



# Michelle Marnham

**Year of Call:** 1994

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## Overview

Michelle Marnham is a Leading Junior Barrister with over 20 years experience, specialising in Personal Injury and Clinical Negligence.

Michelle has particular interest in catastrophic injury claims involving CRPS, traumatic brain injury, FND, spinal injury and fatal accident claims. She is regularly instructed in cases with technical aspects on liability and in a wide variety of employers' liability, Highways Act Claims and Road Traffic Accident claims.

Her Clinical Negligence practice includes expertise dealing with brain; neo-natal and birth defect claims; spinal injury; orthopaedics; sepsis.

She has expertise in dealing with allegations of fundamental dishonesty against a background of complicated factual and medical evidence. She is regularly instructed to appear against silks.

Michelle is recommended in the Legal 500 as 'a persuasive and effective advocate who is particularly skilled in dealing with claims involving complex issues.'

Michelle's clients say she has a "charming personality" and a "sharp mind". Her empathy and rapport with clients provides reassurance and confidence that their dispute will be resolved in a timely and cost effective way. Michelle regularly contributes articles for Chamber's newsletter.

Michelle is Head of 3PB's Personal Injury and Clinical Negligence team.

***Michelle Marnham is an employee of Michelle Marnham Limited, a private limited company authorised by the Bar Standards Board to provide legal services (BSB entity number 186920). Michelle Marnham Limited has a contractual arrangement with 3PB Barristers to provide clerking and administrative services including billing and complaints handling.***

## Recommendations

Michelle Marnham of 3PB Barristers mostly acts on behalf of claimants in personal injury matters. Her experience includes traumatic brain injury and cauda equina. She has also acted for defendants in the past, particularly in cases involving allegations of fundamental dishonesty.

Strengths: "Michelle is fantastic. She is forensic and incredibly personable."

"Michelle has been unfailingly and reliably helpful. She is willing to take on challenging cases, is sympathetic with clients, and provides generous input to bring cases to a successful conclusion."

"She combines excellent attention to detail with a thorough grasp of the issues. She is good with clients and a great advocate."

**Chambers UK 2025/Personal Injury/ London Bar/**

Michelle Marnham specialises in personal injury claims arising from road traffic accidents and has 'a calm and pragmatic approach'.

'Michelle is an excellent junior. She breaks down issues succinctly and clearly for clients. She identifies issues quickly and pays good attention to detail.'

**Legal 500 2025**/Personal Injury,/ Western Circuit/ Leading Juniors

'Very detailed schedules of loss. Good negotiation skills. Excellent knowledge and advocacy in court.'

**Legal 500 2025**/Personal Injury, Industrial Disease and Insurance Fraud/ London Bar/ Leading Juniors

'Michelle is pragmatic and provides sensible, realistic advice for clients.'

**Legal 500 2024**/Personal Injury, Industrial Disease and Insurance Fraud/ London Bar/ Leading Juniors

'a leader in her field'

'Michelle is knowledgeable both practically and technically, thorough, sympathetic and empathetic.'

**Legal 500 2024**/Personal Injury/Western Circuit/Leading Juniors

Practice head Michelle Marnham is 'very skilled at building a rapport with clients' and has particular expertise in fatal accident claims, catastrophic injury cases and issues surrounding liability.

'Michelle is a good communicator with clients and provides practical advice. She is knowledgeable, approachable and responsive.'

**Legal 500 2023**/Personal Injury/Western Circuit

'Michelle is always thorough and well-prepared.'

**Legal 500 2023**/Personal Injury/Leading Juniors/London Bar

'She is proactive, extremely personable and quickly gets to the nub of the issue. She delivers advice clearly and concisely, in a way that is very easily digested by the lay client.'

**Legal 500 2022**/Personal Injury/Western Circuit

'Michelle provides excellent advice and is alive to the strengths and weaknesses of a case.'

**Legal 500 2022**/Personal Injury/Leading Juniors/London Bar

'A persuasive and effective advocate who is particularly skilled in dealing with claims involving complex issues.'

**Legal 500 2021**/Personal injury/Leading juniors/London Bar

'Michelle is very good at identifying the key issues in personal injury claims and providing helpful and practical advice. She is a robust performer in court with a firm grasp of the key issues in a case and a realistic pragmatic approach to those issues.'

"Michelle Marnham is another key member of the team and has a particular interest in CRPS cases."

**Legal 500 2021**/ Personal injury/Leading juniors/Regional Bar/Western Circuit

'She is diligent, personable and very thorough.'

**Legal 500 2020**/Personal injury/Leading juniors/London Bar

'Performs excellently in court and in negotiations.'

**Legal 500 2020**/Personal injury/Leading juniors/Regional Bar/Western Circuit

'She is terrific with clients and has a clear forensic understanding of legal and medical issues.'

**Legal 500 2018/19**/Personal injury/Leading juniors/London Bar

'She is diligent and personable, with huge legal knowledge.'

**Legal 500 2017**/Personal injury/Leading juniors/London Bar

"Michelle is superb with clients and always quickly grasps the salient legal and procedural issues on any instruction. She is diligent and personable with huge legal knowledge and skill in applying the law. Her skeleton arguments are something to behold".

**Jeremy Hugo (Instructing Solicitor)**

## **Academic qualifications**

LLB Hons (University of Essex)

## **Professional bodies**

Personal Injury Bar Association (PIBA)

# Expertise

## Personal Injury

Michelle specialises in personal injury with associated professional negligence and fatal accident claims. Michelle is regularly instructed in cases with technical aspects on liability and in a wide variety of employers' liability, Highways Act Claims and Road Traffic Accident claims.

Michelle has extensive experience in cases concerning staged accidents/RTA fraud and high value 'malingering' PI cases.

Michelle is Head of 3PB's Personal Injury group.

### Personal Injury Areas of Expertise

- Abuse Claim
- Asbestos
- Catastrophic Injury
- Construction Site Accidents
- Employers Liability
- Fatal Accident Claims
- Functional Neurological Disorder (FND)
- Highways Act Claim
- Occupational Disease
- Occupiers Liability
- Professional Negligence
- Product Liability
- Psychological Injury
- Public Liability
- Road Traffic Accidents
- WRULD

### Recent Cases

#### Brain Injury

S v. D. Instructed in a high-profile road traffic accident involving a pedestrian struck by a vehicle in a hit-and-run incident. Primary liability was admitted, although contributory negligence was alleged. The Defendant insurer instructed a silk. The Claimant sustained a severe brain injury together with significant orthopaedic injuries. While the Claimant made a substantial recovery with the benefit of an extensive rehabilitation programme funded by the Defendant, the injuries resulted in ongoing and lifelong needs. Following an initial Pathfinder meeting, the claim was successfully resolved at a JSM with a settlement of £2.6 million (gross of interim payments, net of contributory negligence).

G. Instructed on behalf of the Claimant (protected party), who suffered significant head injury at the age of 17 months, now aged 18. Requiring expert evidence from experts in the fields of Neurosurgery, Neurology, Neuro-radiologist, Neuro-psychology, Neuro-psychiatry, Educational Psychology and Care and Occupational Therapy. Experts instructed on behalf of Claimant have identified long term symptoms and that the Claimant lacks capacity. Extent of injury in dispute with Defendant. Settlement approved by Master of the High Court in the sum of £1,110,000.

E v D. Instructed on behalf of the Claimant who suffered significant injuries as a result of the road traffic accident, including a

moderate/severe traumatic brain injury. Claimant also suffered significant psychological injuries. The Claimant required significant rehabilitation and was medically retired from her previous career as a solicitor. The Claimant was left with permanent neuropsychological difficulties. Injury and quantum in dispute. Case settled at JSM in excess of 1 million pounds.

M v. A and M. Instructed on behalf of Claimant who sustained life changing injuries as a result of a road traffic accident, including traumatic brain injury with permanent cognitive difficulties, personality change impaired balance and mobility. Claimant also suffered vertical squint and orthopaedic injuries. As a result of his injuries the Claimant lacks capacity. Settlement Approved

### **Spinal Injury**

G v. F. Instructed on behalf of Claimant who suffered life changing severe neck injury with the potential to make him tetraplegic: disruption of supraspinous and interspinous ligaments from C2 to C6, disc protrusions at C3-4 and C5-6. Liability agreed 50/50. Quantum in dispute, in particular Ogden Disability and future work capacity. Case settled at JSM in the excess of £2 million, prior to the 50% deduction.

F v S. Instructed on behalf of Claimant who suffered significant injuries including a left talar neck fracture and dislocation of the peroneal tendons and would require a fusion, a significant injury to his abdomen, that involved the loss of 2 inches of ileum from perforations and the removal of the sigmoid colon and an adjustment Disorder with Mixed Anxiety and Depressed Mood. Quantum in dispute, including whether the Claimant was 'Ogden Disabled', the appropriate reduction factor and the Claimant's likely career path 'but for the accident'. Case settled at a JSM in excess of £725,000.

C v. Y. Instructed on behalf of Claimant, aged 18, who sustained significant and life threatening injuries when he was rendered quadriplegic at scene and underwent a C5 corpectomy. Claimant also suffered a traumatic brain injury and left with permanent residual symptoms and career path altered, resulting in a catastrophic injury claim. Injury and quantum in dispute. Fundamental Dishonesty raised at a JSM and Defendant disclosed surveillance. Claim compromised in the sum of £500,000.

T v. I. Instructed on behalf of Claimant who suffered a significant to his pelvic and spine causing sexual dysfunction during the course of his employment whilst tasked with felling a tree. Primary liability denied and contributory negligence alleged. Causation and injury also in dispute. Case settled at JSM

### **Chronic pain**

Michelle was instructed on behalf of the Claimant in a complex injury claim arising from an electrical shock leading to Functional Neurological Symptom Disorder (FNSD) and chronic post-traumatic pain. Injury, causation and the extent of disability were in issue. The Defendant alleged that the Claimant's symptoms were attributable to a pre-existing psychological vulnerability, arguing the accident was only one of several contributing factors and that the Claimant would have developed the Panic Disorder in any event. Expert evidence was obtained from Neurologists and Neuropsychiatrist. The claim settled at a Joint Settlement Meeting for an award of damages in excess of £300,000. The award included approximately £50,000 for pain, suffering and loss of amenity, and £155,000 for future loss of earnings/handicap on the labour market.

J v. C. Acted for the Claimant who suffered traumatic amputation of index finger as a result of an industrial accident. The Claimant went on to develop Complex Regional Pain Syndrome affecting the index finger and hand. To address CRPS the Claimant subsequently he underwent surgery to implant a C6 Dorsal Root Ganglion Stimulator ('DRG') with left pectoral implantable pulse generator ('IPG'). Following the DRG surgery the Claimant's lower limbs were affected, including swelling in his left foot and his ability to walk was compromised. He was referred to a neurologist who diagnosed onset of Functional Neurological Disorder ('FND'). Primary liability admitted. Contributory negligence alleged. Case compromised with an award of damages of £1.1 million.

F v D. Instructed on behalf of Claimant who suffered a left hand crushing injury and developed CRPS requiring selective amputation of the limb. Catastrophic injury claim. Liability and quantum in dispute. Case settled at JSM in the sum of £750,000

S v. R. Acted for a 37 year old diamond driller who suffered a crushing injury to his left [dominant] hand leading to Complex Regional Pain Syndrome Type II; Depressive Disorder; and an Adjustment Disorder with Anxiety. Despite significant treatment

to the left hand including neurolysis of the digital nerve and local flap to cover the nerve and also further surgery to bury the neuroma the Claimant continued to suffer pain in the hand with reduced grip and pinch strength. The Claimant underwent full implant of spinal cord stimulation which helped to reduce the pain. The need the spinal chord implant Claimant was permanent and the Claimant suffered permanent neuropathic pain of the most severe form. The claim was successfully compromised at a joint settlement meeting for a figure in excess of ½ million pounds.

Y v. C Representing the Claimant who sustained significant injuries in a road traffic accident, including fibromyalgia, injury to her cervical and lumbar spine with chronic pain, and severe bilateral tinnitus. Injury and causation in dispute. Case proceeded in the High Court of Justice. Successful compromised following Joint Statements.

### **Orthopaedic**

D v. D. Acted for Claimant in respect of catastrophic injuries sustained in a road traffic accident. Injuries included a traumatic below-knee amputation through the right leg, a traumatic amputation of the right arm, a significant brachial plexus injury and Post Traumatic Stress Disorder of moderate to severe type. Damages awarded in excess of 1 million pounds.

H v T. Instructed on behalf of the Claimant who suffered injuries at the age of 16 in a road accident. Injuries include: open comminuted fracture of the right femur; complex Grade III A fracture, with delayed union; open fracture of the right tibia; multi-fragment injury to the right knee; and Post Traumatic Stress Disorder. C required a tibial osteotomy. Claimant will require a knee replacement at the age of 28-31 and revision at the age of 48-56. Claim compromised at a JSM in excess of £700,000.

### **Assault**

J v. T, M v T Instructed on behalf of two Claimants in respect of claims in damages for personal injuries and other losses they suffered as a consequence of historical sexual abuse perpetrated against them by their maternal grandfather when they were 3 –8 years of age. Both Claimants were diagnosed as suffering Specified Trauma-and stressor-Related Disorder (DSM-V 309.89) during childhood and continuing, Major Depressive Disorder (DSM-V 296.2); and Panic Disorder (DSM-V 300.01). It was successfully argued at the Assessment of Damages hearing that both Claimants had significantly underachieved at school and suffered a reduced earning capacity as a result. The claim raised issues including whether aggravated damages was appropriate, the correct discount to be applied to the multiplier and the Claimants' future capacity for work. Both Claimants were awarded in excess of £200,000.

### **Industrial Disease**

B v. C Instructed on behalf of Claimant who developed asbestosis. Case concerned issue of date of knowledge and limitation.

G v. C Instructed on behalf of Claimant who developed mesothelioma based upon exposure during manufacturing employment.

M v. C. Acted on behalf of Claimant who developed asbestos related disease as a result of husband's exposure to asbestos in factory

Junior Counsel to Colin Edelman QC in which they successfully acted for a large corporation (quoted on AIM) against a leading worldwide insurance group in respect of a dispute concerning a Public Liability Insurance Policy in the context of asbestos related disease. Involved detailed understanding of the cause of asbestos related disease and development of the disease.

## **Clinical Negligence**

Michelle's clinical negligence practice, perfectly complements her personal injury and professional negligence practice. Her reassuring, tactile and empathetic approach with clients in conference builds a strong rapport and confidence. Michelle is an excellent advocate and excels in litigation and mediation and is highly praised for her written work.

### **Clinical Negligence Areas of Expertise**

- Brain Injury
- Neo-Natal and Birth Defect Claims
- Spinal
- Orthopaedic
- Sepsis
- Product Liability
- Cosmetic Surgery

**Cases of interest include:**

- A claim arising out of the negligent treatment of a pathological fracture of T2 causing compression of the spinal cord with evidence of metastatic cancer and also a traumatic fracture across the T9/10 disc space. As a consequence, the Claimant suffered significant harm, including paralysis, mechanical unstable spine leading to persistent pain, cord compression and incontinence of both bladder and bowel incontinence.
- A claim concerning the failure to act upon the pathological diagnosis of gallbladder cancer following an laparoscopic cholecystectomy, with a resultant 8 month period delay in the management and treatment of the cancer, from which the Claimant subsequently died.
- A claim arising out of the delay by GP in referring Claimant to a gastroenterologist for an urgent OGD leading to a delay in diagnoses in respect of oesophageal cancer and the development of advanced esophageal cancer.
- A claim relating to the negligent treatment of left foot and leg pain with a non-healing foot ulcer, which led to the Claimant requiring a left above knee amputation.
- A claim arising out of the failure to recognise that the Claimant was suffering from infection following circumcision and bilateral vasectomy, leading to the Claimant developing Fournier's gangrene requiring repeated debridement and skin grafting. The claim was also advanced upon the basis of lack of informed consent.
- A claim arising out of the failure to obtain the Claimant's informed consent in respect of an open inguinal hernia repair. As a consequence, the Claimant developed ilioinguinal neuralgia, increased pain, discomfort and erectile dysfunction.
- A claim arising out of the delay in diagnosis of Claimant's aortic dissection. Breach of duty not in dispute, causation denied.
- A claim arising out of a failure to detect stones within the gallbladder and the common bile duct, causing the Claimant to suffer prolonged pain, vomiting and distress.
- A claim in the delay in diagnosis, management, and treatment of cervical cancer.
- A claim concerning whether the Claimant was properly consented in respect of splenectomy, in circumstances that the Claimant subsequently developed sepsis and an untimely death.
- A claim concerning failure to correctly diagnose the Claimant as suffering from Diffuse B-Cell Lymphoma leading to the development of advanced cancer.
- A claim concerning the failure to investigate and treat a lung lesion, resulting in a delay in diagnosis of the Claimant's lung cancer from which the Claimant subsequently died.
- A claim arising out of the failure to monitor the Claimant on admission in respect of hypoglycaemic episode leading to an overdose of insulin causing a further hypoglycaemic episode and seizure.
- A claim relating to the diagnosis and treatment of a sessile polyp following a sigmoidoscopy. As a result of the delay an abdominoperineal resection became necessary, and the Claimant lost a large part of his bowel.
- A claim in the delay in diagnosing and treating the Claimant's cauda equina syndrome.
- A claim arising out of the failure by an optometrist to investigate abnormality of vision following a sight test that would have revealed the presence of a partial detached retina. As a consequence, the Claimant subsequently suffered a detached retina.

## Articles

Michelle Marnham and future 3PB Pupil Jeremy Warner analyse *MXV v A Secondary School* [2023] EWCA Civ 996, a case concerned with the grooming of a minor, in which the Court of Appeal clarified that work experience can be a relationship akin to employment for the purpose of vicarious liability. The Court confirmed the difficulty to satisfy the “close connection” test, which requires for the tort and the employment of the tortfeasor to be “inextricably woven”.

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[Michelle Marnham](#) considers the case *CNZ v Royal United Bath Hospitals NHS Foundation Trust*. A must-read case for those practising in clinical negligence and especially for those practising in birth injury cases. The case also provides useful guidance on material contribution and apportionment.

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[Michelle Marnham](#) analyses the case of *Barry v Ministry of Defence* [2023] EWHC 49 (KB) in which Judge Johnson handed down judgment in relation to former marine Mr Barry’s claim that the Ministry of Defence (MoD) caused his noise-induced hearing loss. It is the first time judicial guidance has been expressly given on the reduction factors (other than mortality) since the revised guidance in the 8th edition of the Ogden tables were published in July 2020.

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3PB's Michelle Marnham reviews the Eighth Edition of the Ogden Tables.

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3PB's Personal Injury team provides legal update on Disclosure, Fraud, Fundamental Dishonesty and Contempt Proceedings

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Michelle Marnham analyses the recent Supreme Court decision in *Knauer v Ministry of Defence*, [2016] UKSC 9

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3PB's Michelle Marnham considers the question of when a claim is brought for the purpose of limitation following on from the recent decision of *Dixon v Radley House Partnership*.

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## Articles

[Michelle Marnham](#), 3PB's Head of Personal Injury and Clinical Negligence, alongside future 3PB pupil Jeremy Warner have written on the Supreme Court Judgement in *Paul v Royal Wolverhampton NHS Trust*.

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3PB's Head of Personal Injury and Clinical Negligence Michelle Marham, along with future 3PB pupil Jeremy Warner, has written about the recent case of *Bilal and Malik v St George's University Hospital NHS Trust*. Michelle and Jeremy explore the insight it provides into a post-*Montgomery* landscape and the clarification it offers on informed consent.

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Michelle Marnham analyses the case of *Jenkinson v Hertfordshire CC* [2023] EWHC 872 (KB), a case which presents us with an intriguing change in clinical negligence law, with Baker J challenging the long-standing notion of the ‘specific rule’ in medical negligence cases.

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