

## Naomi Rees

CALL: 2006

**Email Clerk:** [kallas@oldsquare.co.uk](mailto:kallas@oldsquare.co.uk)

**Telephone Clerk:** 020 7269 0351

**LinkedIn:** <https://www.linkedin.com/in/naomi-rees-31421147/>



### Overview

Naomi Rees is a clinical negligence and personal injury specialist within Chambers. Her practice encompasses all elements of litigation and advisory functions, but additionally related aspects including inquests, court of protection, regulatory law and costs.

Naomi has extensive trial experience, where she has developed effective witness handling and advocacy skills. She is comfortable with cases involving multiple experts. Naomi is also a skilled negotiator, whether a case concludes at JSM or at the door of court.

Naomi's written advocacy is considered robust with an analytical understanding of the issues involved. She is familiar with drafting and responding to complex schedules of loss.

Naomi is ranked in *The Legal 500* edition and is referenced as being "very congenial and meticulous". Her client-care skills mean that she is often called upon to advise in sensitive matters, where she provides straightforward advice with empathy and with a detailed understanding of the facts and the law.

### Personal Injury

Naomi is a personal injury specialist within Chambers. Her practice encompasses all elements of litigation and advice, both written and in conference, but additionally related aspects of this area of law including inquests, court of protection work, regulatory work and costs.

#### Liability

Naomi has expertise in:

- Road Traffic Accidents
- Motorcycle Law
- Occupiers' Liability (for example playgrounds, hospitals, schools, salons, retail premises)
- Workplace regulations (manual handling, operations etc.)
- Employer's Liability
- Defective machinery
- Trip/Slip claims
- Highway matters
- Accidents at school
- Travel claims

#### Quantum

Naomi regularly advises on quantum issues and deals with all matters of pleadings including complex schedules of loss incorporating future care claims, future treatment, loss of earnings, loss of pensions, loss of congenial employment and Smith v Manchester awards.

Quantum expertise encompasses:

- Orthopaedic injuries and associated treatments including spinal decompression, open reduction and internal fixation, prolapses, strains;
- Psychological trauma, including PTSD, anxiety, depression and adjustment disorder;
- Chronic pain and fibromyalgia;
- Ophthalmic injuries – including sympathetic ophthalmia, Macular degeneration and trauma injuries;

### Expertise

- Clinical Negligence
- Education & Safeguarding
- Environment
- Health
- Inquests & Public Inquiries
- Motor Defence
- Personal Injury
- Public Law
- Sport
- Travel

### Recommendations

"Naomi is a very able barrister with considerable advocacy and judicial experience. She is meticulous and detailed in analysis of evidence, drafting and preparation." *The Legal 500 2025*

"Naomi is really experienced in clinical negligence work." *Chambers & Partners 2025*

"An impressive advocate. Her skill has resulted in eliciting key information from witnesses and key outcomes have been established through Naomi's thorough and tenacious yet sensitive approach." *The Legal 500 2024*

"She is very well prepared and was a capable and eloquent advocate." *Chambers & Partners 2024*

### Key contacts

#### Joe Kallas

**Team Leader**

**Phone:** 020 7269 0351

**Email:** [kallas@oldsquare.co.uk](mailto:kallas@oldsquare.co.uk)

#### Keelah Taylor

**Junior Team Leader Assistant**

**Phone:** 020 7269 0480

**Email:** [taylor@oldsquare.co.uk](mailto:taylor@oldsquare.co.uk)

#### William Meade

**Senior Clerk**

**Phone:** 020 7269 0360

**Email:** [wmeade@oldsquare.co.uk](mailto:wmeade@oldsquare.co.uk)

- Dental injuries;
- Campylobacter, E coli, gastrointestinal cases (food poisoning);
- Myofascial pain (and CMP);
- Bowel dysfunction;
- Respiratory disease and associated illnesses;
- Gynaecological illnesses and sexual dysfunction.

Notably, Naomi has appeared in the following cases:

Represented a client sustaining open book fracture of the pelvis and other serious injury following a fall from her flat through a skylight and into the premises of a bank below. Case concluded at JSM.

Naomi successfully defended a school policy to use indoor gym mats as part of a game of rounders in a case where the Claimant had sustained head injury and brain damage following a fall. Successful at trial.

Obtained a successful result for a Claimant who slipped and sustained a debilitating shoulder injury at a large national UK holiday resort.

Represented the Claimant employee of a leisure centre who the Court found had not been given proper training in setting up trampoline equipment leading to lifelong dental treatment and facial scarring.

In a split trial, Naomi successfully acted on behalf of a Claimant against a local authority in a case where the Claimant contended that the layout of a communal block of flats caused a foreseeable risk of harm.

Naomi advised the Claimant on a six-figure settlement in a case where liability had been established following the Claimant being kicked in the face by a horse whilst at work. The Claimant required facial plating, intensive dental treatment and received a significant future loss of earnings award.

Representing the Defendant motorcyclist, Naomi secured a finding of no liability against her client following a contentiously fought trial which turned on intricate and detailed findings of fact based upon speed of the vehicles involved.

Naomi represented a child Claimant who developed alopecia and post traumatic stress disorder following a road traffic accident.

### **Dental Claims**

Naomi has a particular interest in dental claims arising through personal injury and through negligent dental treatment.

Dental cases of interest have included:

Quantum matter assessing future cost of treatment after a child Claimant had fallen off his skateboard on account of a pothole. The child Claimant required intermediary dental work, crowns and replacement implants for life.

A Claimant who suffered negligent dental treatment over a prolonged period under the care of one dentist. Subsequent dental treatment revealed decay which could have been avoided with proper dental care. The Claimant was left with lost teeth requiring implant replacements for life.

### **Fraud**

Naomi is frequently called upon to advise in fraudulent insurance matters including:

- Exaggerated claims
- Staged accidents
- Low-velocity impact
- Phantom passenger claims
- Fundamental dishonesty

Naomi has an excellent understanding of the strategies involved in the above types of cases and has lectured on the topic as a whole. She has been successful in obtaining, and in defending fundamental dishonesty arguments. She provides robust pleadings and provides sensible and comprehensive advice. Naomi is frequently called upon to advise in conference upon these matters and to forensically identify inconsistencies and discrepancies in the evidence.

### **Multi-Jurisdictional Work**

Having achieved the top first class mark in the Conflicts of Laws (Private International Law) at university, Naomi has always had a keen interest in multi-jurisdictional law and in claims arising out of accidents/negligence abroad.

She has expertise in dealing with claims with an international element and has been instructed in this complex area of law in cases involving jurisdiction issues (where to bring the claim) and choice of law disputes (which law applies to a particular dispute). Naomi has also dealt with cases proceeding under the Motor Insurance Directives.

Naomi has acted for clients in Jersey.

## Procedural Matters and Costs

Naomi has advised on issues relating to limitation, technical issues relating to Part 36 offers and their enforceability, amendments to statements of case, summary judgment applications, abuse of process arguments and she has in-depth knowledge of the costs budgeting process.

## Clinical Negligence

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Naomi's particular interest is in clinical negligence claims where she has developed a reputation for her robust and precise pleadings and her ability to grasp complex medical facts and circumstances swiftly.

She is particularly adept at handling expert witnesses and advising upon expert reports and settling Part 35 questions.

Naomi advises upon the issues of breach and consent, causation, quantum and has advised upon and argued limitation issues.

Naomi has considerable experience of clinical negligence law having worked previously within the leading team at Kingsley Napley LLP before coming to the Bar. Naomi's expertise in clinical negligence has encompassed:

- Spinal injuries – including failure to diagnose disc prolapse leading to emergency decompression surgery and stabilisation at a more advanced stage of spinal degeneration;
- Nerve injuries – Primarily nerve degeneration injuries as a result of ENT (injury to the accessory nerve compromising shoulder function);
- Hypoglossal nerve palsy;
- Gallbladder/Appendix – delayed diagnosis, failure to treat and causation arguments;
- Deep vein thrombosis (and pulmonary embolism) – delayed diagnosis, management and treatment arguments;
- Orthopaedic – Failure to diagnose (scaphoid, ankle, heel and knee injuries) Failure to remove metalwork;
- Negligent orthopaedic surgery (e.g. incorrect internal screw placement leading to increased future risk of degeneration);
- Failure to provide venous thromboembolism prophylaxis (VTE) following surgery, leading to pulmonary embolism (PE);
- Staphylococcus infection following surgery leading to osteomyelitis and below knee amputation;
- Vascular – Failure to manage diabetic foot treatment leading to amputation;
- Neglect – especially in cases involving elderly/vulnerable persons within the hospital environment encompassing issues of consent, pressure sores and inpatient falls;
- Obstetrics – mental anguish and pain arising out of C-section delivery with insufficient anaesthetic;
- Obstetrics – failure to diagnose and/or treat ectopic pregnancy with resultant salpingectomy/salpingotomy and future risk of adhesions and reduced fertility;
- Ophthalmic Injuries – delay in the treatment of wet age related macular disorder (Wet AMD) leading to no useful vision remaining in one eye and a risk of future total blindness;
- Oncology – Misdiagnosis of cancer/delay in diagnosis and treatment;
- Dental negligence – including retained roots, negligent dental treatment, failure to diagnose and/or treat periodontal disease, unnecessary treatment;
- Psychological Damage – Naomi frequently encounters cases involving psychological damage arising out of clinical negligence e.g. PTSD, anxiety, adjustment disorder and depression but has also advised in respect of psychological damage recovery of Secondary Victims following injury caused in the clinical setting and watching a loved one pass away.

Naomi has additionally had the opportunity of assisting with cases involving:

- Birth injuries;
- Meningitis – leading to brain injury of a young child.

## Motor Defence

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Naomi is frequently called upon to advise upon

- Exaggerated claims
- Staged accidents
- Low-velocity Impact

- Phantom passenger claims
- Fundamental dishonesty

Naomi has an excellent understanding of the strategies involved in the above types of cases and has lectured on the topic as a whole. She has been successful in obtaining, and in defending fundamental dishonesty arguments. She provides robust pleadings and provides sensible and comprehensive advice. Naomi is frequently called upon to advise in conference upon these matters and to forensically identify inconsistencies and discrepancies in the evidence.

## Inquests & Public Inquiries

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Naomi has significant experience of the Coroner's Court, representing properly interested persons, including families, charitable bodies, public bodies and other lay parties to the proceedings.

Inquests of note have included:

- Naomi undertook a secondment with Field Fisher, official solicitors to the inquests being conducted by Lord Justice Goldring into the Hillsborough Stadium Disaster, to assist with the disclosure exercise;
- Inquest touching on the death of a marathon runner who died of an ischaemic bowel through dehydration following taking superosmolar sports supplements and ibuprofen;
- Multiple mesothelioma/asbestosis-related inquests;
- Inquest touching on the death of a female who died of deep vein thrombosis and heart condition having suffered a fall at a leading supermarket;
- Multiple RTA inquests including a double inquest touching on the death of a motorcyclist and driver of a 4x4 and inquest into the death of a motorcyclist who died following a collision with a recovery vehicle.

## Recent and current work

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### ***SH v A NHS FT***

The Claimant was caused injury to her accessory nerve during routine parotidectomy surgery. During that treatment the Claimant's sternomastoid flap was raised but it was unlikely that the accessory nerve was either preserved and/or checked during this part of the procedure.

Even though the Claimant was seen some 3 weeks post surgery and attended with a tender and weak shoulder the injury was not detected. She felt a burning pain across the front of her chest and down the back of her shoulder. She also experienced shoulder function deficit in the initial weeks following the surgery. There was further delay by the treating surgeon to realise that injury had been caused and other than rehabilitative physiotherapy, no treatment to remedy the nerve damage was considered.

The Claimant was left with a scapula which was in a prominent position and with a permanent restriction of movement in the shoulder which prevented the Claimant from raising her hand above shoulder height. There Claimant also continued with altered sensation over the area of the supraclavicular nerve and deep tenderness within the levator scapulae and rhomboids.

The restrictions and pain that the Claimant suffered were lifelong injuries that would deteriorate with age.

Whilst reinnervation treatment was a possibility, the experts were guarded regarding the prognosis of such challenging surgery. The results, in any event, would not have any real functional benefit, but would reduce pain by one level. The case therefore required detailed analysis of what could be appropriately claimed and supported in the schedule of loss.

Matter settled in favour of the Claimant after exchange of expert evidence.

### ***KJ v A NHS Trust***

The Claimant suffered from a leg injury and was initially treated at A&E. Later, during her attendance at the fracture clinic the Claimant was admitted for open reduction and internal fixation of her fracture. Following discharge from hospital the Claimant suffered from a large pulmonary embolus, leading to urgent re-admission.

The Claimant's disputed case was that following surgery, because of the risk of thromboembolic complication, and on account of risk factors specific to the Claimant, she should have been provided with thromboprophylaxis until her mobility was no longer compromised. The Claimant disputed appropriate risk assessment was carried out as to whether prophylaxis was required and the Claimant was not informed for the risks of failure to provide her with the same.

Montgomery informed consent was therefore also in issue.

There was considerable debate between the Claimant and Defendant experts regarding the interpretation of the NICE Guidelines on the use of prophylaxis.

Furthermore, the Defendant indicated that the decision not to treat the Claimant with thromboprophylaxis had no causative effect upon the Claimant ultimately suffering from thromboembolic complication and that it was an unfortunate but recognised complication of surgery.

Most elements of breach of duty were in issue, as well as the entirety of causation, condition and prognosis.

The claim was settled in favour of the Claimant despite a defence which denied causation in its entirety.

#### ***H v A NHS FT***

The Claimant was suffering with age-related wet macular degeneration (wet AMD). There was a failure by the ophthalmology department to refer the Claimant for treatment (in the form of Lucentis injections) within period specified by the Royal College of Ophthalmologists.

The Defence was based upon resource allocation and the Defendant's case was that whilst the guidelines were something to aim for, they were not something that had to be complied with strictly – they were standards of best practice.

Had the treatment been carried out in accordance with the guidelines, the Claimant would have achieved stabilisation at a good functional level. However, the Claimant's vision deteriorated such that she had no useful vision remaining the affected eye. The case required consideration of sympathetic ophthalmia and risk of total blindness. There was a further and discrete issue between the parties over the principle of provisional damages and application of s.51 County Courts Act 1984.

The matter was litigated and the case was settled at a six-figure sum, with a sizeable future care claim to meet the Claimant's needs in the future, and in accordance with the risks.

#### ***JM v A Hospital NHS Trust***

The Claimant suffered a fall from height whilst at work and was taken to the Defendant hospital, where it was suspected that he might have suffered spinal fracture. The Claimant's pelvis was x-rayed, but there was no MRI or X-ray of his spine. He was discharged home.

The Claimant continued in extreme pain and developed urinary complications and neurological deficit whilst he was at home recuperating.

The Claimant re-attended approximately 2 weeks later, given the worsening symptoms, and following an MRI scan, it was found that he had suffered from a burst fracture of T12 with a 60% anterior vertebral body height loss and retropulsion of the posterior aspect into the spinal canal, which was compressing the lower spinal cord and nerve roots. There was also subluxation of T11-T12 facet joints bilaterally. The Claimant thereafter underwent emergency surgery. The Claimant's fracture had become worse in the time over which he was sent home from hospital and the degree of angulation could not therefore be corrected during the surgery.

The Claimant received an apology from the chief medical officer from the Trust in respect of the breach, but causation was in issue between the parties.

The Claimant's avoidable symptoms were that of significant weakness in both legs, restriction of movement and difficulties with micturition. The Claimant also has a chance of requiring vertebrectomy and cage reconstruction in the future in order to provide full stability to the thoraco-lumbar spine.

The Claimant was a labourer and was limited in his future work and suffered from a disadvantage on the open labour market.

#### ***B-K v A Bank PLC***

The Claimant lived in a flat which was on the first floor, above a bank. On her flat roof there was a skylight structure into the bank below. The Claimant was gardening on her roof when she fell into the bank below, through the window. It was a Sunday and so there was nobody in the bank below, but the alarms sounded, and thankfully the Claimant was rescued. Issues of breach surrounded the safety of the skylight on the flat roof, adequate barrier and whether the structure itself was suitable or sufficiently strong.

The main issue though was that of the injury. The Claimant suffered from an open book pelvic fracture which required both internal and external fixation by plate. The Claimant further suffered from significant and extensive scarring, multiple fractures of the lumbar spine and psychological injury.

The matter was litigated and, following joint statements, the parties were opposed as to the causation of injury. The Claimant's case was that the entirety of her present and future needs were on account of the accident whilst the Defendant's expert was of the view that the majority of symptoms were on account of the Claimant's constitutional background and obesity.

The matter was settled at JSM.

### **BO and JR v FCC**

Two school children attended a residential course which took place at a farm. During their visit they carried out many farm-related activities, including changing the animal bedding and feeding.

A day after the course both children began to feel unwell, with vomiting and high temperatures and both were taken to hospital. They were diagnosed as suffering with campylobacter infections.

The expert instructed for both Claimants suggested that both children were suffering from post-infective IBS that may have been a lifelong condition.

However, both of the children had very similar constitutional matters in their background which the Defendant suggested were more likely to be the cause of their ongoing symptoms.

Child 1 had suffered from urticaria pigmentosa in his childhood which had caused, inter alia, a number of bowel symptoms in his childhood. The Defendant's case was that the bowel symptoms could not be distinguished from the post-infective IBS symptoms and in the circumstances, on balance, the Claimant could not prove his case on the ongoing symptoms.

For Child 1 therefore the case involved a detailed chronology and history regarding the historic interrelation between the urticaria and the bowel symptoms with the Claimant's expert.

Child 2 had suffered with allergies to various foods during his infancy and the Defendant's case, again, was that it was those allergies and his constitutional make up that were likely to be contributing to the ongoing bowel symptoms, rather than the post-infective IBS. Again, the Claimant's medical records underwent forensic analysis with the Claimant's expert in conference to understand the differences in the symptoms previously observed and those now being suffered by the Claimant.

Both matters were eventually settled on behalf of the Claimants.

However, a further issue arose as to approval of the settlements. The Claimant's expert advised that whilst the post-infective IBS would not deteriorate from its current state, that it could nevertheless be permanent (there was a chance that it would improve). There was a significant length of time for the prognosis given in the expert reports.

If there was any significant prospect that the post-infective IBS could be permanent (which there was) it was unlikely that the Court would approve the settlements before the end of the prognosis period, although, of course, both cases would have to be stayed to take this into consideration which would have meant very prolonged litigation and the Claimants losing out upon the interest that otherwise they might have achieved on their settlements during that period of time, if those settlements were eventually approved.

Therefore, the cases were settled on the "worst case" scenario basis which allowed the Claimant to quantify the matter on the basis that the children would suffer, indefinitely, at the same level. This allowed the Court to be satisfied that there was no risk of under compensation.

The case also considered educational impact upon the injury for the both of the children given the time they had away from school and the impact of the symptoms on their day-to-day disruptions.

## **Professional Recommendations**

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