councils across the country should require new developers to produce a certain proportion of accessible and wheelchair-accessible homes.

According to a **YouGov poll commissioned by Habinteg**, only one in five people say a wheelchair user would have access to all areas of their home. The research found 91% of homes do not even provide the four main features to be considered 'viable'. An **investigation by the BBC** found major UK cities are failing to plan for any wheelchair-accessible homes.

Whilst there is funding available through the **UK Disabled Facilities Grant**, the grant is dependent on income. This leaves many working disabled people ineligible and unjustly having to bear the costs themselves.

b) Improve the accessibility of public transport

We call for greater investment in public transport to improve access for travellers with disabilities.

We previously ran a campaign titled **'Going the Extra Mile'** where we researched the accessibility of public transport, focussing on London.

From our study and those by other organisations, the statistics on public transport accessibility make for a very disappointing read. A recent report (March 2022) from Motability on the **'Transport Accessibility Gap'** highlighted some of the most concerning statistics on the challenges faced by individuals with disabilities when they travel:

- People with disabilities report two to three times more difficulties when travelling than individuals without disabilities.
- One in five reported being unable to travel due to the lack of appropriate transport options.
- A wheelchair user's commute can take up to five times longer than a non-disabled person in London.

Investment in accessible transport is vital to ensure equal opportunities, freedom and independence for individuals with disabilities.



3. Improve our NHS

a) Eradicate health inequality for those from ethnic minority communities

The NHS must prioritise raising awareness of conditions that specifically impact ethnic minorities. This can be through training doctors and health professionals but also through information campaigns aimed directly at affected population groups.

We conducted research into **whether UK healthcare standards differ depending on your ethnic background.**

We found people from some ethnic groups reported negative healthcare experiences at a higher rate than the national average. **The most recent figures suggest** around 72% of British people have reported a 'good' experience with their GP, however, for those patients specifically from a Bangladeshi (57%), Pakistani (59%), or Gypsy/Traveller (60%) background, their experiences fall short.

A number of conditions and diseases are much more prevalent in people from certain backgrounds. For example,

around one in four Black men are diagnosed with prostate cancer in their lifetime, roughly double the UK average rate of one in eight men. Similarly, around 8% of Black people carry the Sickle Cell gene, a much higher rate than the national average. Despite this, just one in 10 (10%) respondents stated they had been made aware of conditions more prevalent in people from their ethnic background.

b) Treat whistleblowers in the NHS fairly

The Government must protect whistleblowers and listen to the concerns they raise. Better reporting from staff within the NHS will help improve the service for all.

The NHS had over 25,000 whistleblowers come forward in the last year, reporting wrongdoing or criminal behaviour about issues such as bullying, patient safety, abuse and medical negligence.

Whilst there have been attempts to encourage whistleblowers in the NHS, many still pay a heavy price for coming forward. This in turn discourages

others from speaking up.

As serious injury specialists we understand the devastating impact of medical negligence. Creating a safe environment for whistleblowing in the NHS will improve patient safety by identifying these issues before further (avoidable) harm is caused to patients.

c) End the duty of candour postcode lottery

There is currently a postcode lottery on how the duty of candour is applied. For example, only a minority of trusts across England include a duty of candour policy on their website. The duty of candour should be updated to ensure, in trusts across the country, both staff and patients are fully aware of the duty and when it should apply.

Ending the postcode lottery is vital for the safety of patients and to ensure when mistakes are made lessons can be learnt before the issue becomes more dangerous or as we have seen in some cases, results in fatalities.

4. Invest in women's health and maternity care services

a) Conduct a nationwide review into maternity care and birth trauma

We are supporting calls from the [Maternity Safety Alliance](#) for a national inquiry into maternity care.

There have been multiple high-profile maternity scandals: Shrewsbury, East Kent, Northwick Park, Morecambe Bay and Nottingham to name but a few. Mothers and their babies have died needlessly due to medical negligence.

This 'whack-a-mole' strategy of individual trust inquiries is not working. 65% of maternity services are now classed as inadequate or requiring improvement for safety. These maternity scandals are not isolated incidents but instead represent wider institutional problems with maternity care in the NHS.

Any review also needs to have a specific focus on Black maternal health. [Research](#) has found maternal mortality for Black women is currently almost four times higher than for white women. There are also disparities for women of Asian and mixed ethnicity.

We need to fix this broken system and a nationwide review would be a good place to start.

b) End the maternity care postcode lottery

We call for a centralised approach to ensure consistent, high-quality health guidance for all women in the UK, irrespective of their location.

Divergent maternity care guidance across NHS trusts creates a damaging postcode lottery. It is ineffective and costly for each trust to produce

its own guidelines. An example of this is each trust having differing guidance for the monitoring of gestational diabetes. The NHS is a national service, and consistency in approach is crucial to ensure fair health outcomes across the country.

c) Invest in medical research into women's health

The Government must ring-fence funding for research specifically into women's health. There have been five times as many studies into male erectile dysfunction [ED] than premenstrual syndrome (PMS), despite less than 20% of men suffering from ED and PMS impacting 90% of women. NICE guidelines are of vital importance to the NHS, charities, care homes, local government and more. NICE guidelines on women's health are incomplete – having an impact on clinical outcomes.

During a [Women and Equalities Parliamentary Committee](#) meeting in November 2023, committee members asked medical experts about research into women's health. In a heated exchange, Dr. Robin Buckle from the Medical Research Council (MRC) admitted the MRC has not specifically targeted women's health, as it is "not proven to be a priority area for us, above and beyond other priority areas". Caroline Nokes MP intervened, pointing out the significant disparity in investment, referenced at the start of this section.

The lack of medical research is having an impact on clinical outcomes. At the same committee meeting, Dr Richardson from the National Institute for Health and Care Excellence (NICE) explained NICE guidance relating to women's health issues is incomplete because research has not been done – NICE cannot produce guidance without evidence.

5. Make our roads safer

a) Improve road safety

We call for:

- A reduction of speed limits to 20mph in residential areas
- The acceleration of safety features on All Lane Running smart motorways

Every day in the UK, five people lose their lives and 82 people are seriously injured on our roads. That is one death or serious injury **every 16 minutes**.

Lower speeds mean fewer collisions and a reduction in the severity of injuries. A pedestrian hit at 30mph has a one in five chance of being killed. This rises significantly to a one in three chance if they are hit at 35mph. Even small increases in speed can lead to an increase in impact severity. Conversely, a pedestrian hit at 20mph has a 1 in 40 chance of being killed. Reducing speed limits to 20mph on residential roads is a key step towards reducing road traffic collisions.

Smart motorways are another major concern when it comes to road safety. Campaigners believe at least 79 deaths have been linked to smart motorways. Whilst the Government has scrapped plans to build more All Lane Running (ALR) smart motorways, the existing ALR smart motorways are concerning. There must be an acceleration of plans for increased safety features on ALRs and until such time that it can be demonstrated that the cameras work properly to reliably and rapidly identify stranded vehicles, and the issues with power outages, for example, are sorted, we don't consider ALRs should be allowed to operate in their current form.

b) Update e-scooters legislation

We call for laws to be introduced to regulate e-scooter usage.

Figures from the **Department for Transport**, released in November 2023, found in the year ending June 2023, there were:

- **1,269** collisions involving e-scooters.
- **1,355** casualties in collisions involving e-scooters.
- **7** individuals killed in collisions involving e-scooters.

E-scooters are classed as Personal Electric Vehicles and are treated as 'motor vehicles' in the law, meaning riders must have a licence, insurance and tax to ride them on roads. However, this legislation does not work as it is currently not possible to obtain insurance and tax to ride privately-owned e-scooters on public roads.

E-scooters can only be ridden on roads legally through rental trial schemes. These schemes are being run in towns and cities across the UK. The e-scooters used in the trials are limited to 15.5mph, have lights as safety features and are age-restricted. Whilst many of the schemes were due to end in Summer 2021, they have continued to be extended.

The legislation on privately owned e-scooters is contradictory and desperately needs updating. The technology and popularity of e-scooters are rapidly outpacing the legislation. The Government must ensure this is rectified to prevent any further unnecessary deaths or injuries caused by e-scooters and enabled those injured in e-scooter crashes to access compensation.

6. Protect our Armed Forces and veterans

a) Criminalise sexual relationships between trainees and commanding officers

During his time as Defence Secretary, the Rt Hon Ben Wallace MP promised to criminalise sexual relationships between trainees and commanding officers. We call on the incoming government to give effect to this promise.

We acted on behalf of Olivia Perk's maternal family in a widely-reported inquest into her death. Olivia died by suicide just 10 weeks before her commissioning date. A key feature of Olivia's case centred around an inappropriate relationship between her and a member of training staff.

Criminalising sexual relationships between trainees and commanding officers would both reduce the number of inappropriate relationships between junior and senior service personnel and help drive fundamental cultural change about sexual relationships in the military. It would be a clear message from the Ministry of Defence regarding the way trainees should be treated and what constitutes acceptable behaviour.

b) Change the sexual trauma jurisdiction

We call for all allegations of sexual crime within the military community to be investigated by civilian police instead of Service police. If you are a service person, you are less likely to get justice if you have been the victim of a sexual crime. Rape convictions in the civilian jurisdiction are still far higher than in the Service Justice System.

Our view, based on hundreds of client conversations about inappropriate behaviours in the military, the lack of trust in the Service Complaints System and the Service Justice

System, is that all allegations relating to sexual offences and sexual harassment should automatically be investigated and prosecuted within the civilian jurisdiction. This view is thoroughly supported by the evidence gathered, and recommendations made, in the [Lyons](#), [Wigston](#), and [Atherton reports](#).

c) Revamp the Service Complaints process

Research contained in the [Atherton Report](#) confirmed six out of 10 women in the Armed Forces do not complain about bullying, harassment or discrimination for fear that it will negatively impact their career or because they believe their complaint will not be taken seriously and no positive change will be effected.

Since publication of the report, there remains significant concern about trust in the Service Complaints process. Complaint outcomes are often clinical and seek to take advantage of technical points rather than consider the need to investigate potentially genuine complaints. Rather than operating a transparent process, there is an increasingly widely-held view that the MOD wants to shut complaints down. Our servicewomen deserve a fair and effective complaints process.

7. Protect workers' rights

a) Define bullying in legislation

We call for a legal definition of workplace bullying.

In the UK, there is no legal definition of bullying and there is no direct restitution in the law. The current legislation means that if you are bullied in the workplace, one of your only options is to resign from your post and claim unfair dismissal. Alternatively, you may find that you are protected under harassment laws.

The Protection from Harassment Act 1997 was initially developed as a legal protection against stalking and is therefore not designed to address workplace bullying. There is a need for specific legislation, for example the Bullying and Respect at Work Bill which was being taken through Parliament by Rachael Maskell MP.

Maskell's bill called for a legal definition of workplace bullying and sought to establish structures for reporting and

investigating incidents. She proposed the introduction of a Respect at Work Code with enforcement powers by the Human Rights Commission.

Legislation on bullying and harassment in the workplace is overdue, and developments in this area would bring us in line with other countries such as Australia, Canada and the Netherlands, all of which have specific legislation in place to tackle this issue.

According to [YouGov](#), 29% of people in the UK have experienced workplace bullying. Bullying costs UK businesses £18 billion a year, with over 17 million working days lost each year due to work-related negative behaviours such as bullying, according to [ACAS](#).

b) Make ACAS notify workers of the civil claims route

When an employee contacts ACAS and seeks advice, ACAS should be obligated to advise the individual of all the avenues

open to them, including the civil claims route.

ACAS is a non-departmental public body of the Department for Business and Trade that provides advice on employment matters. The Department for Business and Trade provides the majority of the body's funding.

Currently its website only offers advice on internal grievances and employment tribunals when an individual has faced bullying and harassment at work.

Broadening its advice to include civil claims advice is important, as there are differing time limits for bringing a claim in the civil courts which are more generous to employees. Civil claims can also consider wider harms experienced by an individual, which can be eligible for compensation. Finally, the funding options available for civil claims are wider, which supports improved access to justice for those who have been harmed in the workplace.

8. Improve the lives of those living with brain Injury

a) Educate society about the effects of brain injury

We call for a public education campaign to raise awareness of the numerous ways that brain injury can manifest. Educating society about the invisible nature of brain injury will promote greater understanding and empathy for those affected.

All professionals who work with at-risk groups must have a greater awareness about acquired brain injuries (ABI) so that symptoms of brain injury are not attributed to different societal or environmental factors. The invisible nature of brain injuries requires professionals to have a conscious awareness of how ABI can exhibit differently in each person, and how to consider this during interactions. Professionals working in the police, school and prison environments should be prioritised.

Encouraging greater public awareness about the invisible nature of brain injury, either through campaigns, greater representation of brain injured people, and / or encouraging more role models to speak openly about their injury in public life, will help educate the wider public.

Misdiagnosis and misunderstandings immediately after a brain injury (for example, believing someone to be inebriated upon presentation to medical services), can lead to delays in diagnosis and treatment, which can be critical for their long-term prognosis. There must be greater education for healthcare professionals, particularly those in front-line services, to ensure that diagnosis is made promptly.

b) Support stroke survivors with rehabilitation prescriptions

We call for improved use of Rehabilitation Prescriptions.

In 2010, the Clinical Advisory Group recommended every patient admitted to a Major Trauma Centre should have their rehabilitation needs assessed and documented through a Rehabilitation Prescription (RP). More than 10 years later, RPs are still not being consistently and effectively used, to the detriment of patients and people who support them.

The RP identifies the rehabilitation needs of a patient and how these needs will be met. It should be started within three days of admission to a Major Trauma Centre by a suitably qualified member of the rehabilitation team, usually a Band 7 physiotherapist. The RP ought to be regularly reviewed and updated by the multidisciplinary team.

At the moment, Rehabilitation Prescriptions are not being used to their full effect, resulting in many stroke survivors not receiving the rehabilitation they deserve. This results in inefficiencies in the delivery of care and increases costs to the health service and society.

9. Improve the lives of those living with spinal cord injury

a) Create more spinal injury rehabilitation centres

We call for the establishment of more specialised spinal injury rehabilitation centres across England and Wales. These centres would benefit all spinal cord injured patients, offering them better patient outcomes.

In particular, there are only two centres that treat children – this is inadequate and negatively impacts families who must travel significant distances to ensure their child receives specialist care.

In 2023 we conducted a **survey**, the results of which showed that of patients who are not treated in specialised spinal cord injury centres, 65% feel that their GPs do not understand or are not supportive of their condition. This must improve.

b) Improve education and awareness about Cauda Equina Syndrome

Cauda Equina Syndrome (CES) is a spinal surgical emergency that can lead to lower limb paralysis and loss of bowel, bladder and sexual function.

We call for increased training for GPs regarding CES. This training would enable them to identify and diagnose CES earlier, better support CES patients in accessing appropriate rehabilitation and provide better mental health support.

In 2023, BBK conducted **two separate studies** on the perceptions of CES and treatment – one seeking the views of medical professionals treating CES, and the other seeking patients' views. Our study revealed the biggest challenges faced by CES patients, especially when under the care of GPs:

1. Lack of mobility support
2. Pain management
3. Incontinence challenges
4. Sexual health
5. Mental health

Our findings show many patients with CES are not receiving the care they desperately need. Access to proper rehabilitation and care can make the difference between someone returning to work, engaging with family life, and maintaining good mental health. In turn, this enables them to contribute to the economy and society, and reduce healthcare costs in the long-term.

c) Provide funding to implement the NSCES Pathway

In February 2023, NHS England launched the National Suspected Cauda Equina Syndrome (CES) Pathway. This was through the GIRFT (Getting it Right First Time) programme. The pathway aims to provide clinicians across all care settings with the ability to diagnose and care for patients who present with suspected CES.

However, in early 2024 we submitted Freedom of Information requests to hospitals across NHS England and found the vast majority had not implemented the pathway as of March 2024. Whilst NHS England had circulated the pathway to hospitals there was no additional funding to support the implementation. Adequate funding is vital, especially considering one of the key recommendations was to widen the availability of very costly MRI machines.

10. Prioritise access to justice

a) Stop the delays in our justice system

There are significant delays in the justice system in England and Wales. At the end of September 2023, there were 352,945 outstanding cases at magistrates' courts and 66,547 in crown courts. Whilst there has been some improvement in the median time from offence to completion, the figures remain above pre-pandemic levels.

Justice delayed is justice denied. Delays to criminal cases also have a knock-on effect for those who are eligible to seek compensation in the civil arena as those affected have to wait for the criminal proceedings to first conclude. We see these delays impacting clients and potential clients across our areas of expertise.

A particular area of concern is the delay to inquests which should conclude within six months. Between 2017 and 2022, the number of inquests lasting over two years in England and Wales quadrupled from 378 in 2017 to 1,760 in 2022. Inquest proceedings are fundamental to uncovering truths and upholding the rule of law, but systemic delays are causing additional harm to families. It also seems unlikely a delayed inquest would uncover the same degree of reliable evidence as one conducted in a timelier fashion,

with witnesses who are vaguer in recollection of events, calling into question credibility of their accounts.

b) Make court rooms more accessible and safe

We call for all UK courtrooms to be made fully accessible.

In 2020, we conducted **research** into the accessibility of Britain's civil and criminal courthouses. We found only 2% of courthouses are fully accessible and 84% of courthouses were not fully accessible for wheelchair users. Only 22% of courthouses offer witness care services such as a secure witness suite, access to the Citizens Advice Witness Service, a vulnerable witness waiting area separate from the public waiting area, or a quiet room for people with anxiety and other mental health issues.

We see first-hand the difficulties our clients go through before attending court, whether they have recently suffered major trauma, or have come to terms with historic abuse for which they have summoned tremendous courage to seek redress. Being made uncomfortable in court because the buildings are not properly equipped adds an extra sense of discomfort, making an already distressing time even more difficult.


c) Reform the law on apologies in civil proceedings

The law on apologies in civil proceedings should be updated to ensure survivors of abuse are more likely to receive an apology.

Section 2 of the Compensation Act 2006 allows public institutions to provide an apology without admitting liability in civil proceedings, but defendants remain averse.

A sincere apology significantly aids those who have endured suffering to overcome their traumas and move forward. It has the power to reconcile damaged relationships, heal psychological wounds, and facilitate the healing process. A failure to receive an apology can escalate feelings of anger for victims and is objectively insulting.

In April 2024, the Ministry of Justice launched a consultation on this issue. It is a welcomed step. However, there must be no further delay to ensure the legislation is changed so survivors are more likely to receive an apology.

A modern interior space featuring a staircase with a dark metal railing and a wooden handrail. The ceiling has exposed wooden beams and three large, round, clear glass pendant lights are hanging. Large windows in the background show a view of a building. A green square graphic is overlaid on the image, containing the text 'Bolt Burdon Kemp'.

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