

# State Claims Agency **Risk Research Series**

## **Report 03: Work-Related Violence, Harassment and Aggression**

A 5-year review of incidents and claims  
across the State sector (2015-2019)



Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta  
National Treasury Management Agency

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An Gníomhaireacht um Éilimh ar an Stát  
State Claims Agency



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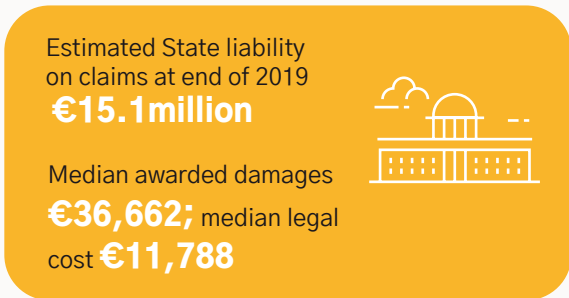
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## Abbreviations

<b>AGS</b>	An Garda Síochána
<b>C&amp;C SCH</b>	Community and Comprehensive Schools
<b>CISM</b>	Critical Incident Stress Management
<b>COU</b>	Courts Service
<b>CPRI</b>	Claims Previously Reported as Incidents
<b>CSO</b>	Central Statistics Office
<b>DEFF</b>	Defence Forces
<b>DoE</b>	Department of Education
<b>DSA</b>	Delegated State Authority
<b>DSP</b>	Department of Social Protection
<b>ERMU</b>	Enterprise Risk Management Unit
<b>GIS</b>	General Indemnity Scheme
<b>IPS</b>	Irish Prison Service
<b>MAPA</b>	Management of Actual or Potential Aggression
<b>MOPs</b>	Members of the Public
<b>NIMS</b>	National Incident Management System
<b>NTMA</b>	National Treasury Management Agency
<b>OCDC</b>	Oberstown Children Detention Campus
<b>OPW</b>	Office of Public Works
<b>PS</b>	Probation Service
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>SCA</b>	State Claims Agency
<b>TUS</b>	Tusla
<b>VHA</b>	Violence, Harassment and Aggression

# Violence, harassment and aggression – a snapshot across the State sector<sup>1</sup>



The cost of a claim ranges between **€7,000** and **€891,588**, with the median cost at **€44,204**

**68%**

of claims were rated as moderate in severity (injury requiring medical treatment)

**55%**

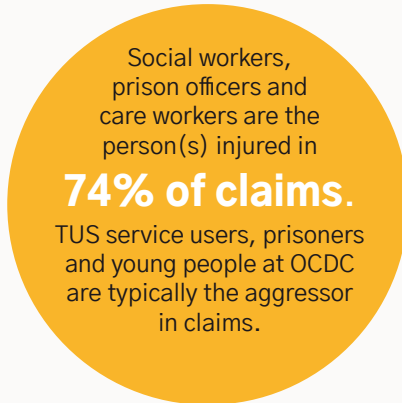
of incidents were rated as negligible in severity (near miss/ no injury/injury not requiring first aid)



The most common types of VHA incidents that arise relate to physical assaults/harassment.

VHA claims relating to psychological injuries such as PTSD result in the highest levels of compensation.

The most common injuries that arise in VHA incidents relate to soft tissue injury, pain/discomfort and cut/laceration.



As expected, DSAs dealing with challenging behaviour in children, young people and prisoners have higher numbers of VHA incidents and claims.



Approximately **6%** of physical assault/harassment incidents result in the injured party taking a personal injury claim.

VHA incidents are investigated in certain circumstances but investigations are not carried out for all incident severity types. In some instances, investigations were completed but the findings were not recorded on NIMS (National Incident Management System).



From the date of the incident occurring

**31% of claims** are received within 6 months

**48%** within 1 year

**88%** within 2 years

Considering the services that DSAs provide across the State sector, staff numbers and the profile of service users, the number of VHA claims received across the State sector is relatively low. This report offers an insight into the type, frequency, and impact of VHA incidents and claims with a view to assisting DSAs in reducing the likelihood of work-related VHA incidents and resultant claims within their organisations.

<sup>1</sup> State sector in this report refers to the civil and public service, policing, security, enforcement, child welfare/protection, military, and Community and Comprehensive School education sector. This report excludes the health and social care sector. A separate SCA Risk Research Report will address VHA in the health and social care sector.

# Introduction

## About the State Claims Agency

The National Treasury Management Agency (NTMA) is known as the State Claims Agency (SCA) when managing personal injury and property damage claims against the State and State authorities, as delegated to it (Delegated State Authorities or DSAs), and in providing related risk management services. The SCA's claims and risk management objectives are:

- ▶ To manage claims taken against the State so that the liability of the State is contained at the lowest achievable level, while acting fairly, ethically and sensitively in dealing with people who have suffered injuries and/or damage, and their families.
- ▶ To advise and assist State authorities on the management of litigation risks to a best practice standard, in order to enhance the safety of employees, service users/patients and other third-parties and minimise the incidence of claims and the liability of the State.



Find out more about the State Claims Agency on our website.

## Research background

Work-related violence, harassment and aggression (VHA) is a global phenomenon affecting a large number of working people every year. Examples of VHA behaviours include physical/verbal/sexual assault and harassment, and intimidation/threat. International studies<sup>2,3</sup> have shown that the prevalence of VHA largely depends on the nature of the work sector and job characteristics, with employees in enforcement, public safety, health and social care, and education most impacted.

This report explores VHA risks across part of the State sector. State sector in this report refers to the civil and public service, policing, security, enforcement, child welfare/protection, military, and the Community and Comprehensive School education sector. This report excludes the health and social care sector. While there are some common

themes and similarities between VHA incidents in the health and social care sector and other sectors, the size of the health and social care sector's employee and service user population is of a different order of magnitude in comparison with other DSAs.

Numerically and statistically any analysis would be completely dominated by health and social care data. There would be limited analytical benefit for other DSAs. As such, a decision was made to complete a separate SCA Risk Research Report to address VHA in the health and social care sector which will be published separately.

Arising from the nature of public services being provided across the State<sup>1</sup> sector, there is a high risk that employees working within these sectors will be exposed to VHA incidents. This includes DSAs such as An Garda Síochána (AGS), Tusla (TUS), Irish Prison Service (IPS) and Oberstown Children Detention Centre (OCDC), as staff are regularly working with persons with complex needs and challenging behaviours.

Early in 2016, the SCA published a *Review of assaults on operational prison staff by prisoners*, offering valuable insights into VHA in Irish prison settings<sup>4</sup>. This review found that in 2015, almost three in every 100 operational prison staff were directly physically assaulted, and the assaults were carried out by a relatively small number of prisoners with challenging behaviours and/or mental health problems. Staff expressed a genuine concern about their safety, and they viewed possible risk controls as a multifaceted approach: i.e. not just to focus on weapons and equipment, but also to address prisoner issues such as mental health, risk assessment, etc. The report then made recommendations on the control of violence in prisons to address four key themes: operational factors, staff factors, prisoner factors and governance factors. Many of the recommendations contained within that report can be applied across DSAs whose employees are exposed to potential VHA incidents.

2 Piquero, N. L., et al. (2013) Assessing research on workplace violence, 2000–2012. *Aggression and Violent Behavior*, 18(3): 383–394.

3 Harrell, E. (2011). *Workplace Violence, 1993–2009: National Crime Victimization Survey and the Census of Fatal Occupational Injuries* [Electronic version]. Washington, DC: U.S. Department of Justice.

4 State Claims Agency (2016) *Review of assaults on operational prison staff by prisoners*. Available at: <https://stateclaims.ie/uploads/publications/Review-of-Assaults-on-Operational-Prison-Staff-by-Prisoners-November-2016.pdf>

The predictors of the prevalence of workplace VHA are rather complex. Published studies have identified four groups of factors, which can be useful in risk assessment:

1. **Staff factors** such as staff members' demographic characteristics, in particular gender. In general, men are at higher risk of physical violence, probably because they are more likely to be assigned to high-risk areas and they are more likely to be involved or prompted to be involved in situations of impending violence<sup>5</sup>.
2. **Service user factors** such as the level of psychosocial stress, experience of unfortunate events, poor educational and economic backgrounds, and a family or personal history of aggressive behaviours<sup>6,7</sup>.
3. **Situational triggering factors** such as alcohol use, prolonged waiting and poor environmental conditions (e.g. poor ventilation, heat, noise, crowding).
4. **Organisational factors** such as poor security levels, deficiency or absence of sufficient training programmes and VHA management protocols<sup>8</sup>.

Employees' exposure to VHA can lead to consequences ranging from short-term mild-effects, to long-term severe physical and psychological effects<sup>9</sup>. The impact of VHA can also be costly for organisations<sup>10</sup>. For instance, in Canada, workers' compensation data shows that 14.9% of time-loss claims are related to violence incidents.

In comparison to non-violence-related incidents, violence-related incidents (especially those that have caused psychological harm) lead to a longer work time-loss<sup>11</sup>. Further information on the cost of claims in the Irish State sector and its indirect impact is set out at [Section 1: Claims Analysis](#).

VHA is a Category 1 risk<sup>12</sup> across DSAs.

To date, there has not been a single uniform definition of work-related VHA among national/EU-level institutions (see Table 1<sup>13,14,15,16</sup>).

This report (and the SCA) adopts the European Commission's definition, which is most closely aligned to the reporting fields of NIMS, and which is endorsed by the Health and Safety Authority (HSA)<sup>17</sup> and the Courts Service<sup>18</sup>.

5 Guay, S., et al (2015) A systematic review of exposure to physical violence across occupational domains according to victims' sex. *Aggression and Violent Behaviour*, 25 (Part A): 133-141.

6 Steiner, B., et al (2014) Causes and correlates of prison inmate misconduct: a systematic review of the evidence. *42(6): 462-470*.

7 Zeller, A., et al (2009) Aggressive behaviour of nursing home residents toward caregivers: a systematic literature review. *Geriatric Nursing*, 30 (3): 174-187.

8 Pourshaikhian, M., et al. (2016) A systematic literature review: workplace violence against emergency medical services personnel. *Archives of Trauma Research*, 5(1):e28734.

9 Hogh, A. & Viitasara, E. (2005) A systematic review of longitudinal studies of nonfatal workplace violence. *European Journal of Work and Organizational Psychology*, 14(1): 291-313.

10 Hassard, J. et al (2018) The financial burden of psychological workplace aggression: A systematic review of cost-of-illness studies. *Works & Stress*, 32(1): 6-32.

11 Choi K., et al (2020) Time to return to work following workplace violence among direct healthcare and social workers. *Occupational and Environmental Medicine*, 77: 160-167.

12 The State Claims Agency categorises risk using a weighting system developed by its Enterprise Risk Management Unit (ERMU). The weighting system involves consideration of claims and incident numbers, costs of resolved claims and estimated liabilities against active claims.

13 EC's definition: Wynne, R., Clarkin, N., Cox, T., and Griffiths, A., 1997, *Guidance on the prevention of violence at work*, Brussels, European Commission, DG-V, Ref. CE/VI-4/97.

14 EU OSHA's definition: EU OSHA (2010) *Workplace violence and harassment: a European picture*". Chapter 1.4 Summary and discussion.

15 HSA's definition: HSA (2007) *Violence at work booklet*. Available at [https://www.hsa.ie/eng/Publications\\_and\\_Forms/Publications/Occupational\\_Health/Violence\\_at\\_Work.pdf](https://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Violence_at_Work.pdf)

16 Irish law's definition: Employment Equality Act 1998 (Code of Practice) (Harassment) Order 2012. Available at: <http://www.irishstatutebook.ie/eli/2012/si/208/made/en/pdf>

17 HSA (2014) *Managing the risk of work-related violence and aggression in healthcare*. Available at [https://www.hsa.ie/eng/Publications\\_and\\_Forms/Publications/Information\\_Sheets/Violence\\_in\\_Healthcare\\_Information\\_Sheet.pdf](https://www.hsa.ie/eng/Publications_and_Forms/Publications/Information_Sheets/Violence_in_Healthcare_Information_Sheet.pdf)

18 Court Service. *Policy on management of unacceptable actions*. Available at: <https://www.courts.ie/acc/alfresco/ce357e77-9ddf-487e-9432-8fc2722fd7cf/Final%20Policy%20on%20Management%20of%20Work%20Related%20Aggression%2C%20Violence%20and%20Unacceptable%20Actions%2005.10.20.pdf/pdf>

**Table 1: Definitions of VHA in the EU and Ireland**

**European Commission (EC):** Work-related VHA refers to any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health.

**European Agency for Safety and Health at Work (EU-OSHA):** Workplace violence refers to all kinds of violent incidents at work, including third-party violence and harassment (bullying, mobbing) at work.

The term ‘third-party violence’ refers to threats, physical violence, and psychological violence (e.g. verbal violence) by third parties such as customers, clients, patients, etc., receiving goods or services.

The term ‘harassment’, also called bullying or mobbing, describes repeated, unreasonable behaviour directed towards an employee, or group of employees by a colleague, supervisor or subordinate, aimed at victimising, humiliating, undermining or threatening them.

**Irish law (Employment Equality Act):** Harassment has been defined as any form of unwanted conduct related to any of the discriminatory grounds which has the purpose or effect of violating a person’s dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person.

### Purpose

The purpose of this report is fourfold:

1. To provide DSAs with up-to-date collective knowledge on work-related VHA incidents and claims trends happening across the State sector.
2. To enable DSAs to compare with or learn from other DSAs in terms of work-related VHA experience.
3. To help DSAs improve their reporting of VHA incidents on NIMS.
4. To generate VHA risk management advice and recommendations, based on insights from the claims and incident analysis, that should be adopted by all DSAs impacted by VHA risks.

By providing a robust evidence-based foundation, the ultimate goal of this report is to assist DSAs in reducing the likelihood of work-related VHA incidents and resultant claims and their related costs within their organisations.

### Scope

In the current research, the SCA’s Enterprise Risk Management Unit (ERMU) examined **work-related VHA** claims and incidents managed under the General Indemnity Scheme (GIS) over the period 2015–2019 across the State sector.

This review is in respect of work-related VHA incidents which occurred across the SCA’s diverse client portfolio which includes Government departments, prisons, children’s detention centres, child welfare and protection centres, courts, Garda stations, military barracks, and community and comprehensive schools. It also analysed claims received and resolved by the SCA arising from the incidents that occurred in 2015–2019.

Analysis was carried out on work-related VHA incidents and claims related to employees, agency staff, locums, volunteers and work placement trainees, where they were the injured party.

The scope of this review excludes the following:

- ▶ The Health Services Executive (HSE) and its funded services (the public health and social care sector).
- ▶ Incident and claim data relating to members of the public, service users and external contractors where they are the injured party.
- ▶ Incidents and claims relating to workplace bullying.

Certain types of VHA claims are managed through other compensation schemes. Further information on these schemes is set out in [Section 1: Claims Analysis](#).

### Methodology

It is a legal requirement<sup>19</sup> that all DSAs, under the GIS, report work-related VHA incidents to the SCA. Personal injury claims that arise from incidents are managed by the SCA; and NIMS is used to track, monitor and capture all key information including outcomes and learnings.

The SCA used NIMS to analyse the data relating to work-related VHA incidents over the last five years (2015–2019) and claims arising from those incidents in approximately 25 DSAs.<sup>20</sup>

19 National Treasury Management Agency (Amendment) Act, 2000.

20 Due to the nature of services provided, many DSAs have a lower risk of exposure to VHA incidents and thus have no reported incidents.



## Section 1: Claims Analysis

### Introduction

There are various compensation routes and schemes in place to deal with work-related VHA personal injury claims arising in the State sector.

The Criminal Injuries Compensation Scheme covers prison officers who suffer a personal injury or death as a result of a crime of violence. This scheme does not cover legal costs associated with the making of a claim, hence many civil claims still arise.

An Garda Síochána compensation claims including claims for assaults, are managed by the Chief State Solicitors Office (CSSO). This scheme covers the awards of damages as well as legal costs. [It should be noted that the Garda Síochána (Compensation) Bill 2021 would, when enacted, bring such claims within the SCA's remit.]

### What is the cost of work-related VHA claims?

As of 30 April 2020, the SCA has received **189 claims** resulting from work-related VHA incidents that occurred in the period 2015–2019<sup>21</sup>.

Claims Received	Number of claims	Paid Total (€m)	Estimated Outstanding Liability (€m)
Active Claims	123	€1m	€12.64m
Finalised Claims	66	€1.4m	–
<b>Total</b>	<b>189</b>	<b>€2.43m</b>	<b>–</b>

In order to predict future costs, the SCA assigns an estimated liability value to all claims received. This is based on the SCA's best estimate at a point in time of the ultimate cost of resolving a claim. It includes all foreseeable costs such as settlement amounts, claimant legal costs and defence costs (such as fees payable to legal counsel, engineers, consultants, etc.). The estimated liability is adjusted over the life cycle of a claim as more information becomes available and facts are clarified e.g. medical reports confirming injury.

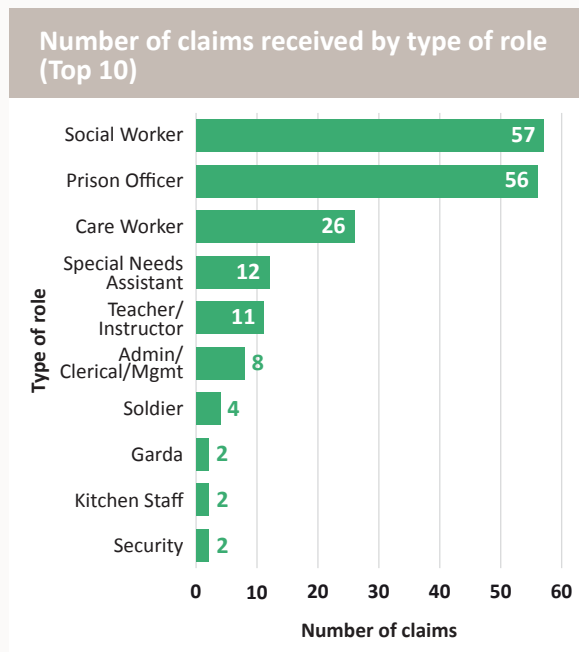
The estimated liability assigned to the **123 active** claims above (**€13.7 million**) may seem substantial when considering the total paid on the **66** finalised claims (**€1.4 million**) in that period. Of the 66 claims finalised, **18** claims resulted in compensation being agreed and **48** claims resulted in no compensation (excluding some minor costs that may have been incurred in the management of the claim). These costs are examined further later in this report.

Claims within the VHA portfolio may be complex in nature, involving a high degree of uncertainty and must be prudently considered by SCA claims managers. For instance, an employee may not return to work or could potentially suffer future psychological injuries, all of which can significantly impact the cost of the claim. An estimated liability is always considered at a point in time and may either increase or reduce in light of new information that arises.

The current total claims costs associated with work-related VHA claims is calculated by adding the estimated outstanding liability for active claims with the total paid on active and finalised claims to date. This amounts to **€15.1 million**.

21 For information on other workplace hazards (e.g. slips, trips and falls), refer to State Claims Agency (2019) Risk Research Series Report 01: Slips, Trips and Falls – A 5-year review of incidents and claims across the State sector (2014–2018). Available at: <https://stateclaims.ie/uploads/inner/Risk-Research-Report-01-Slips-Trips-and-Falls-29.11.19.pdf>

### Who is taking the claims?



VHA claims were primarily taken by social workers (30%) and prison officers (30%), followed by care workers (14%).

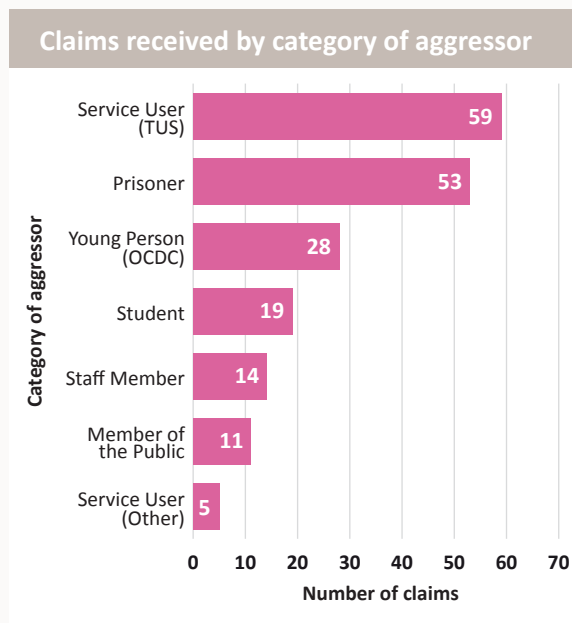
The majority of claims costs are associated with prison officers with an estimated liability of €5.7 million, followed by social workers with an estimated liability of €5.4 million.

Claims received by the SCA associated with VHA against Special Needs Assistants primarily arose in special education services that were not within the remit of the SCA.<sup>22</sup> In these cases the SCA sought an indemnity, where appropriate.

The low number of claims from members of An Garda Síochána can be attributed to the fact that such claims are typically made under the Garda Compensation Scheme, which is currently outside the SCA’s remit. While the Criminal Injuries Compensation Scheme provides prison officers with an option for compensation, this scheme does not cover legal costs associated with the making of a claim and this means that civil claims for personal injury, under the SCA’s remit, still arise.

22 The SCA was incorrectly notified as a respondent for claims associated with Special Schools. The SCA’s remit only extends to cover Community, Comprehensive and Model Schools.

### Who is the aggressor?



The VHA claims data has shown that the top three aggressors are TUS service users (31%), prisoners (28%) and young persons at OCDC (15%).

**Service User (Other)** relates to claims arising in the special education sector.<sup>23</sup>

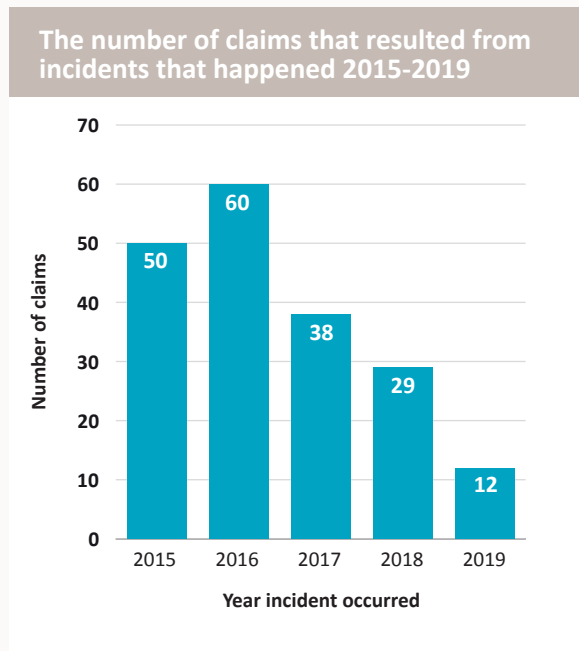
Studies have found that children who have experienced traumatic events (e.g. violence, physical abuse, neglect, and traumatic loss) are at increased risk of aggressive behaviour.<sup>24</sup> Similarly, violence can be a pervasive feature of prison settings.<sup>25</sup> This is notable when considering incident and claims activity in DSAs such as TUS, OCDC and IPS.

23 The SCA was incorrectly notified as a respondent for claims associated with Special Schools. The SCA’s remit only extends to cover Community, Comprehensive and Model Schools.

24 Baetz, et al. (2021) Impact of a trauma-informed intervention for youth and staff on rates of violence in juvenile detention settings. *Journal of Interpersonal Violence*, 36(17–18): NP9463–NP9482.

25 Auty, et al. (2017). Psychoeducational programs for reducing prison violence: A systematic review. *Aggression and Violent Behaviour*, 33, 126–143.

### How many incidents that happened between 2015 and 2019 resulted in claims?

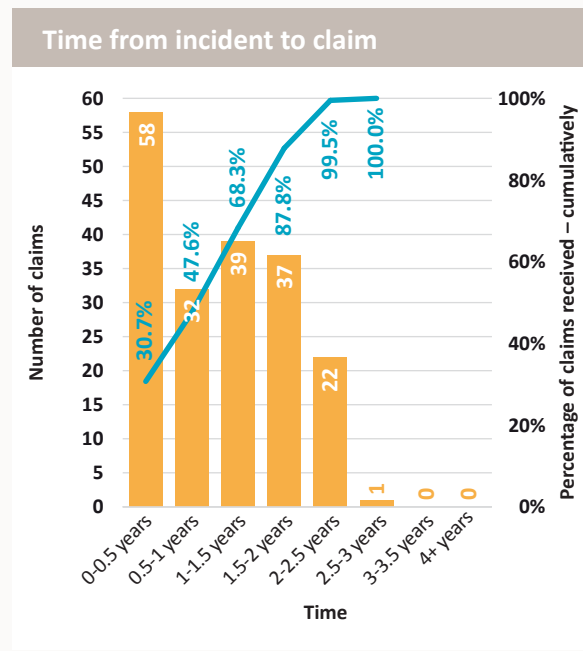


The Statute of Limitations for personal injury claims in Ireland is the time limit within which an injured party must issue proceedings in order to litigate a claim.

The Courts and Civil Liability Act<sup>26</sup> amends the Statute of Limitations (Amendment) Act and lays out the statutory periods within which a claim can be litigated. In the majority of circumstances, a potential claimant has two years from the date on which his/her cause of action accrued or the date of knowledge (if later) to initiate proceedings. However, there are exceptions to this.

Given this two-year period to initiate proceedings, the date at which data was analysed for the purposes of this report (30 April 2020) is a factor in the lower number of claims in 2018 and 2019 compared with previous years.

### How long is the lag period between an incident occurring and receiving a claim?



Compared to other types of claims (e.g. slips, trips and falls claims) received by the SCA under the GIS<sup>27</sup>, work-related VHA claims typically have a longer lag period between incident occurrence and the receipt of a subsequent claim.

**31%** of VHA claims are received within six months, **48%** within one year and **88%** within two years of the incident occurring.

The median<sup>28</sup> days to report work-related VHA incidents from its date of occurrence is **31** days.

Previous analysis by the SCA demonstrated that the average cost of managing a claim increases when incident reporting is delayed.

26 Section 7, Civil Liability and Courts Act 2004.

27 For slips, trips and falls claims, 52% are received within 6 months, and 74% within 1 year – State Claims Agency (2019) Risk Research Series Report 01: Slips, Trips and Falls – A 5-year review of incidents and claims across the State sector (2014–2018).

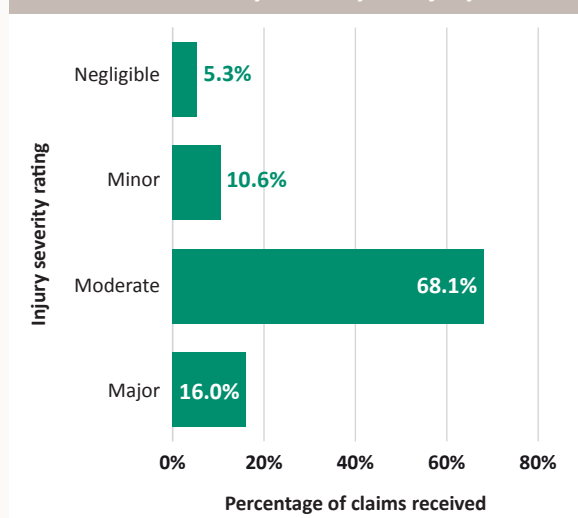
28 Note – definitions available at the end of the report.

### What was the severity of the injury being claimed for?

NIMS applies a severity rating to all incidents and claims using an algorithm which is based on the details of the incident. These incident severity ratings are as follows:

- ▶ **Negligible:** Near miss/no injury/injury not requiring first aid.
- ▶ **Minor:** Injury or illness requiring first aid.
- ▶ **Moderate:** Injury requiring medical treatment.
- ▶ **Major:** Long-term disability/incapacity (including psychosocial).
- ▶ **Extreme:** Permanent/incapacity (including psychosocial)/death.

Claims received by severity of injury



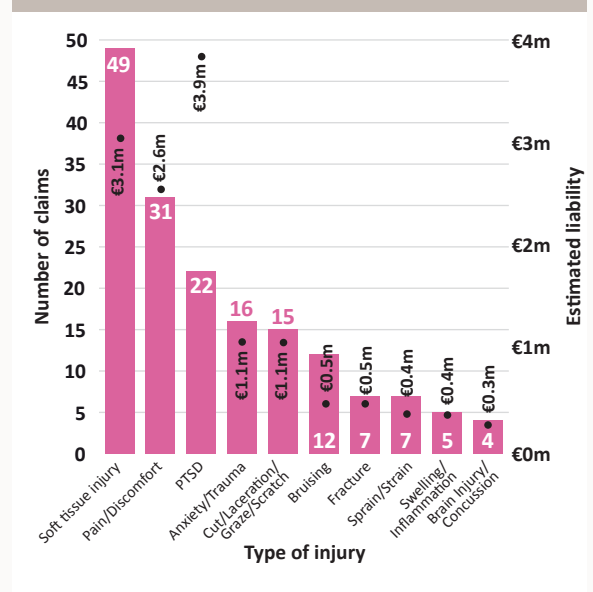
The graph above reflects the severity breakdown of the incidents that resulted in the claims received. A large proportion (68%) of incidents that resulted in the claims were rated as ‘moderate’. Interestingly, none of the incidents were rated as ‘extreme’.

In some cases, the severity rating may change at a later date due to an update to the outcome of the incident. For instance, some work-related VHA incidents, firstly rated as minor physical injuries (e.g. a bruising from a physical altercation), may gradually lead to a more severe psychological injury such as anxiety, stress or post-traumatic stress disorders (PTSD)<sup>29</sup>. NIMS can capture changes in the severity rating of an incident over time.

29 According to the European Medicines Agency, PTSD is a severe and disabling disorder. An essential feature of PTSD is the inclusion of a traumatic event as a precipitating factor of this disorder. The traumatic event can include direct injury, witnessed events or events experienced by others that are learned about. Symptoms of PTSD are grouped into three clusters: re-experiencing/intrusion; avoidance/numbing; and hyper arousal. Information source: [https://www.ema.europa.eu/en/documents/scientific-guideline/guideline-development-medicinal-products-treatment-post-traumatic-stress-disorder-ptsd\\_en.pdf](https://www.ema.europa.eu/en/documents/scientific-guideline/guideline-development-medicinal-products-treatment-post-traumatic-stress-disorder-ptsd_en.pdf)

### What was the type of the injury being claimed for?

Claims received by type of injury (Top 10)



The above graph illustrates that 26% of all work-related VHA claims involve soft tissue injuries, with a total estimated liability of €3.1 million. 16% involve pain/discomfort with a total estimated liability of €2.6 million. 12% of claims involve PTSD with an estimated liability of €3.9 million. The cost of claims involving PTSD tends to be higher, mainly due to the longer-term impact of the injury.

International studies<sup>30,31,32</sup> have shown that the consequences of work-related VHA are both physical and psychological. Physically, the head, back and arm are the three main body parts of most frequent injury. The psychological effects of being subjected to VHA can include cognitive problems, anger, fear, guilt, self-blame, shame and PTSD symptoms.

Overall, work-related VHA consequences can vary from minor stress reactions to long-term sick leave and displacement from working life. Economic losses due to work-related VHA have varying consequences such as lower job satisfaction and productivity, increased sickness absence and higher turnover, all of which can increase costs.

30 European Agency for Safety and Health at work (2009) *Workplace Violence and Harassment: a European Picture* Luxembourg: Publications Office of the European Union, 2010.

31 Lanctot, N. & Guay, S (2014) The aftermath of workplace violence among healthcare workers: a systematic literature review of the consequences. *Aggression and Violent Behavior*, 19(5): 492-501.

32 Hogh, A. & Viitasara, E. (2005) A systematic review of longitudinal studies of nonfatal workplace violence. *European Journal of Work and Organizational Psychology*, 14(1): 291-313.

Employees exposed to work-related VHA incidents should be provided with appropriate support through a structured Critical Incident Stress Management (CISM) programme. Research has shown that CISM approaches are effective in reducing the negative psychological aftermath of a wide variety of critical incidents<sup>33</sup>.

In Ireland, [Work Positive<sup>CI</sup>](#) (WPCI)<sup>34</sup> is available to organisations to assist in conducting a psychological risk assessment to help identify measures for managing stress and critical incident stress in the workplace. WPCI was developed by the SCA, HSA and CISM Network Ireland.

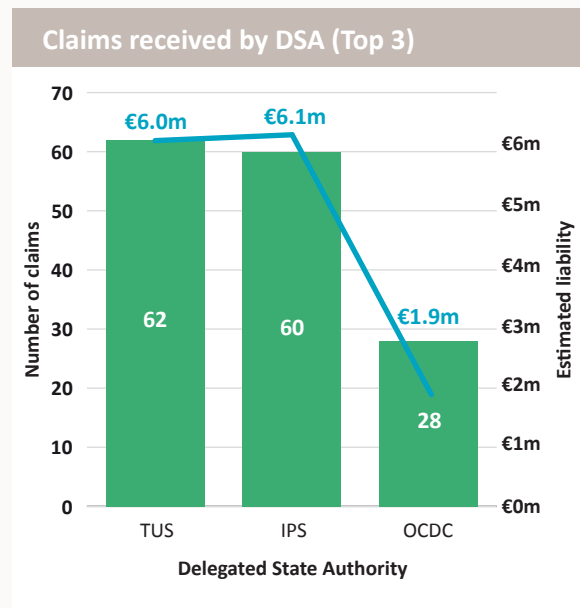
### How many incidents which became claims have been investigated by DSAs?

NIMS enables DSAs to capture incidents and also supports the management of investigations and recommendations.

Using the incident severity rating applied by NIMS, the SCA reviews all new claims received as part of the SCA’s risk management mandate. The SCA’s claim Risk Review Process has encouraged DSAs to invest more effort on incident investigation. As part of the review process, the SCA also reviews extreme and major rated incidents and this is addressed in [Section 2: Incident Analysis](#).

Of the work-related VHA claims analysed, **83%** of moderate rated claims were recorded as having been investigated on NIMS by the relevant DSA. However, none of those claims rated as major were recorded as having been investigated on NIMS by the relevant DSA.

### Where are the incidents occurring that result in a claim?

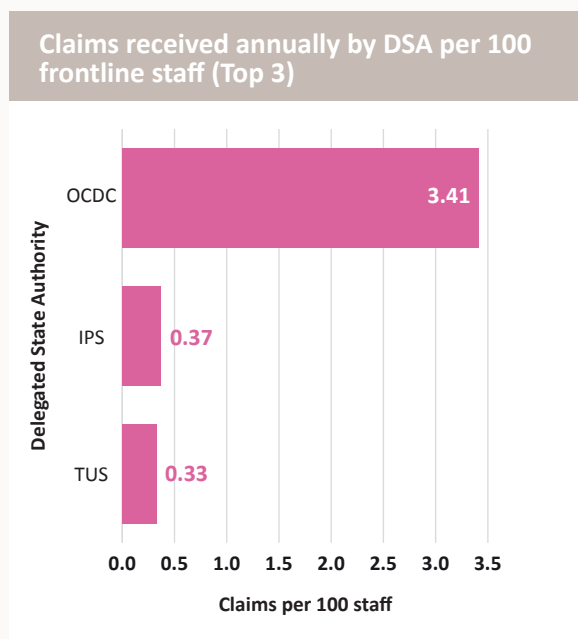


TUS and IPS account for **65%** of all VHA claims by number received, with a combined estimated liability of over **€12.1 million**. OCDC accounts for **15%** of claims by number received with an estimated liability of **€1.9 million**.

33 Harrison R, Albert Wu. Critical Incident Stress Debriefing After Adverse Patient Safety Events 2017.

34 Further information on WPCI is available at [www.workpositive.ie](http://www.workpositive.ie)

### Claims received by location – using staff numbers as a comparative illustrator



Having normalised<sup>35</sup> the data by reference to frontline staff numbers, OCDC has received a higher number of claims per 100 frontline staff than other locations. However, this must be contextualised.

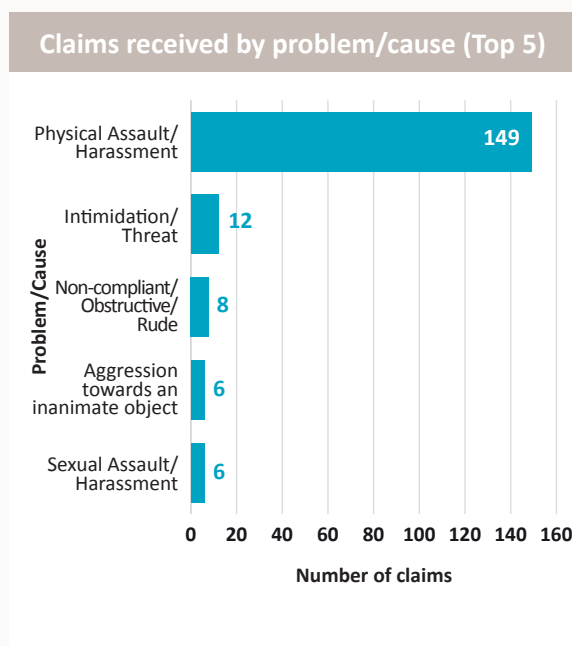
Employees at OCDC are dealing with young persons in custody or sentenced by courts for a period of detention. A literature review study<sup>36</sup> has shown that younger people (under 21 years) typically perpetrate more misconduct than the older age groups in prisons or detention institutions.

Arising from the high number of claims received at OCDC, the SCA has worked closely to assist and advise OCDC on matters relating to risk management. There have been a number of notable risk management improvements at OCDC in recent years (2017–2019), including an increased focus on incident reporting and investigation. In this regard, OCDC was recognised as an award winner for improvements in their incident reporting and investigation processes at the [2018 Enterprise Risk Network Recognition Awards](#)<sup>37</sup>.

In addition, OCDC, as part of its response to issues involving VHA, carried out a Behaviour Management Review<sup>38</sup> in 2017. Arising from this review an updated training programme on the Management of Actual or Potential Aggression (MAPA) programme was rolled out across the campus.

At TUS, a Working Group has been established and tasked with developing strategic proposals for the management of VHA, including the development of related policies, procedures, and training interventions.

### What was the cause of the claims received?



Across all DSAs, **79%** of all claims received were as a result of physical assault/harassment. It should be noted that ‘assault’ refers to a single event, while the term ‘harassment’ denotes repeated actions over a period of time.<sup>39</sup>

35 Calculation – (Total number of claims for location/Total frontline number for location)/100/5).

36 Steiner, B., et al (2014) Causes and correlates of prison inmate misconduct: a systematic review of the evidence. 42(6): 462–470. Available at: <https://www.sciencedirect.com/science/article/pii/S0047235214000749>

37 The ERN Recognition Awards acknowledge and reward the leaders in enterprise risk management in the State sector and commend the ongoing process of continuous improvement and progress in the management of risk within DSAs. 2018 Award winner in the category of NIMS Incident Investigation: **Oberstown Children Detention Campus – NIMS Incident Reporting and Investigating.**

38 Oberstown (2018) Progress report on the implementation of the Behaviour Management review, October 2018.

39 In the Non-fatal Offences Against the Person Act, 1997, an ‘assault’ is defined as *an act which causes another person to apprehend the infliction of immediate unlawful force on their Person*. According to EU OSHA, ‘harassment’ refers to *repeated, unreasonable behaviour directed towards an employee, or group of employees by a colleague, supervisor or subordinate, aimed at victimising, humiliating, undermining or threatening them*. Harassment normally involves repeated negative, aggressive or hostile acts, and the victims having difficulty in defending him/herself. Reference: EU OSHA (2010) Workplace violence and harassment: a European picture.



### Claims previously reported as incidents (CPRI)

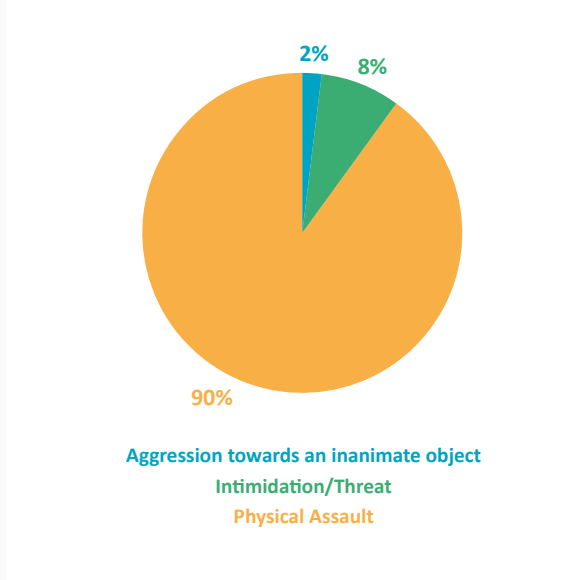
Under the National Treasury Management Agency (Amendment) Act, 2000, DSAs are statutorily obliged to report all incidents to the SCA. Incident reporting enables the SCA to manage claims on behalf of the DSA in a timely manner and to deliver its mandated risk management function to help mitigate future claims arising.

The SCA measures incident reporting performance by reviewing claims and determining those which should have been previously reported as an incident. However, it is acknowledged that it is unreasonable to expect that all claims could previously have been reported as incidents.

Of the **189** claims received and analysed, **137** claims were deemed reasonable to have been previously reported by DSAs. Among these **137 claims**, over half (**75** claims, **55%**) were previously reported.

Early reporting of incidents will increase the chance of a positive claim resolution. There is evidence that high levels of incident reporting and a culture of learning, as demonstrated by reviews/ investigations of incidents, is associated with lower levels of litigation. To promote and encourage the levels of incident reporting among DSAs, the SCA developed ΔCPRI (delta Claims Previously Reported as Incidents), a reasonable indicator of how well a DSA is reporting incidents, particularly those that are likely to result in claims.

Categories of claims not previously reported as incidents



The above chart illustrates claims that were reasonable to be previously reported as incidents but were not.

- ▶ **90%** of claims not previously reported as incidents relate to physical assaults. The total estimated liability associated with these claims is **€3.8 million**.
- ▶ Other types of claims not previously reported as incidents include claims associated with aggression towards an inanimate object and intimidation/threat.
- ▶ **61%** of claims (with an associated total estimated liability of **€2.9 million**) that were not previously reported as incidents arose in TUS. This is partly due to legacy issues arising from TUS being established as a standalone entity (2014), having previously been part of the HSE governance structures. Arising from this restructuring, new governance structures were established including incident reporting arrangements; however, these processes took time to fully embed across TUS. Positively, there has been a significant increase in incidents reported in TUS in recent years. This improvement is expected to reduce the number of claims not previously reported as incidents in forthcoming years.

## How much do work-related VHA claims cost?



The total cost associated with a claim can vary significantly and is dependent on a number of factors. For example, physical assault/harassment could result in a life-changing injury with the employee being unable to return to their previous work duties. That, plus the employee developing psychological injuries such as PTSD because of their experience, can significantly increase the level of compensation awarded and the associated legal costs of managing the claim, amongst other factors.

As noted earlier in the report, of the claims analysed 66 were finalised. Of those, **18** claims resulted in compensation being agreed and **48** claims resulted in no compensation (excluding some minor costs that may have been incurred in the management of the claim). Claims that resulted in no compensation included claims that were successfully defended by the SCA either based on the facts of the claims, or on the basis that they were statute barred; claims where an indemnity was received from another party, or other categories of claim resolution.

Receiving an indemnity is a strong indicator of good risk management and governance. Good indemnity and insurance arrangements are typically formalised in written agreements (e.g. via a contract or agreement) between the DSA and the third party and are then called upon by the SCA when claims that involve third parties arise.

All personal injury claims differ based on the facts of the claim and their injury profile. Thus, there can be disparity in the costs associated with claims including those relating to VHA. Of the **18** claims finalised in the period 2015–2019 that resulted in compensation, the following should be noted:

- ▶ The median cost of a claim is **€44,204**. This includes the legal costs, expert costs and awarded damages.
- ▶ The median awarded damages for a claim is **€36,662**.
- ▶ The median legal costs for claims finalised is **€11,788**. This includes plaintiff legal costs and defendant (i.e. SCA) legal costs.
- ▶ The **range** of the cost of all claims received in this period is between **€7,000** and **€891,588**.
- ▶ The average duration of a claim is **1.6** years. This is calculated from the date the claim was created up to the date the claim is finalised i.e. resolved with no payments outstanding.

Of the **18** claims which were finalised and resulted in compensation, **13** cases were settled, **4** Injuries Board assessments were accepted and **1** lodgement/tender was accepted<sup>40</sup>. Closed claims case studies are set out in [Section 4: Case Studies](#).

40 Definitions of claims outcomes:

**Case settled:** Negotiations took place/offer of settlement made and matters resolved.

**Injuries Board assessments accepted:** Injuries Board made a formal award which was accepted by both the SCA and the claimant.

**Lodgement/tender accepted:** Formal legal offer was made via pleadings by defence solicitor to plaintiff solicitor and this offer was accepted by the plaintiff.



## Section 2: Incident Analysis

### What is the risk profile of work-related VHA incidents in the State sector?

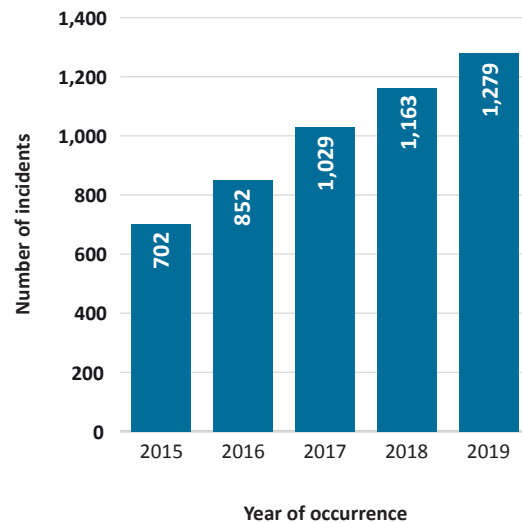
**5,025** work-related VHA incidents occurred and were reported on NIMS across the State sector between 2015 and 2019. The number of incidents reported should not be considered as indicative of a level of harm as higher levels of incident reporting are acknowledged nationally and internationally as indicators of a stronger safety culture<sup>41,42</sup>. Safety culture encapsulates a set of constructs including incident reporting practice, which is essential for identifying system weakness and opportunities for learning and improvement.<sup>43,44</sup>

There has been a very significant increase in the number of incidents reported over the period 2015–2019. This increase is mainly reflective of the roll-out of NIMS in this period which was a key initiative by the SCA, in conjunction with its DSAs, to improve incident reporting and management.

This increase is also reflective of the improving culture of incident reporting due to other risk management initiatives by DSAs and the SCA. For instance, the SCA has positively engaged with many DSAs, such as TUS, IPS and OCDC, and these DSAs have had a significant improvement in incident reporting within their respective organisations in this period.

**Note** – all Section 2 charts contain ‘occurrence’ related data illustrating incidents which occurred and were subsequently reported on NIMS.

Work-related VHA incidents by year of occurrence



Over the five-year period, an average of **1,005** work-related VHA incidents were reported on NIMS. The SCA expects the number of incidents reported to continue to rise in the future, as NIMS reporting culture continues to improve in DSAs.

### What was the severity of the injury resulting from the reported incident?

NIMS applies a severity rating to all incidents using an algorithm which is based on the details of the incident. These incident severity ratings are as follows:

- ▶ **Negligible:** Near miss/no injury/injury not requiring first aid.
- ▶ **Minor:** Injury or illness, requiring first aid.
- ▶ **Moderate:** Injury requiring medical treatment.
- ▶ **Major:** Long-term disability/incapacity (including psychosocial).
- ▶ **Extreme:** Permanent/incapacity (including psychosocial)/death.

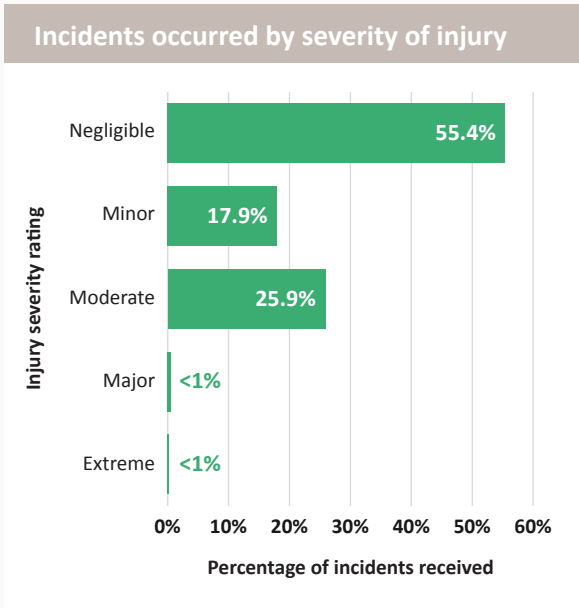
The severity rating is intended to highlight those incidents that have caused the most serious injury and may need to be prioritised for response e.g. detailed investigation. It can also be used in the aggregate as an indicator of the seriousness of the type of incidents occurring in a location, organisation or nationally.

41 Patients safety incident reporting: the who, what, where, when and why available at: <http://imj.ie/patients-safety-incident-reporting-the-who-what-where-when-and-why/>

42 Flott, K., et al (2018) Enhancing safety culture through improved incident reporting: a case study in translational research. *Health Affairs*, 37(11): 1794–1804.

43 Noort, M. C., et al (2016) The relationship between national culture and safety culture: implications for international safety culture assessments. *Journal of Occupational and Organizational Psychology*, 89: 515–538.

44 Vecchio-Sadus, A. M (2007) Enhancing safety culture through effective communication. *Safety Science Monitor*, 11(3), Article 2.



Slightly over half of the reported incidents were negligible injuries, followed by **26%** rated as moderate injuries and **18%** rated as minor injuries. Major and extreme injuries were uncommon, accounting for less than **1%**.

Severity rating is captured at a point in time, immediately after the incident occurs. It is possible that the injured party’s circumstances (physical and/or psychological) may further deteriorate sometime after the incident occurred. While NIMS can capture any additional outcome arising following an incident, it appears that this detail is not being recorded on NIMS. Thus, the severity categorisation may underestimate the severity of the eventual outcomes in some cases but is a good indicator of the distribution of outcomes.

#### What incidents were investigated by DSAs?

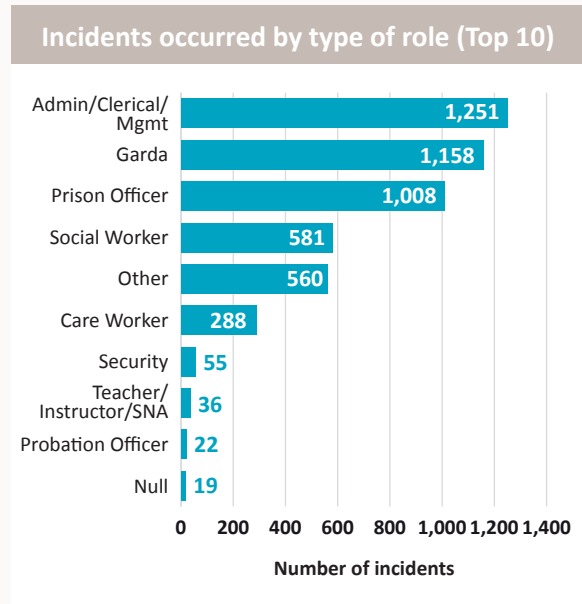
As previously set out in [Section 1: Claims Analysis](#), NIMS enables DSAs to capture incidents and supports the management of investigations and recommendations.

Using the severity rating applied by NIMS, and as part of the SCA’s risk management mandate, the ERMU reviews all extreme and major severity-rated incidents using NIMS.

Of the work-related VHA incidents analysed, **28%** of moderate, **33%** of minor and **21%** of negligible incidents were recorded as investigated on NIMS. None of the extreme or major incidents were recorded on NIMS as investigated by the relevant DSAs.

SCA risk management audits have identified that VHA incidents are investigated in certain circumstances, however, they are not always carried out for all incident severity types. In some instances, it is possible that investigations were carried out but the investigation, outcomes and findings were not recorded on NIMS.

#### Who is the injured party in the incident?

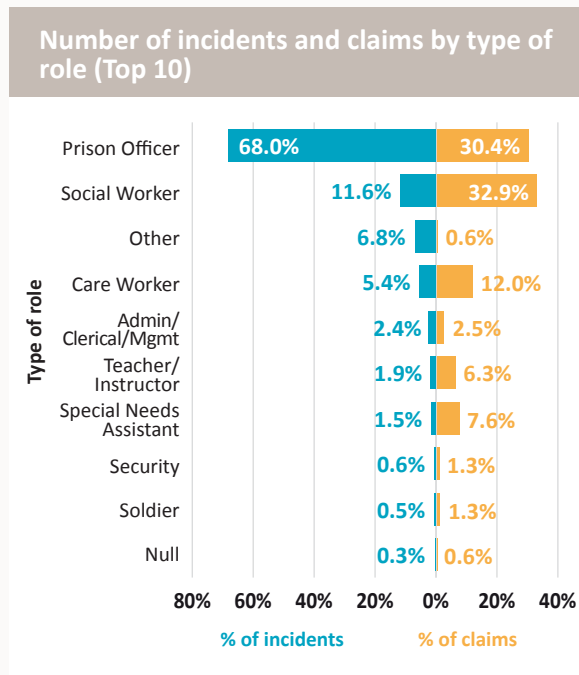


Administrative/clerical/management staff, Gardaí and prison officers were involved in **68%** of all incidents reported on NIMS.

Social workers, care workers and other types of workers were involved in **32%** of incidents (approximately representing **10–12%** for each of these injured party categories).

Gardaí were involved in a high number of incidents, however, claims did not subsequently materialise. The incident outcome and severity for these incidents (primarily negligible and minor) is a contributing factor to the low level of litigation in addition to the availability of the Garda Compensation Scheme as discussed in [Section 1: Claims Analysis](#).

### Comparing the number of claims with incidents by type of role

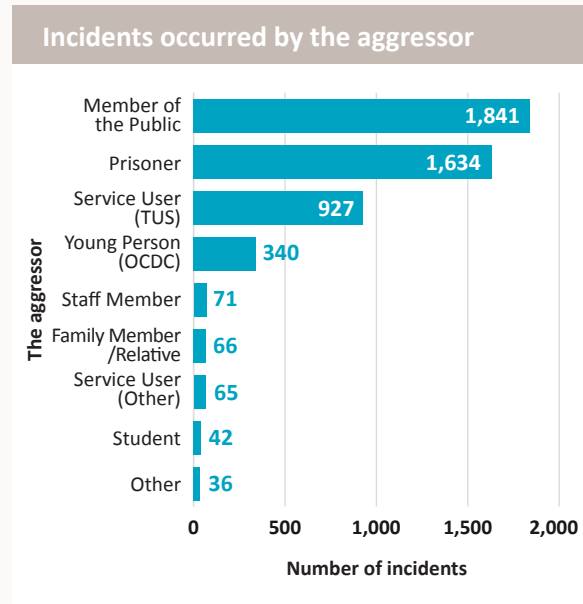


**Note:** Negligible and minor incidents are excluded from the above data.

The above chart illustrates the top 10 role types involved in moderate, major and extreme incidents in comparison to claims. When comparing claims data to that of the incident data:

- ▶ **Prison officers** are involved in **68%** of incidents reported in comparison to **30%** of claims. The Criminal Injuries Compensation Scheme is available to prison officers who suffer a personal injury or death as a result of a crime of violence. This scheme does not cover legal costs associated with the making of a claim, hence many civil claims, which come under the SCA remit to manage, still arise. While this has an impact on the number of claims and incidents reported to the SCA, the SCA does not have sufficient data to quantify this impact.
- ▶ **TUS social workers** are involved in **11.6%** of incidents reported. **33%** of claims are associated with this same cohort of staff.
- ▶ **Care workers** are involved in **5%** of incidents reported. **12%** of claims are associated with this same cohort of staff.
- ▶ **Administrative/clerical/management** staff were involved in a high number of incidents, with very few claims subsequently arising. These incidents primarily related to verbal assaults which tend not to lead to personal injury claims.

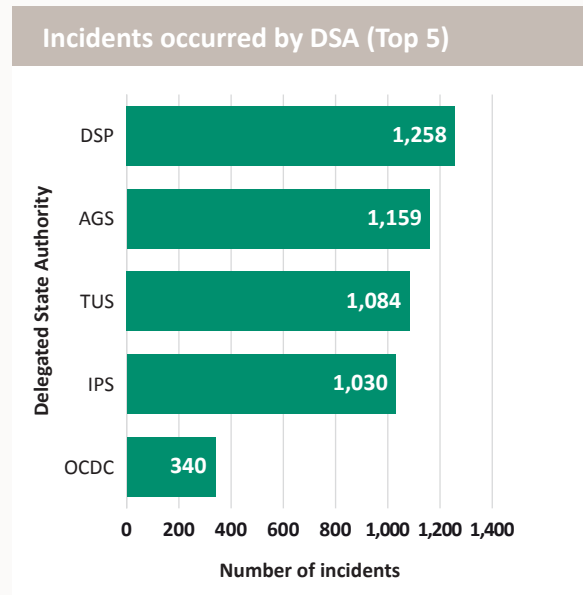
### Who is the aggressor?



The incident data illustrates that VHA behaviour arose across three categories of persons: member of the public (**37%**), prisoners (**33%**) and TUS service users (**20%**).

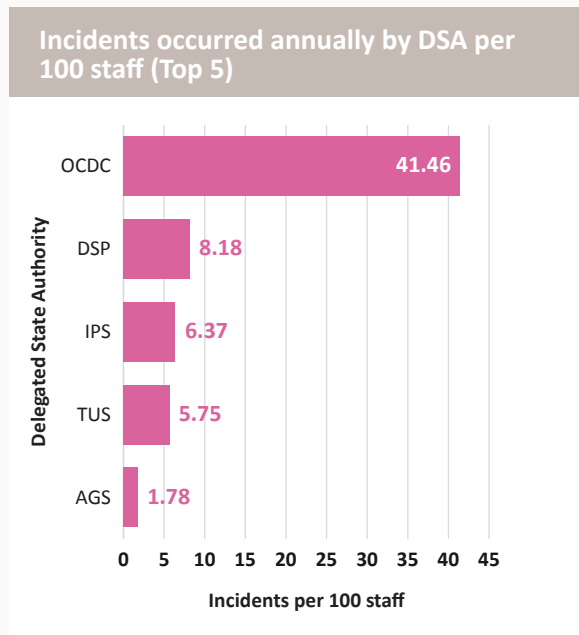
**Service User (Other)** relates to incidents arising across a number of DSAs, specifically AGS, Department of Education (DoE), Department of Social Protection (DSP), Office of Public Works (OPW) and the Probation Service (PS).

### Where are the incidents occurring?



Of the **1,258** DSP work-related VHA incidents that occurred, **51%** were due to verbal assault and harassment, **29%** due to intimidation/threat and **8%** were non-compliant/obstructive/rude.

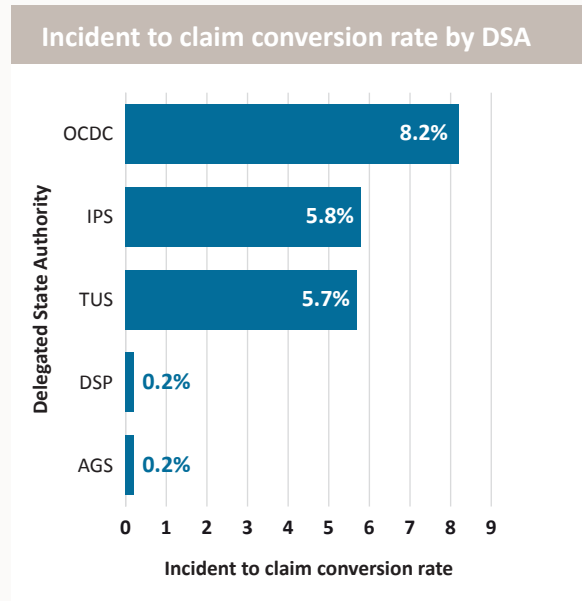
**Incidents occurred by DSA – Using staff numbers as a comparative illustrator**



Having normalised<sup>45</sup> the data by frontline staff numbers, the above chart illustrates incidents which occurred in the period 2015–2019 across DSAs, per 100 frontline staff. OCDC has a significantly higher number of incidents reported in comparison to other DSAs. High incident reporting can be an indicator of a positive safety culture.

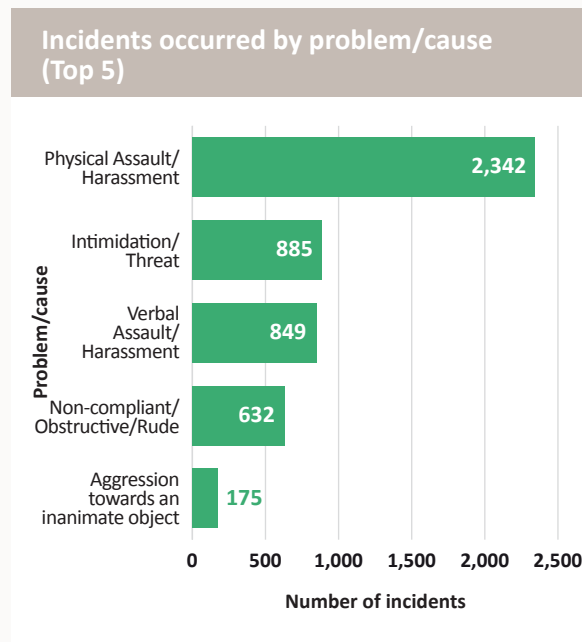
To assist with monitoring incident activity, TUS has developed an information dashboard of reported incidents of VHA directed at employees. The dashboard provides key indicators<sup>46</sup> and trend data relating to incident severity, frequency, and location.

**Percentage of incidents which became claims**



Approximately **8%** of VHA incidents which occurred in OCDC resulted in claims. In the IPS and TUS, approximately **6%** of incidents resulted in claims.

**What are the causes of incidents?**



The above data reflects the primary cause as selected by the DSA when reporting the incident on NIMS. Most incidents will have a primary cause and also other contributory factors.

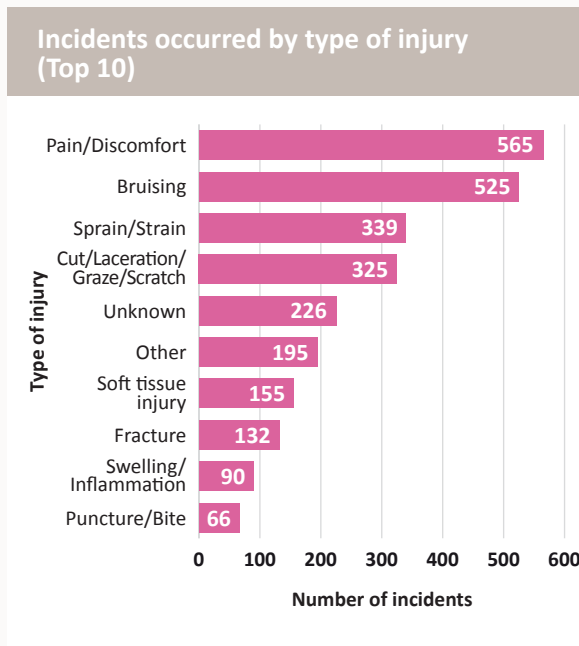
Across all DSAs, physical assault and harassment accounted for **47%** of the primary causes of the incidents reported.

45 Calculation – (Total number of incidents for location/ Total frontline number for location)/100)/5).

46 This metric was developed by Tusla’s Health and Safety team and approved by the National Data and Information Oversight Committee in March 2021.

The primary problem/cause categories above correlate with claims-related data, as illustrated in [Section 1: Claims Analysis](#). Only a small percentage of incidents reported result in personal injury claims. For example, of the **2,342** reported ‘Physical Assault/Harassment’ incidents only **149** (approximately **6%**) resulted in claims. Of the **885** incidents reported for ‘Intimidation/Threat’ only **12** (approximately **1%**) resulted in claims.

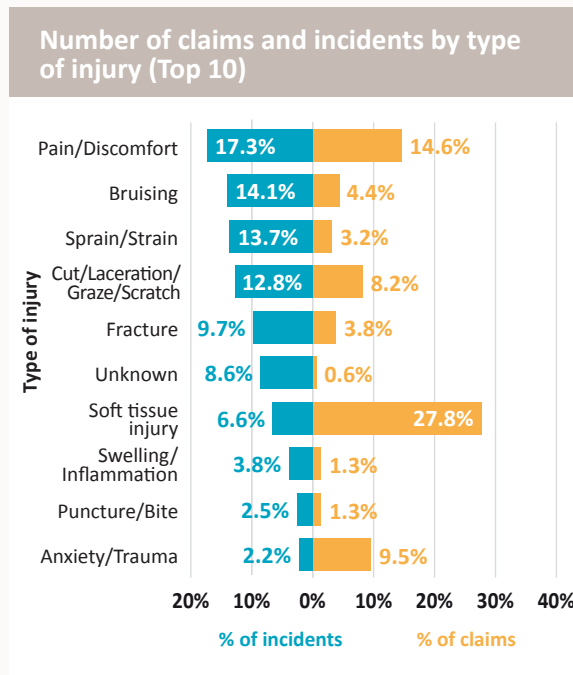
**What is the type of injury?**



**Note:** the above chart excludes incidents where no injury occurred.

The above graph illustrates that, where an injury arises, **20%** of all work-related VHA incidents typically cause pain/discomfort, **18%** bruising and **12%** sprain/strain type injuries.

**Comparing the number of claims with incidents by type of injury**



**Note:** Negligible and minor incidents are excluded from the above data.

The above chart illustrates the top 10 types of injuries for moderate, major and extreme incidents in comparison to claims. The incident data has revealed a different pattern of injury types in comparison to claims data as set out in [Section 1: Claims Analysis](#).

The most reported injuries were pain/discomfort (**17%**), bruising (**14%**), sprain/strain (**14%**), and cut/laceration/graze/scratch (**13%**). However, these incident types had a low conversion rate from incident to claim.

Less reported injuries, such as soft-tissue injury and anxiety/trauma, were more likely to result in claims.

PTSD was seldom reported as an incident, however, it was the third mostly frequently claimed injury, contributing an estimated liability of **€3.9 million**.

## Section 3: Lessons Learned From Closed Claim Analysis

Lessons learned from claims can assist DSAs with the implementation of risk management controls to help minimise the incidence and costs of claims arising. As part of this review, the SCA analysed the **66 finalised claims**, relating to work-related VHA, arising within the scope of this report.

The below summarises the key findings of this analysis.

### Failure to communicate policies and procedures

While DSAs had developed local policies and procedures for dealing with VHA, these were not always communicated to employees. Claims arose as a result of employees not being aware of the appropriate protocols.

### Deficiencies with risk assessments

Risk assessments did not always consider all potential hazards arising from VHA. For example, in some claims, control measures failed to consider the work environment, physical barriers, staffing and the ratio of employees to service users.

### Incomplete service users care plans

Service user care plans, which considered the potential for violent or aggressive behaviour, were not always followed by employees. In some instances these care plans were only partially complete and not communicated to all required employees.

### Poor management of training

Many DSAs had implemented processes for the provision of VHA training to employees, when deemed necessary. However, in some cases, when training was provided, record keeping was poorly managed or did not take place and records of the training could not be provided in defence of the claim.

### Failure to investigate and learn from incidents

When incidents did arise, investigations were not always carried out to help identify lessons learned and prevent future incidents arising. In some instances, investigations were carried out but the findings were not recorded on NIMS.

## Section 4: Closed Claims Case Studies

### Case study 1

Conor, an employee of a DSA, was assaulted by a resident and suffered soft tissue injuries to his left shoulder and back. He also suffered psychological injuries and was absent from work for a period of time following the incident.

On investigation of the incident, it was found that Conor had received training in the management of violence, harassment and aggression. However, the DSA did not have the required number of trained staff on duty at the time of the incident.

The case was settled and the total paid on the claim was in the region of **€70k–€80k**.

### Case study 2

James, a clerical worker at a DSA reception desk, was verbally threatened by a member of the public. The member of the public became irate and threw a chair in the direction of James. He was extremely shaken by the incident and remained off work for a number of days.

On investigation, deficiencies were identified in the local risk assessment including a failure to implement appropriate control measures for managing incidents of violence and aggression. These included a failure to ensure safe segregation of members of the public from employees and deficiencies in local training.

The total paid on the claim was in the region of **€25k–€35k**.

## Case study 3

Clare, an employee of a DSA, was responding to an incident involving a number of clients who had locked themselves in a room. One of the clients kicked the door of the room, which opened forcibly, lacerating the bridge of Clare's nose and forehead.

On investigation it was found that the unit was short-staffed and was unable to deal with the incident.

The total paid on the claim was in the region of **€50k-€60k**.

## Case study 4

Denis, a teacher, was physically assaulted by a student. Denis suffered multiple physical injuries and did not return to work.

On investigation it was found that the school had no risk assessment in place for potential aggressive behaviour/intimidation and there was a failure to implement appropriate control measures to help mitigate the risks associated with VHA in the school.

The total paid on the claim was in the region of **€15k-€25k**.



## What can you do to manage the risk?

Under common law and by reference to statutory requirements, employers, and those who control workplaces to any extent, must identify hazards in the workplaces under their control and assess the risk presented by any hazards. This applies to hazards which present as a work-related VHA risk in the work environment. It is therefore expected that DSAs would have the minimum required risk management arrangements in place to manage work-related VHA risks in the workplace.

Based on the relevant literature, there has been broad agreement that a diversity of integrated strategies is required, including environmental strategies (e.g. 'CPTET – Crime Prevention through Environmental Design', 'SCP – Situational Crime Prevention SCP approach'), organisational policy and commitment, workplace auditing, incident reporting and analysis, and aggression minimisation education and training etc. The management of VHA can be approached at a number of levels, with sufficient emphasis on risk assessment, learning from incidents and reviewing the effectiveness of control measures.

In Ireland, a recent study<sup>47</sup> of social care workers highlighted that they felt workplace violence was underreported, due to fear of their capability to perform the job (professional capacity) as well as fear of criticism from colleagues and a time-consuming reporting procedure. In addition, **70%** felt their organisations were not addressing the VHA issue.

Aside from the general advices in relation to risk management that apply to hazard identification and risk assessment, the guidance in [Section 5: Key Findings](#), sets out information for DSAs on how to manage work-related VHA within their organisation. This guidance is based on the findings of this report, information from NIMS, and the ERMU incident and claim risk review process, in addition to the ERMU's own high-level observations from carrying out on-site risk management system audits.

**The management of VHA can be approached at a number of levels, with sufficient emphasis on risk assessment, learning from incidents and reviewing the effectiveness of control measures.**

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47 Mech-Butler, A. and Swift, R. (2019) An exploratory study on workplace violence and its effect on residential disability social care workers in Ireland: a mixed method approach. Cork: Community-Academic Research Links, University College Cork. Available at: <https://cora.ucc.ie/handle/10468/9380>

## Section 5: Key Findings

Following analysis of claims and incident data, a number of key findings have arisen.

Finding	Recommendation
<p><b>Some DSAs have a high VHA risk profile</b></p> <p>The analysis illustrates that some DSAs, in particular OCDC, IPS and TUS, have a significantly higher VHA risk profile in comparison with other DSAs across the State sector.</p> <p>While the data may reflect a higher level of risk, and the number of incidents arising within OCDC, IPS and TUS may not be surprising given that these DSAs are dealing with persons who present with challenging behaviour and unintentional aggressive behaviour, every effort should be made to reduce such incidents.</p> <p>OCDC, IPS and TUS have, and continue to, invest heavily in an effort to mitigate the risk to an acceptable level. Special consideration has been given to areas such as recruitment, education and training, incident reporting, incident investigation and their response has been recognised at the SCA's Enterprise Risk Network Recognition Awards in 2016, 2018 and 2020.</p>	<p>VHA is an ever-changing risk with external and internal factors continually arising that can influence the impact and frequency of the risk in the workplace. DSAs should continue to monitor the risks associated with VHA and implement appropriate control measures to help mitigate the risk to an acceptable level.</p>
<p><b>High frequency of physical assaults across the State sector</b></p> <p>There is a high frequency of physical assaults incidents occurring across the State sector and reported on NIMS.</p> <p>These incidents can convert to claims and when claims do arise, they can be costly and may lead to long-term absence from work and psychological injuries.</p>	<p>Incidents and claims relating to physical assaults can have a significant impact on DSAs. Risk management programmes should be implemented to help mitigate the risk associated with physical assaults to an appropriate level. This should include hazard identification, risk assessment and the implementation of control measures. Risk management controls may include education and training, client/service user care plans and increased incident reporting to identify corrective actions to help prevent reoccurrence.</p> <p>The SCA recommends consultation with other DSAs that have implemented successful risk management programmes for dealing with physical assaults. This will help promote shared learning and standardisation of practices across the State sector.</p>
<p><b>Certain categories of employees are more at risk to VHA</b></p> <p>A high number of incidents and claims relate to social workers, prison officers and care workers providing care to services users, prisoners and young persons. Clerical workers who must deal directly with members of the public are also frequently exposed to high levels of verbal assault.</p>	<p>When carrying out risk assessments, particular consideration should be given to roles that are most at risk to VHA in the workplace.</p> <p>Risk controls may include tailored education and training for dealing with persons with challenging behaviour and periodic reviews of the effectiveness of existing control measures.</p>

Finding	Recommendation
<p><b>Psychological injuries can be costly</b></p> <p>Employees' exposure to VHA can lead to varying consequences, ranging from short-term mild-effects, to long-term physical and psychological injuries.</p> <p>Incidents involving psychological injury can be difficult to detect and when personal injury claims arise, they can cause increased sickness absence and higher employee turnover, all of which can increase the cost of the claim.</p> <p>The analysis illustrates that <b>20%</b> of claims involve PTSD/anxiety/trauma and their cost is significant (<b>€5 million</b>).</p>	<p>Employees exposed to work-related VHA incidents should be provided with appropriate support through a structured CISM programme. CISM approaches are effective in reducing the negative psychological aftermath of a wide variety of critical incidents.</p> <p><b>Work Positive<sup>CI</sup> (WPCI)</b> is available to organisations to assist on psychological risk assessments and the identification of measures for managing stress and critical incident stress in the workplace. ODCD, TUS and IPS successfully implemented the WPCI framework within their respective organisations.</p>
<p><b>Improving incident reporting across State sector</b></p> <p>There has been a gradual increase in the number of incidents reported over the period 2015–2019, reflecting an improving culture of incident reporting across DSAs.</p> <p>There is, however, some concern when examining the high number of claims relating to physical assaults which were not previously reported as incidents.</p>	<p>Incident reporting using NIMS should continue in accordance with statutory requirements<sup>48</sup>. Early reporting of incidents will also increase the chance of a positive claim resolution. Where the outcome at the time of incident reporting has changed, DSAs should review the data on NIMS and update accordingly when further information arises.</p> <p>Incidents where no injury has arisen, such as near misses, should also be reported as they can precede events in which an injury could occur.</p>
<p><b>Incident investigations are not always carried out and findings recorded on NIMS</b></p> <p>The analysis illustrates that VHA incidents are investigated in certain circumstances, however, they are not always carried out for all incident severity types. In some instances, investigations were carried out but the findings were not recorded on NIMS.</p>	<p>Incident investigations should be carried out and recorded on NIMS to help identify key learnings from incidents and claims and to enable the introduction of risk mitigating practices to help prevent reoccurrence.</p>
<p><b>Lessons learned from claims</b></p> <p><a href="#">Section 3: Claims Analysis</a> identified a number of findings including deficiencies with risk assessments, policy communication, care plan considerations and record keeping for training.</p>	<p><b>Risk assessment:</b> DSAs should implement risk control measures that are specific and relevant in mitigating the risks of VHA and continually review and evaluate the effectiveness of measures implemented.</p> <p><b>Policies and procedures:</b> Local level implementation plans should be established to allow for appropriate integration of national policies and procedures. This may involve developing summary guides and illustrative charts/graphics such that help improve communication.</p> <p><b>Care plans:</b> The latest risk information from service user care plans should be regularly updated and communicated.</p> <p><b>Training:</b> Training records should be coordinated centrally by a designated training coordinator with training records maintained centrally.</p>

48 Section 11, NTMA (Amendment) Act 2000.

## What can be done to improve data quality?

The following data quality issues arise with work-related VHA incident related data on NIMS:

✓	Names and other personal identifiers should not be included in 'brief summary' details of incidents. There are designated fields for the capture of this data.
✓	DSAs are not capturing employee absence from work, where this arises, on NIMS. When VHA incidents result in absence from work, DSAs should ensure that this information is captured on NIMS. This can be updated on the incident investigation/review screens on NIMS.
✓	Inconsistencies arise on the incident data, for instance the 'brief summary of the incident' does not always correlate with the 'injuries sustained' or the 'outcome at time of reporting'.
✓	The outcome at the time of incident reporting may change as subsequent information arises. DSAs should review the data on NIMS in respect of incidents reported and update accordingly when further information arises.
✓	VHA incidents may result in multiple types of injuries, for example, a primary physical injury and a secondary psychological injury. Consideration should be given to allowing multiple or secondary injuries to be captured on NIMS.

# Terms and Definitions

## Active Claim

A claim is initiated when one of the following notices is received:

- ▶ A written or oral communication by or on behalf of a claimant seeking compensation or threatening action to seek compensation.
- ▶ A formal solicitor's letter indicating legal action to seek compensation on behalf of a claimant.
- ▶ The issue and or service of legal proceedings seeking compensation on behalf of a claimant.
- ▶ Personal Injuries Assessment Board (PIAB) formal notice of claim by a claimant seeking compensation.

A claim is deemed active when it is being managed by a SCA claims manager and is in one of the following stages within the lifecycle of a claim i.e. claim received, claim investigation, claim litigation or claim conclusion.

## Case settled

Negotiations took place/offer of settlement made and accepted.

## Claim

A claim, in the context of this report, refers to notification of intention to seek compensation for personal injury and/or property damage where it is alleged the State/agency was negligent. The application may be in the form of a letter of claim, a PIAB application or a written/oral request.

## Delegated State Authority

All bodies, where management of personal injury and third-party property damage claims against the body is delegated to the SCA. This includes State agencies, health and social care enterprises, community and comprehensive schools and prisons.

## Delta Claims Previously Reported as Incidents (CPRI)

CPRI refers to the percentage of claims previously reported as incidents. Delta CPRI refers to the percentage difference between the expected CPRI and the actual CPRI. The aim is to have a low delta CPRI figure, which means the actual level of incident reporting is close to the expected level.

## Estimated outstanding liability

The Estimated Outstanding Liability on a claim represents the best current estimate of the ultimate cost of resolving a claim minus the total amount paid on the claim to date. The estimates include all foreseeable costs such as settlement amounts, claimant legal costs and defence costs (such as fees payable to legal counsel, engineers, consultants etc.). These estimates may be revised on a regular basis in light of any new information received.

## Enterprise Risk Network Recognition Awards

The Enterprise Risk Network Recognition Awards are organised by the SCA to acknowledge the leaders in enterprise risk management in the State sector and commend the ongoing process of continuous improvement and progress in the management of risk within its DSAs.

## Finalised Claim

A claim has been finalised when all damages, legal and other costs have been agreed (but not necessarily paid). There may be some outstanding payments waiting to be processed.

## General Indemnity Scheme

The SCA-managed State indemnity scheme that covers personal injury and third-party property damage risk and subsequent claims/liabilities arising from the negligent act or omission on the part of a Delegated State Authority.

## Incident

An incident can be a harmful adverse event, no harm event, near miss, dangerous occurrence (reportable circumstance) or complaint.

## Injuries Board assessments accepted

Injuries Board made a formal award which was accepted by both the SCA and the claimant.

## Lodgement/tender accepted

Formal legal offer was made via pleadings by defence solicitor to plaintiff solicitor and this offer was accepted by the plaintiff.

## Median

Denoting or relating to a value lying at the midpoint of a data set.

## NIMS

NIMS, the National Incident Management System, is a confidential national end-to-end incident, risk and claims management platform. NIMS is the system used by State Authorities to fulfil the statutory requirement to report incidents to the State Claims Agency and for their own incident and risk management purposes.

NIMS provides a single incident management system and database across the public service, including the health and social care sector.

NIMS is designed to drive decision-making by user organisations around risk management and mitigation strategies, throughout the incident lifecycle. Users can:

- ▶ Gain insights and learning from data.
- ▶ Identify trends, clusters, hot spots and lessons learned.
- ▶ Prioritise risk initiatives.
- ▶ Measure and monitor failure and success.

## Paid total

The amount of money paid to date on a claim. It may include payments made in previous years.

## Staff members

For the purpose of this report, this includes servants and/or agents who work on behalf of DSAs. This includes employees, agency staff, locum, volunteers and work placements.

## Work Positive<sup>CI</sup>

Work Positive<sup>CI</sup> was developed by the SCA, HSA and CISM Network Ireland and comprises a systematic, validated approach to address workplace stress, psychological distress, and critical incident stress in the workplace as set out in the WPCI website ([www.workpositive.ie](http://www.workpositive.ie)). The WPCI process involves four key stages: Prepare, Measure, Action Plan and Review.

**Notes:**

The data contained in this report is correct as of 30 April 2020.

All percentages within the report are rounded to the nearest whole number.

All data in this report, including claims data, relates to incidents which occurred in the period 2015–2019.

**Prepared:**

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