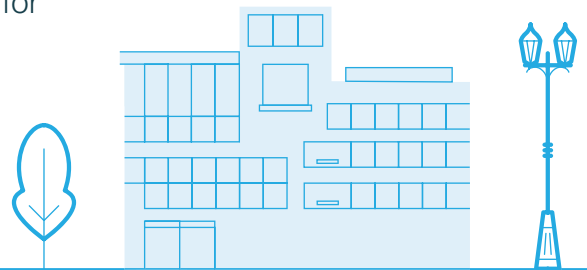


State Claims Agency

The NTMA is known as the State Claims Agency (SCA) when managing personal injury and third-party property damage claims against the State and State authorities, as delegated to it, and in providing related risk management services. As the SCA, the NTMA also manages claims for legal costs against the State and State authorities, as delegated to it, however such costs are incurred.



The SCA is obliged by statute to manage delegated claims and counterclaims in such manner as to ensure that the liability of the State authorities is contained at the lowest achievable level. In performing this function, the SCA seeks to act fairly, ethically and sensitively in dealing with people who have suffered injuries and/or damage, and their families. In cases where the

SCA investigation concludes that the relevant State authority bears some or all liability, the SCA seeks to settle claims expeditiously and on fair and reasonable terms. If it considers, in individual claims or classes of claim, that the State is not liable or that the amount sought in compensation is excessive, the SCA's policy is to contest the claim or level of claim.

The "risk universe" indemnified by the State through these schemes is extensive. It includes over 200,000 State employees and all public healthcare service users. It includes public services that, by their nature, constitute higher-risk activities such as the provision of clinical care in hospitals, Defence Forces personnel on operations overseas, members of An Garda Síochána on operational duty, customs inspections, emergency response services and custody of prisoners.

The SCA provides claims and risk management services through two State indemnity schemes:

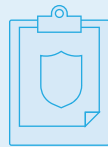
Clinical Indemnity Scheme

Under the Clinical Indemnity Scheme, the SCA manages clinical negligence claims taken against healthcare enterprises, hospitals and clinical, nursing and allied healthcare practitioners covered by the scheme.



General Indemnity Scheme

Under the General Indemnity Scheme, the SCA manages personal injury and third-party property damage claims taken against State bodies covered by the scheme.



During 2020, the management of claims against private healthcare facilities and clinicians providing facilities and additional professional medical services resources to the public health system in the management of COVID-19 cases and the delivery of acute hospital care more generally during the pandemic was delegated to the SCA. The management of claims against Enfer Labs Unlimited Company⁶, a private sector company assisting with the COVID-19 testing programme, was also delegated to the SCA in 2020.

⁶ and its subsidiaries and associated companies.

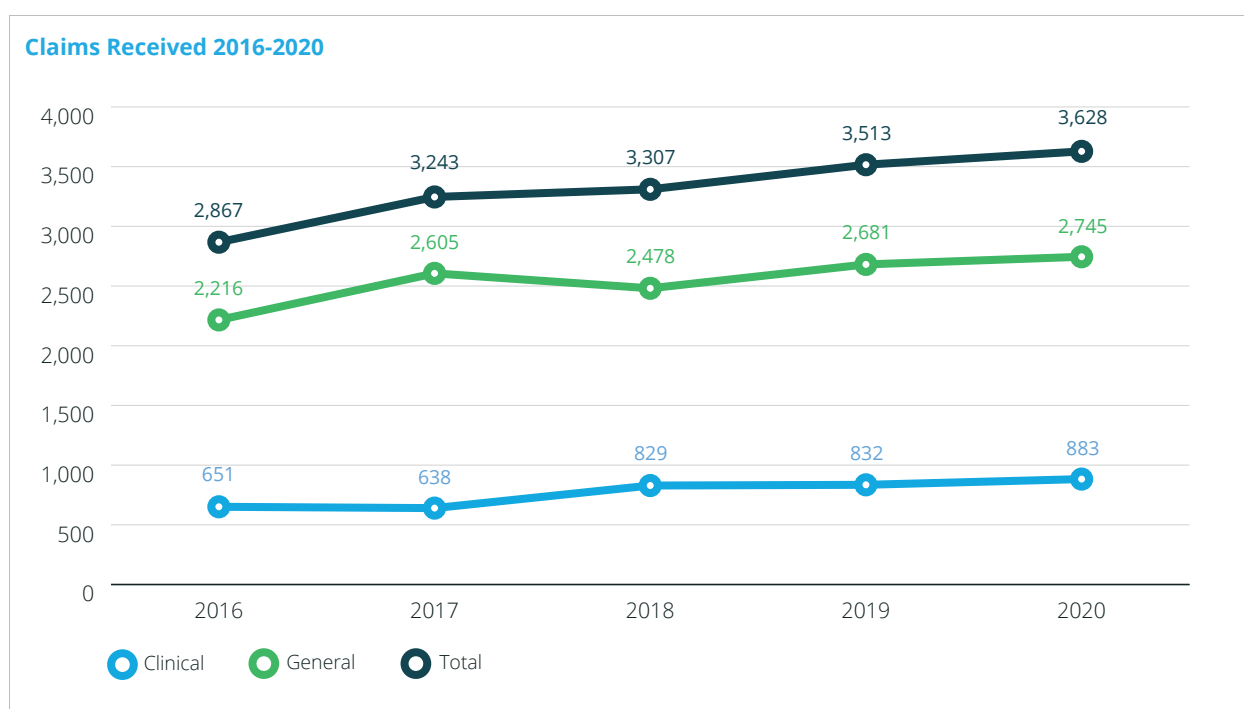


Claims Received and Resolved

The SCA received 3,628 new claims and resolved 3,221 claims in 2020. The ratio of claims resolved to claims received (excluding mass action claims) in 2020 was 0.98, the 2019 equivalent was 0.81. This performance was facilitated by a reduction in general claims (excluding mass action claims) received during the year compared with 2019 and despite the impact of COVID-19 restrictions, which resulted in the courts being effectively restricted to trials in respect of urgent personal injury claims for most of the year.

In these circumstances, the SCA worked closely with plaintiffs' legal representatives to continue to settle claims to the greatest extent possible outside of the formal court process.

The SCA was managing 12,175 active claims at end-2020: 8,677 of these were general claims while 3,498 were clinical claims.



Business Review

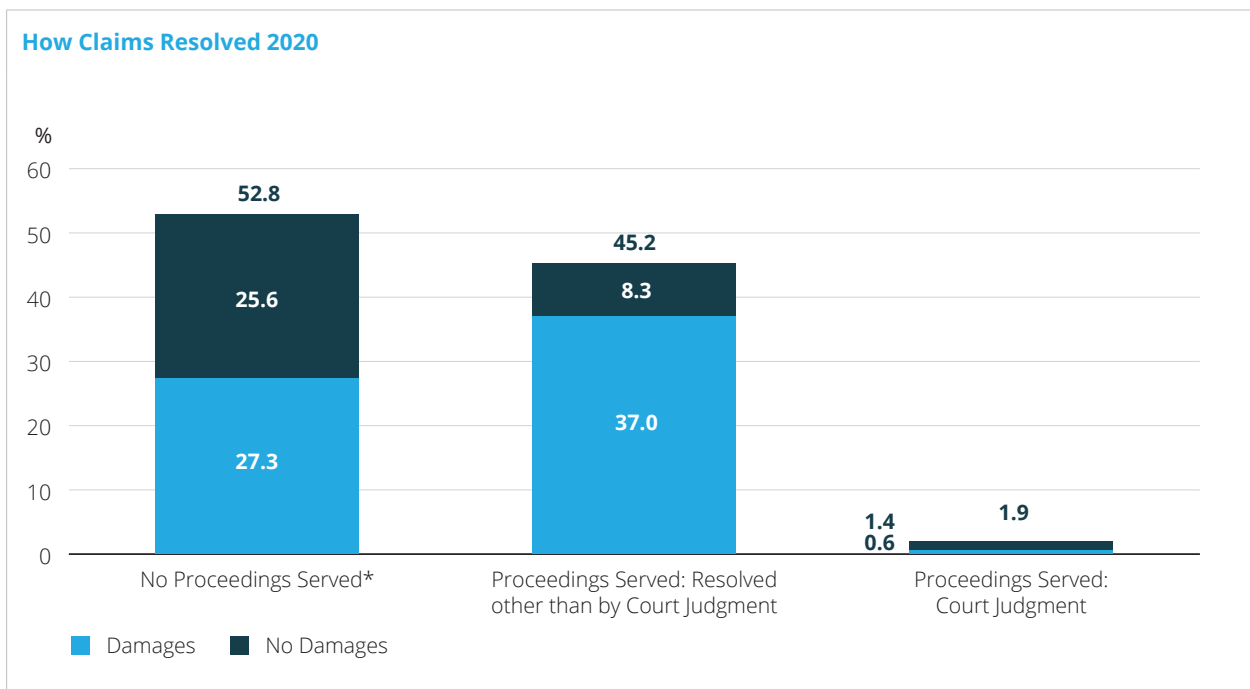
State Claims Agency (continued)

There were a number of extensions to the remit of the General Indemnity Scheme between 2014 and 2017 including higher-risk areas such as Section 38⁷ acute hospitals and bodies providing disability services, leading to an increase in the number of claims received annually over the five-year-period 2016-2020. In addition, headline numbers with regard to general claims can be volatile and are strongly influenced by the number of mass action claims received each year. Excluding mass action claims, the number of general claims received annually increased from 1,897 in 2016 to 2,375 in 2019 before falling back to 1,968 in 2020. The fall between 2019 and 2020 is most likely due to a general decrease in activity in State authorities as a result of COVID-19 restrictions.

There has also been an increase in the number of clinical claims received annually over the period 2018-2020 compared with 2016 and 2017. While mass action claims in respect of the CervicalCheck screening service and transvaginal implants are a contributory factor here, the underlying trend still shows an increase with the number of claims (excluding mass actions) increasing from some 630 each year in 2016 and 2017 to 793 in 2020. In the case of clinical claims, a decrease in normal hospital activity during the pandemic is unlikely to have had an effect on the number of claims received, given the typically longer time between the occurrence of an incident and the making of a claim in clinical negligence cases.

Just over half of cases resolved by the SCA in 2020 were resolved without court proceedings being served, as was the position in 2019. The SCA paid damages in 65% of all cases resolved in 2020, compared with 58% in 2019. Just under 2% of cases resolved by the SCA were the subject of a court judgment. The 2019 equivalent was 2.5%.

The SCA strongly favours mediation, where possible, as an alternative to the formal court process, particularly with regard to complex clinical claims. 25% of claims concluded by the clinical claims team in 2020 where damages were paid involved a mediation process⁸.



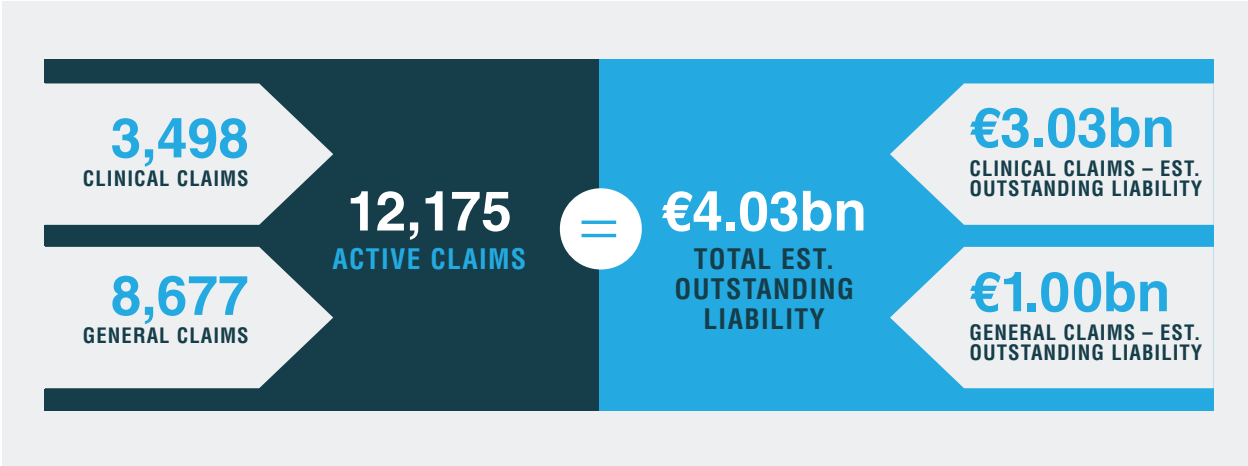
* includes cases settled, cases discontinued or claim statute barred, and indemnity received. Figures may not total due to rounding.

⁷ S.38 of the Health Act 2004 (as amended).

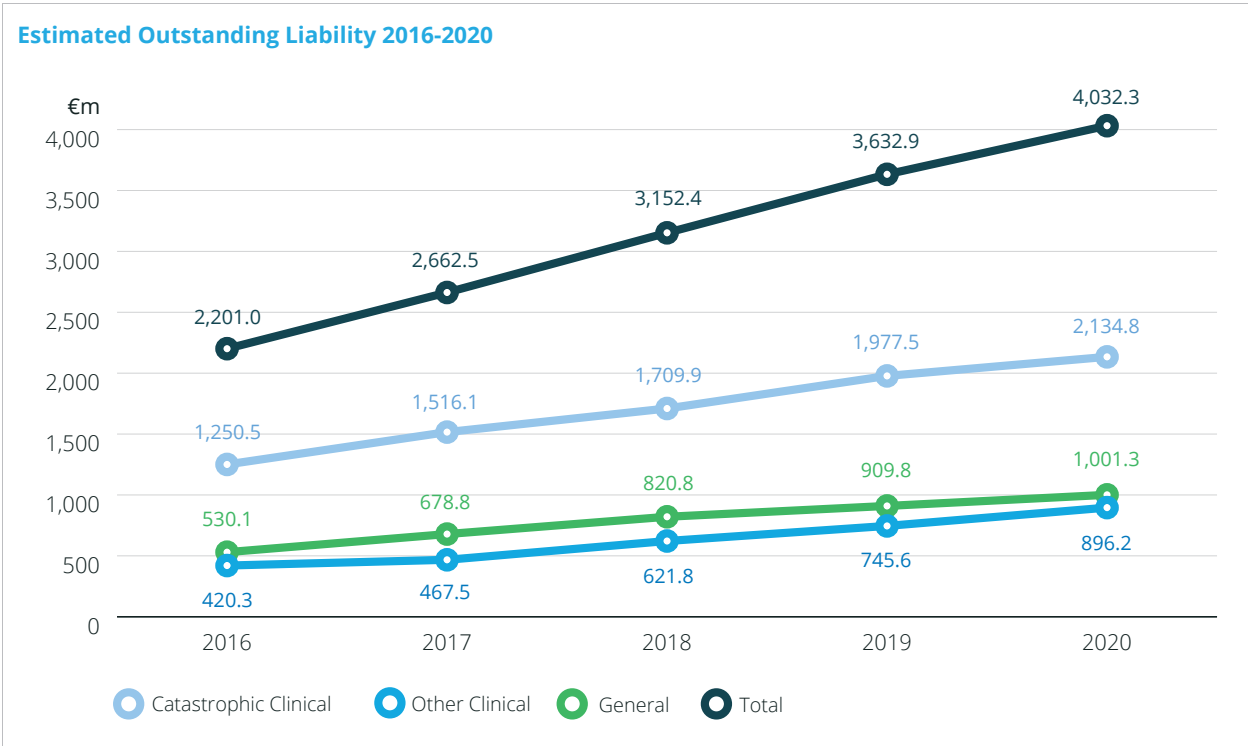
⁸ Concluded claims are claims where damages, if any, have been agreed, whether through settlement discussions or court award, but where costs may still be outstanding.

Estimated Outstanding Liability

The total estimated outstanding liability associated with the SCA's claims portfolio at end-2020 was €4,032m. Although clinical claims comprised only 29% of the overall number of active claims at end-2020, at €3,031m they comprised 75% of the overall estimated outstanding liability. This is primarily due to the very high levels of settlements and awards in the resolution of infant cerebral palsy and other catastrophic injury claims.



The estimated outstanding liability has increased significantly over the period since 2016 (from €2,201m at end-2016 to €4,032m at end-2020). While catastrophic injury claims, due to their high value, are the main driver behind this increase, there have also been large increases in the liabilities attached to non-catastrophic clinical and general claims.



Figures may not total due to rounding.

Business Review

State Claims Agency (continued)

While the number of active claims being managed by the SCA has increased over the last five years – from 8,898 at end-2016 to 12,175 at end-2020, the increase in the estimated outstanding liability is primarily due to a number of other factors. These include:

- the effect of the reduction of the Real Rate of Return (RRR) by the Court of Appeal Decision in *Gill Russell v HSE*⁹ on case reserves in catastrophic injury cases and cases involving a significant loss of earnings - this affects most clinical claims.
- with regard to catastrophic injuries, increased life expectancy due to improved medical and pharmacological care.
- with regard to clinical claims generally, allocation of higher estimated liabilities reflecting increased levels of general damages in clinical claims and, also, inclusion of additional heads of damages in claims.
- as previously noted, there were a number of extensions to the remit of the General Indemnity Scheme between 2014 and 2017 including higher-risk areas such as Section 38 acute hospitals and bodies providing disability services. At end-2020, the health and social care sector¹⁰ (€691.2m) comprised 69% of the total estimated outstanding liability associated with general claims.
- a number of significant mass action claims under both the general and clinical indemnity schemes, e.g. *CervicalCheck*, lack of in-cell sanitation, H1N1 flu vaccination, *Iarium*.

It should be noted that the estimated outstanding liability with regard to catastrophic clinical claims includes claims which have been settled on an interim payment order or PPO basis, and in respect of which the State's liability will be discharged over time. There were 69 such cases at end-2020, out of a total of 296 active catastrophic injury claims.

Interim Payment Orders and Periodic Payment Orders

In 2010, the SCA, assisted by the High Court, pioneered interim payment orders as a means of compensating plaintiffs in catastrophic injury cases. Interim payment orders were introduced in the absence of statutory Periodic Payment Orders (PPOs) to address the investment risk to the plaintiff associated with a lump-sum settlement. Under these orders, certain heads of damages are resolved on a full and final basis (e.g. general damages, loss of earnings, past care). Ongoing care requirements are dealt with by means of interim High Court orders which allow for part-payment of future care requirements for a specified time-period. When this time period has elapsed, the plaintiff may revert to the High Court to seek another interim order or full and final settlement of the claim.

Statutory PPOs are provided for under Part 2 of the *Civil Liability (Amendment) Act 2017*, which commenced in October 2018. This empowers the courts, as an alternative to lump sum awards of damages, to make consensual and non-consensual PPOs to compensate injured victims in cases of catastrophic injury where long-term permanent care is required. The Harmonised Index of Consumer Prices (HICP) is the index used for the purpose of calculating increases in annual PPO payments. The adequacy of this indexation provision was considered during a directions' hearing in a catastrophic injury case during 2019. The High Court found that the index used in the legislation would not meet the cost of future care needs of catastrophically injured people.

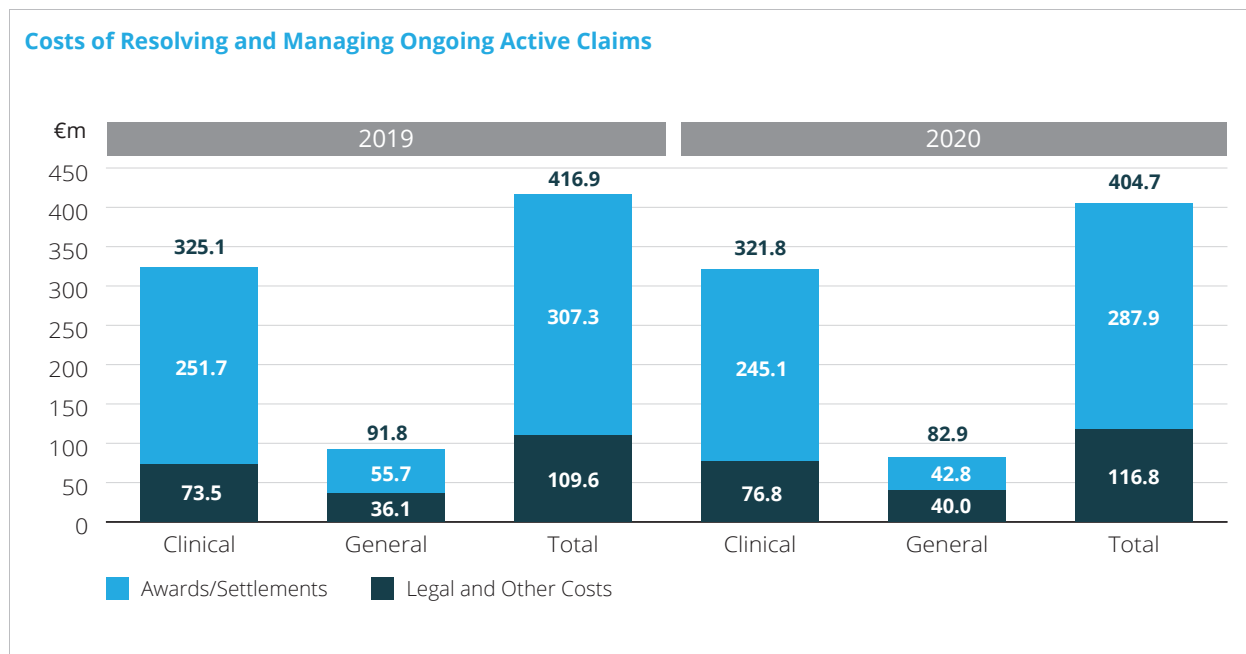
In light of this, barring a change to the index, it is expected that most claims will be settled on a lump-sum or interim payment order basis. In 2020, no statutory PPOs were made (compared with six in 2019). The Department of Justice is proposing to reconvene the Working Group, which it established to examine the technical aspects of PPOs prior to the passage of the enabling legislation, with a view to exploring available legislative and administrative options and to make recommendations to the Minister for Justice on resolving the matter. The SCA will be represented on the Working Group.

⁹ *The Court of Appeal held that the RRR in respect of the calculation of future care-related special damages should be 1%. It also held that the RRR in respect of all pecuniary losses should be 1.5%. The RRR used previously to calculate the estimated outstanding liability was 3%.*

¹⁰ *The HSE, Section 38 bodies, Tusla and the Department of Health.*

Cost of Claims

The costs incurred in 2020 in resolving and managing ongoing active claims were €404.7m, a decrease of 2.9% on the 2019 out-turn of €416.9m.



Figures may not total due to rounding.

Awards/settlements decreased by €19.4m in 2020 compared with 2019. This was primarily driven by a reduction in payments on general claims (€12.9m) with a smaller reduction in payments on clinical claims (€6.6m). In this regard it should be noted that the 2019 general claims figures include a significant settlement in respect of a catastrophic injury claim – there was no such equivalent single large payment in 2020.

Legal and other costs (including both the SCA's own costs and plaintiffs' costs) rose by €7.2m between 2019 and 2020 of which €3.9m was in respect of general claims. The high value of legal and other costs relative to awards/settlements for general claims compared with that for clinical claims is due to the lower levels of awards/settlements associated with general claims, which results in legal and other costs comprising a higher proportion of the overall costs than is the case for clinical claims. In addition, in both 2019 and 2020, the SCA incurred significant costs in respect of mass action claims, particularly costs associated with the H1N1 flu vaccination claims relating to very substantial discovery. In such mass action claims, the bulk of the legal and other costs are frontloaded in that they are attached to the lead case or cases rather than being spread across all relevant claims. The increase in legal and other costs associated with general claims in 2020 compared with 2019 is attributable to both mass action and non-mass action claims. In the case of non-mass action claims, the SCA made a greater number of legal costs payments in 2020 than it did in 2019.

The overall costs incurred in 2020 in resolving and managing ongoing claims of €404.7m were also significantly below the independent actuarial projection of €523.3m¹¹. In addition to sums paid out in awards and settlements being lower than projected, there were some timing factors involved here with the number of settlements in relation to certain mass action claims and catastrophic injury claims also being lower than anticipated. It should be noted that the amount paid out each year in relation to catastrophic injury payments is subject to considerable volatility depending on the number of settlements, given the very large size of individual awards/settlements, and whether awards/settlements are on a lump-sum, interim payment order or PPO basis.

Mass Action Claims

The SCA is managing a number of different mass actions against the State. Of the total 12,175 active claims at end-2020, 2,877 (23.6%) were in relation to mass actions. The majority of these claims (1,852) are lack of in-cell sanitation claims taken by current and former prisoners against the Irish Prison Service. The estimated outstanding liability associated with mass action claims at end-2020 was €388.1m, 9.6% of the total estimated outstanding liability of €4,032.3m.

¹¹ Each year the SCA's independent actuarial advisors make a projection of the cash amount likely to be required to settle and manage ongoing claims.

Business Review

State Claims Agency (continued)

A summary of the position in relation to particular mass action claims is set out below. Claims in relation to CervicalCheck are discussed separately.

Mass Action	Active End-2020	Active End-2019
GENERAL INDEMNITY SCHEME		
Historical Day School and Residential Institution Abuse	115	117
These are cases taken by persons who allege they were physically and/or sexually abused by persons whilst at school.		
Lack of In-Cell Sanitation	1,852	1,562
These are cases taken in 2014 and subsequently by prisoners (current and former) against the Irish Prison Service alleging, inter alia, breach of their constitutional rights due to lack of in-cell sanitation.		
The Supreme Court judgment in the lead case, Gary Simpson v the Governor of Mountjoy Prison & Others, was delivered on 14 November 2019. The case was originally heard in the High Court, which held that the State breached the plaintiff's constitutional right to privacy/dignity. No award of damages was made to the plaintiff, notwithstanding the Court finding in his favour on the privacy issue. The Supreme Court found that the plaintiff should be paid compensatory damages of €7,500. Arising from this judgment, the SCA has put in place a Scheme of Settlement under which offers of damages and measured legal costs are being made to qualifying claimants/plaintiffs.		
Lariam	191	216
These are cases taken by current and former members of the Defence Forces, alleging various physical and psychological symptoms, following their ingestion of Lariam, an anti-malarial prophylactic drug prescribed for their use whilst on duty in sub-Saharan Africa.		
Mother and Baby Homes	55	45
These claims arise from ex-residents of various mother and baby homes who are suing the Department of Education, Tusla, the HSE, the Department of Foreign Affairs and other non-State defendants as a result of their time spent in institutional care settings over various periods from the 1940s to the 1980s. They allege physical, verbal and emotional abuse and breaches of their constitutional rights for adoption or fostering and, also, that natural rights were affected due to allegedly false birth certificates being issued. Claims also arise from mothers allegedly being given the wrong child at birth, this having been established by DNA testing with the now adult child. Claims have also been received from persons who allege that the then Adoption Board was negligent in the oversight of various adoption societies which allegedly facilitated the illegal registration of their births.		
H1N1 Flu Vaccination	128	122
These are cases taken by mostly children plaintiffs primarily alleging the development of narcolepsy and cataplexy following vaccination against the H1N1 flu virus.		
Following the settlement of the second case, after mediation in November 2020, the SCA has established a Scheme of Settlement for the other claims on similar terms to those agreed in that case and in the lead case.		
Prison-Based TB (Cloverhill)	8	23
These are cases, arising from a TB outbreak in Cloverhill Prison in 2011, taken by current and former prisoners, prison officers and members of their families who tested positive for and/or contracted TB. The SCA reached an apportionment agreement with a medical defence organisation under which that organisation contributed 60% of the plaintiffs' settlements and costs in the majority of cases.		
Prison-Based TB (Shelton Abbey)	29	— ¹²
These are cases taken by current and former prisoners and prison officers in Shelton Abbey Prison and members of their families who tested positive for latent TB, subsequent to a delay in diagnosis of a suspected case of TB by Irish Prison Service medical staff in 2018.		

¹² These claims were grouped as a mass action in 2020. There were nine claims received in relation to TB at Shelton Abbey Prison during 2019.

Mass Action	Active End-2020	Active End-2019
Thalidomide These are cases taken by persons born with physical disabilities whose mothers had ingested the thalidomide preparation during pregnancy. In addition to cases being case-managed by a judge of the High Court, which are at discovery stage, there are also a number of cases being taken by persons not officially acknowledged by the Contergan Foundation, Germany as suffering from a thalidomide-related injury ¹³ .	37	36
CLINICAL INDEMNITY SCHEME		
Symphysiotomy These are cases taken by women who had a surgical, obstetrical procedure to widen their pelvis. A number of plaintiffs opted not to avail of the ex-gratia scheme established by the Government in 2014 to compensate women who were found to have undergone the procedure and three applications were received by the European Court of Human Rights (ECHR) for consideration. On 10 December 2020, the ECHR declared each of the three applications to be inadmissible.	35	35
Transvaginal Implants These cases arise in circumstances where women have had a mesh implant inserted to address urinary stress incontinence and allege personal injury as a result.	55	41

National Screening Services: Cervical Cancer Litigation

Resolution of the very tragic cases that have arisen in relation to the HSE's CervicalCheck screening service remained a focus of the SCA during 2020. These claims primarily relate to the reading of smear tests by the independent laboratories providing services to the HSE and to non-disclosure by the HSE of the results of a clinical audit of smear tests. The cases are complicated by the fact that there can be multiple defendants: the laboratories themselves regarding the reading of the smear tests, which are contractually obliged to provide an indemnity to the State in relation to the reading of the tests, the HSE (represented by the SCA) regarding the non-disclosure of the audit results and, on occasion, a third party such as a treating doctor. In these cases the SCA is committed to working with the laboratories and the third party to resolve the cases through mediation, to the greatest possible extent. In a small number of cases, the HSE is the defendant in relation to the reading of the smear test (where the test was read in a hospital laboratory).

The SCA had received notification of 234 claims against CervicalCheck at end-2020 (compared with 134 claims at end-2019). This includes 44 psychological injury claims from members of the families of the women concerned. These claims not only include claims arising from the internal audit carried out by CervicalCheck and from the Independent Expert Panel Review of Cervical Screening by the Royal College of Obstetrics and Gynaecology, but also include claims where the smear test was not subject to a review or audit. Twelve claims were concluded during 2020.

The total number of claims concluded as at end-2020 was 22. Of these 22 claims 19 claims were settled while one claim was the subject of a court judgment. The other two claims were not pursued. Mediation was offered in 17 of these claims and took place in 12.

The CervicalCheck Tribunal has been in operation since the beginning of December 2020, as an alternative system to the courts for claims arising from the internal audit carried out by CervicalCheck and from the Independent Expert Panel Review of Cervical Screening by the Royal College of Obstetrics and Gynaecology. It is a matter for the plaintiffs in each case as to whether they wish to bring claims to the Tribunal or whether they wish to pursue them through the courts. Plaintiffs who submit claims to the Tribunal retain a right of appeal to the High Court.

In June 2019, the Government established an ex-gratia compensatory scheme to expeditiously address the issue of non-disclosure of audit results to the original cohort of 221 women identified from the CervicalCheck internal audit as having discordance in their smear tests. An independent panel established to determine the amount to be paid by the scheme in respect of the non-disclosure of the audit results found that a sum of €20,000 should be paid in such cases. Where a member of this cohort takes a claim against the HSE, rather than availing of the ex-gratia compensatory scheme, the SCA also agrees payment of a sum of €20,000 in respect of the non-disclosure aspect of the claim.

¹³ The Contergan Foundation, which is established under German legislation, provides financial support to persons for thalidomide-related injury, following assessment of their disability as being attributable to thalidomide.

State Claims Agency (continued)

Risk Management

The SCA advises and assist State authorities on the management of risks in order to enhance the safety of employees, service users/patients and other third parties and minimise the incidence of claims. Responsibility for managing risk and setting risk management priorities remains in all cases a matter for the State authority concerned and the SCA's risk management role is an advisory one.

The SCA implements its risk mandate through two specialist risk units: the Clinical Risk Unit and the Enterprise Risk Unit. Both risk units' work programmes involve drawing on data analysis and evidence to identify emerging trends and issues in order to categorise and prioritise risk initiatives. This information is primarily obtained from data reported on the National Incident Management System (NIMS) - the end-to-end risk management tool developed by the SCA that allows the SCA and State authorities to manage incidents throughout the incident lifecycle - and from claims analysis.



Córas Náisiúnta um Bainistíocht Teagmhais
National Incident Management System

National Incident Management System

NIMS is a confidential, end-to-end risk management tool developed by the SCA that allows the SCA and State authorities to manage incidents throughout the incident lifecycle.

State authorities are required to use NIMS to fulfil their statutory requirement to report incidents to the SCA, and may also use the system for their own risk management purposes.

NIMS provides State authorities' risk managers and the SCA's own risk teams with complex adverse incident data analysis and reporting capabilities. This enables risk management and mitigation responses that will help to improve the safety of State employees, patients, and service users, and minimise the cost of claims against the State in the future.

The accurate reporting of incidents on NIMS is critical to the SCA's risk management function and the SCA works actively with State authorities on an ongoing basis to improve the level and quality of reporting.

COVID-19 related work was a risk management priority in 2020. The COVID-19 response necessitated a rapid updating of NIMS to specifically capture COVID-19 incidents, and its roll-out to COVID testing locations, community hubs and private hospitals. The SCA conducted ongoing analysis of COVID-19 incidents reported on NIMS and provided regular reporting to the HSE to inform risk management strategies. Based on its incident analysis and on queries received, the SCA issued a range of specific guidance documents (indemnity advices, risk advices and patient safety notifications) to State authorities, both healthcare and non-healthcare. These addressed recurring themes arising in incidents and queries in order to help organisations learn rapidly from the incidents reported. Other specific activities carried out as part of the State's response to COVID-19 included:

- working with the Department of Health on the provision of State indemnity to those private healthcare facilities and clinicians that provided facilities and additional professional medical services resources to the public health system during the first wave of the pandemic.
- advising the Department of Health on the provision of State indemnities to the manufacturers of six COVID-19 vaccines. The SCA also provided advice to the Government's Vaccine Taskforce on the provision of information to and the obtaining of informed consent from the public in relation to the COVID-19 vaccination programme.
- working closely with the Association of Community and Comprehensive Schools on guidelines for re-entering schools for examination assessment purposes and the reopening of schools in the new academic year. More generally, the SCA provided assistance to the Department of Education on the various guidelines provided to schools for re-opening. It also advised the Department of Education concerning the provision of a State indemnity to schools' boards of management, principals and teachers concerning the system of calculated grades that was operated for Leaving Certificate 2020.
- providing guidance to the Department of Public Expenditure and Reform on risk and indemnity issues associated with remote working across the public service.

In non-COVID related work, both risk units continued their incident surveillance activities to identify emerging trends and issues and provide advice and support to State authorities. The Enterprise Risk Unit published the second in its series of risk research reports: *Needlestick and Sharps - A 10-year review of incidents and claims across the health and social care sector (2010-2019)*. The Clinical Risk Unit published *A Review of Medication incidents reported by Irish Acute Hospitals (2017-2018)*. It also continued its work with the National Neonatal Encephalopathy Action Group which seeks to identify, learn from, and implement strategies to mitigate risk relating to avoidable incidents of neonatal encephalopathy - the brain injury which precedes the development of cerebral palsy - in those cases which are caused by birth injury. The Group was established in 2019 by the National Women and Infants Health Programme in partnership with the SCA and the Department of Health.

Risk Research Report 02: Needlestick And Sharps

The provision of valuable benchmarks, trend analysis and lessons learned from incidents and claims to State authorities has always been a core part of the SCA's risk management strategy.

During 2020, the SCA published *Risk Research Report 02: Needlestick and Sharps - A 10-year review of incidents and claims across the health and social care sector (2010-2019)*. The Report provides health and social care enterprises with up-to-date numbers and costs information on needlestick and sharps claims and incident trends in the health and social care sector. The Report recognises that many healthcare enterprises are managing this risk well, resulting in low numbers of claims. It also highlights a number of findings and recommendations for action by the HSE, at both a national and local level, to help promote a safer workplace and prevent future incidents that result in claims arising.

This Report is the second in a series of Risk Research Reports to be published by the SCA. The first such Report, *Risk Research Report 01: Slips, Trips and Falls - A 5-year review of incidents and claims across the State sector (2014-2018)*, was published in 2019.

Both Reports are available at www.stateclaims.ie.

Legal Costs Management

The SCA's Legal Costs Unit (LCU) deals with third-party legal costs of the State and State authorities as delegated to it, however such costs are incurred. This means that the LCU deals with third-party legal costs in relation to these State authorities, whether they arise in the course of the SCA's own claims management work or in respect of other legal costs incurred by the State authority concerned.

The level of legal costs paid to claimants' legal representatives is carefully examined and, wherever possible and by means of negotiations, the SCA seeks to achieve the maximum possible reduction in legal costs to be paid by the State. If the SCA cannot successfully agree the level of legal costs to be paid to claimants' legal representatives, the matter is determined by the Office of the Legal Costs Adjudicator, subject to a right of appeal to the High Court.

The Legal Costs Unit settled 1,006 bills of costs in 2020. The total amount claimed was €116.9m. These bills were settled for €68.6m – a reduction of 41% on the amount claimed.

Legal Cost Claims Settled 2020

	Number of Cost Claims Negotiated	Amount Claimed €m	Cost of Claims Agreed €m	Legal Cost Saving %
SCA Clinical	191	51.3	31.0	39.5
SCA General	114	8.3	5.5	34.0
Tribunals of Inquiry	30	15.4	7.0	54.5
Other*	671	41.9	25.1	40.2
Total	1,006	116.9	68.6	41.4

*Primarily third-party legal costs in non-personal injury cases referred to the SCA by the Office of the Chief State Solicitor or the HSE's Office of Legal Services.

Figures may not total due to rounding.

Insurance Compensation Fund (ICF)

Under the Insurance (Amendment) Act 2018, in the event of the liquidation of an insurance company requiring a draw on the ICF, the SCA makes applications to the High Court, on behalf of the liquidator¹⁴ to approve payments from the ICF, on completion of a due diligence examination of the relevant claims.

In respect of insurance companies authorised in an EU Member State other than Ireland, the SCA also distributes sums released from the ICF to claimants.

Applications to the President of the High Court for disbursements from the ICF were successfully made during 2020 in respect of Setanta Insurance Company Ltd (in liquidation), authorised in Malta, (€8.4m) and Enterprise Insurance Company plc (in liquidation), authorised in Gibraltar, (€1.4m).

Further application in respect of Setanta, Enterprise and Gable Insurance AG (in liquidation) authorised in Liechtenstein originally scheduled for November 2020 were deferred to January 2021 (in respect of Setanta and Gable) and February 2021 (in respect of Enterprise) due to the impact of COVID-19 Level 5 restrictions on the review and audit of the liquidators' claims documentation.

¹⁴ In the case of an insolvent insurer authorised in another EU Member State, the person who performs the equivalent functions to a liquidator in the Member State concerned.