

State Claims Agency Risk Research Series

Report 01: Slips, Trips and Falls

A 5-year review of incidents and claims
across the State sector (2014-2018)



Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta
National Treasury Management Agency

An Gníomhaireacht um Éilimh ar an Stát
State Claims Agency



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Introduction

The National Treasury Management Agency (NTMA) is designated as the State Claims Agency (SCA) when managing claims against the State and State authorities and when carrying out related risk management functions. The SCA's claims and risk management objectives are:

- While acting in the best interest of the State in matters of personal injury and property damage litigation, to act fairly and ethically in dealing with people who have suffered injuries and/or damage, and their families, and who take legal actions against the State.
- 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 liabilities of the State.

The SCA Enterprise Risk Management Section (ERMS) examined Slips, Trips and Falls (STF) claims and incidents managed under the General Indemnity Scheme (GIS) over the period 2014-2018. STF were identified as a Category 1 risk across all Delegated State Authorities (DSAs)¹. STF account for the second highest number of incidents and claims received across all DSAs. In addition, STF claims have the highest costs in respect of active and resolved claims across DSAs.

Purpose

The purpose of this **Risk Research Report** is to provide DSAs with up to date information on STF incidents and claims trends happening across the State sector. The analysis provides learning to assist DSAs with the prevention of their own STF incidents and associated claims. The analysis will also help improve the information captured on the National Incident Management System (NIMS) and thus improve the collective knowledge nationally to help manage the risk in the future. Taking into account that each DSA faces its own particular challenges, the purpose of this report is to enable DSAs to compare their own experience of STF incidents and claims with the experience of other State authorities.

¹ Risks are categorised using a weighting system developed by the ERMS. The weighting system involves consideration of claims and incident numbers, costs of resolved claims and estimated liabilities against active claims.

Scope

The review analysed STF incidents which occurred across DSAs in the period 2014-2018. It also analysed claims (received and resolved) arising from these incidents. A slip is caused by insufficient friction between the load bearing leg and the ground resulting in insufficient resistance to counteract the forward resultant forces at the point of contact. A slip can result in a fall in any direction. A trip occurs when the foot, normally the leading foot, is arrested by an obstruction, preventing the centre of gravity moving smoothly past the expected foot location point. A trip will result in a fall in the direction of travel.

Analysis was carried out on incidents and claims across three 'types of person' groupings:

- **Staff members** – this includes employees, agency staff, locums, volunteers, work placements;
- **Service users – general/member of public (MOP)** – this includes children in the care of Tusla, prisoners, contractors, students, members of the public, visitors to Government offices, visitors to national parks, users of State services (other than healthcare); and
- **Service users – healthcare** – this includes service users, patients and residents in health and social care locations.

The analysis included incidents and claims which occurred across the SCA's diverse client portfolio, which includes Government departments, health and social care facilities, Garda stations, military barracks, ships, prisons, residential and care facilities, public parks, harbours, national monuments and schools.

Incidents and claims arising from a failure to provide appropriate professional medical services resulting in a STF incident are managed under the Clinical Indemnity Scheme (CIS) and **did not** form part of this review.

Methodology

All data in relation to incidents and claims are captured on NIMS by both DSAs and the SCA. The ERMS, in collaboration with the SCA's Data Services Unit, used the powerful analysis tools of NIMS to analyse the data that related to STF incidents over the last five years (2014-2018) and claims arising from those incidents.

Section 1: CLAIMS ANALYSIS

What is the cost of STF claims?

As of 31st March 2019, there were **1,515 claims received** for STF incidents that occurred in the period 2014-2018.

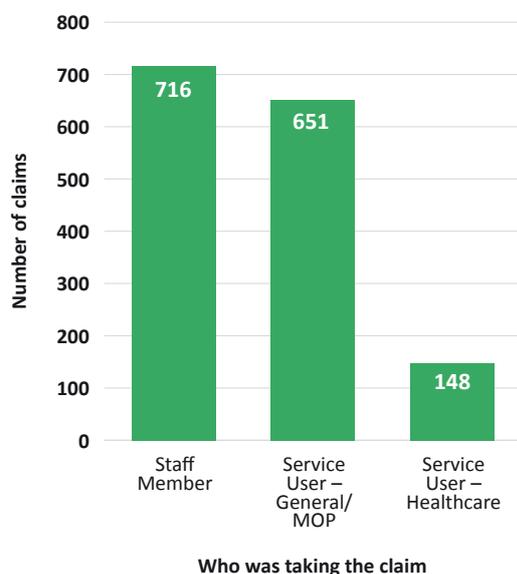
Claims Received	Number of Claims	Paid Total	Total Estimated Liability
Active Claims	894	€2.4m	€75.2m
Finalised Claims	621	€15.5m	–
Grand Total	1,515	€17.9m	–

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 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.). This estimated value is revised on a regular basis in light of new information.

The current **total claims costs** associated with STF claims is calculated by adding the total estimated liability for active claims with the total paid on finalised claims to date. This amounts to **€90.7 million**.

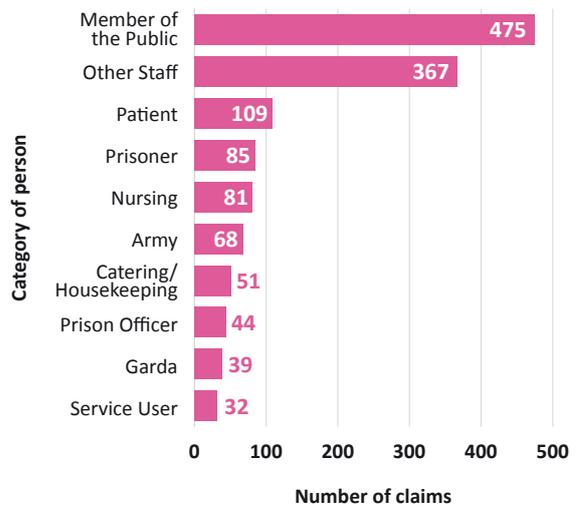
Who is taking the claims?

Number of claims received by who was taking the claim



In **47%** of claims received, the claim was taken by a member of staff, **43%** of claims were taken by service user general/MOP and **10%** were taken by service users in a health and social care setting. The **majority of claims costs** are associated with staff member claims – **€50.4 million**.

Number of claims received by category of person (Top 10)

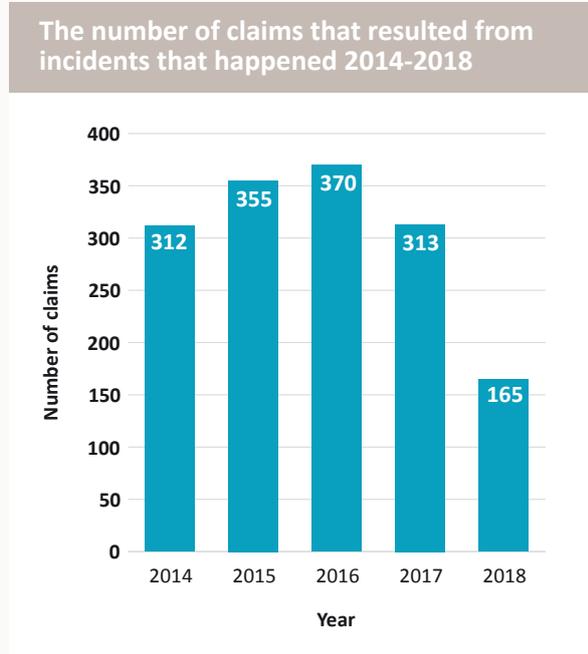


Note: Service user represents those in both healthcare and non-healthcare DSA locations.

NIMS enables the SCA to further break down the three 'types of person' groupings. The above chart illustrates claims received, further broken down by the 'category of person'.

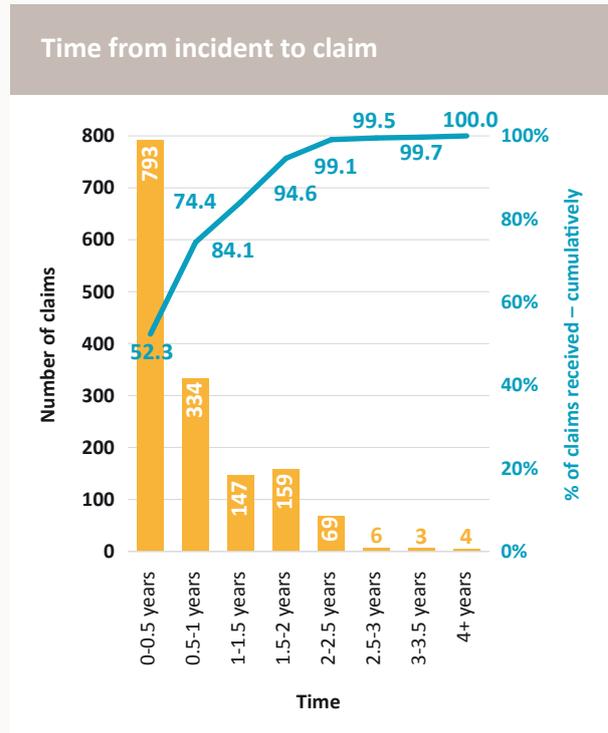


How many incidents happened between 2014 and 2018 that resulted in claims?



The reduced number of claims received in 2018, and to a lesser extent in 2017, has to be considered in the context of the normal lag time for receipt of these types of claims and the Statute of Limitations.

The Statute of Limitations for personal injury claims in Ireland is the time limit within which an injured party can issue proceedings according to the Courts and Civil Liability Act 2004. In the majority of circumstances, a potential claimant has two years from the date on which the cause of action accrued or the date of knowledge (if later) of the person injured to initiate proceedings. However there are exceptions to this.

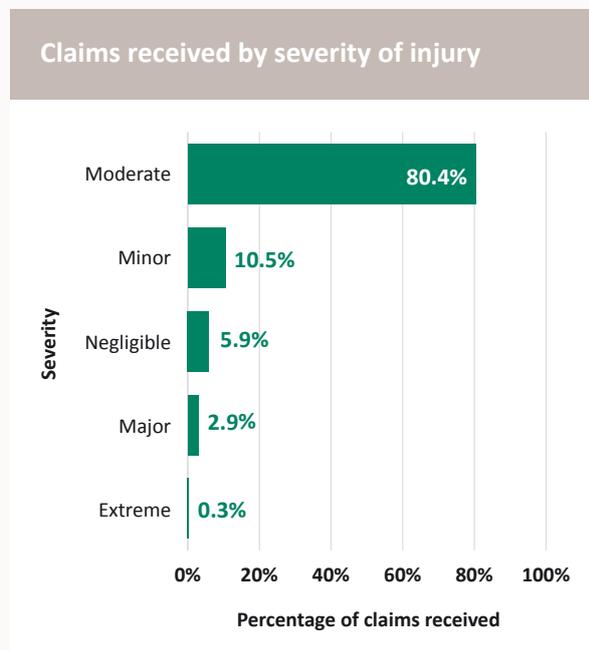


In comparison with some types of claims many STF claims are received relatively shortly after the incident occurs. In fact, **52%** of claims are received **within six months, 74% within one year** and **95% within two years**.

Previous analysis by the SCA determined that the average cost of managing a claim increases when incident reporting is delayed. On average, for all types of claims, where an incident has taken 10 or more weeks to report, **the cost of resolving the claim increases by 41%**.



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.

80% of the claimants had injuries that were rated as moderate. Approximately **3%** of claimants' injuries were rated as major or extreme.

How many incidents that became claims had been investigated by DSAs?

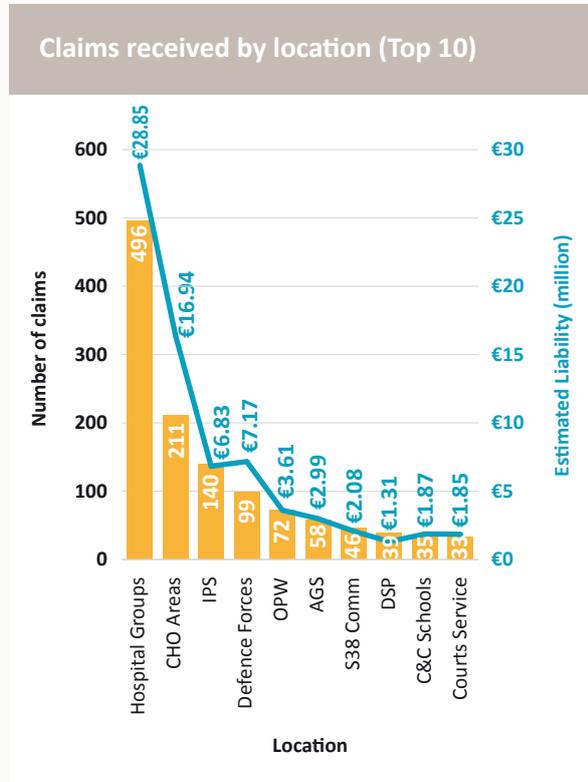
NIMS enables DSAs to capture incidents (including serious reportable events, significant event notifications, complaints and dangerous occurrences). NIMS also supports the management of reviews/investigations, the recording of reviews/investigation conclusions, the recording of recommendations arising from incident reviews/investigations, the tracking of recommendations to closure and the analysis of incident investigations and recommendations data.

Using the severity rating applied by NIMS, and as part of the SCA's risk management mandate, the ERMS review all new claims received using the powerful reporting tools of NIMS.

Of the STF claims analysed, **0% of extreme and major and 4% of moderates were recorded as having being investigated on NIMS**. This suggests that DSAs are either investigating/reviewing incidents but not using NIMS to capture the information or simply that no investigation/review has been carried out.

As all claims ultimately arise from incidents that occurred, the issue of non-investigation/review is addressed further in the 'Incident Analysis' section of this Research Report.

Where are the incidents occurring that result in a claim?

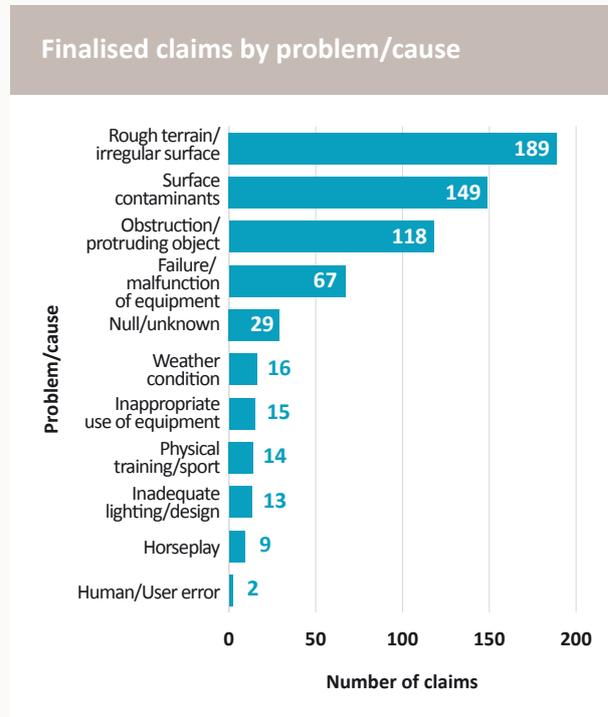


The **seven Acute Hospital Groups** received the highest number of STF claims across the State sector with an estimated liability of **€28.85 million**, followed by the nine Community Health Organisation (CHO) Areas with an estimated liability of **€16.94 million**. The **140 Irish Prison Service (IPS)** STF claims received were recorded against **15 IPS** locations nationwide with an estimated liability of **€6.83 million**.

When reviewing the above data, it is important to consider the size and number of locations and the activities undertaken in the health and social care sector in comparison with other individual DSAs. For instance, the health and social care staffing levels stand at almost 116,500, so, from this perspective, there is a much greater likelihood of higher numbers of STF incidents in the health and social care sector in comparison to other DSAs. Alternatively, some of the activities carried out by the IPS and the Defence Forces would suggest that there could be higher risk of STFs, relative to staffing numbers of approximately 3,200 and 9,000 respectively. Future Risk Research Reports will explore this further.

When examining the estimated liability in the above chart, the Defence Forces liabilities are significant. A number of these claims arose from STF incidents which occurred during military training exercises.

What was the cause of the claim?



The preceding graph illustrates finalised claims data only, which represents **approximately 41%** of all claims received and analysed in this report.

The health and social care sector accounts for **50%** of all STF finalised claims. Across all DSAs, **62%** of all claims finalised were as a result of rough terrain/irregular surface, surface contaminants or obstruction/protruding objects. These include:

- **Rough terrain/irregular surface:** claims resulting from uneven surfaces, changes in ground levels or potholes in car parks etc.
- **Surface contaminants:** claims resulting from water or debris on the ground causing the injured party to lose footing.
- **Obstruction/protruding objects:** claims resulting from the use of equipment or contact with improperly placed furniture.



DSA risk management considerations

The review of claims emphasised the importance of basic operational controls that DSAs should prioritise to manage the risk of STF in the workplace and prevent incidents and claims in the future.

DSAs should conduct workplace-specific risk assessment(s) to identify hazards that may result in STF incidents in the work environment. Internal audits should also be carried out to ensure responsibilities are met. Where the risk cannot be eliminated, the provision of appropriate personal protective equipment (e.g. slip-resistant footwear) should be considered.

Areas of high risk, such as car parks, should be given particular consideration. Where required, DSAs should provide safe, accessible and adequate car parks, footpaths and pedestrian crossings. Defects and hazards should be reported as they are identified. Adverse weather controls should be considered also.

Where surface contaminants are likely to arise, procedures should be put in place to reduce the risk accordingly. Cleaning schedules should avoid busy times such as service user meal times and visitor hours.

How much do STF claims cost?



The total cost associated with a claim can vary significantly and is dependent on a number of factors. For example, a trip could result in a back injury to an employee with the result that they are unable to return to their current work duties. This can significantly increase the level of compensation awarded and the legal costs to manage the claim.

Of the claims analysed, **621 were finalised**. Of those, 353 claims resulted in compensation being awarded and 268 claims resulted in no compensation (excluding some minor costs that may have been incurred in the management of the claim). Those that result in no compensation applies to claims that were successfully defended by the SCA either based on the facts of the claims, on the basis that they were statute barred, on the basis that an indemnity was received from another party, or other categories of claim resolution.

Of the 353 claims which occurred in the period 2014-2018, that were finalised and resulted in compensation, the following is noted:

- The **average cost** of a claim is **€42,345**. This includes the legal costs, expert costs and awarded damages.
- The **average awarded damages** for a claim is **€32,464**.
- The **average legal costs** for claims finalised is **€8,753**. This includes plaintiff legal costs and agency (i.e. SCA) legal costs.
- The median cost of all claims received is **€29,587**. The **median** is the middle number in a data series.
- The **range** of the cost of all claims received in this period is between **€125** and **€401,883**.
- The **average duration** of a claim is **1.6 years**. This is calculated from the date claim correspondence was received up to the date the claim is finalised.



Do you know the true cost of STF claims?

People are generally aware of the **direct costs** associated with a claim. What many people are unaware of is that there are significant **indirect costs** which arise also. To understand the total costs of claims for a DSA the direct and indirect costs must be taken into consideration.

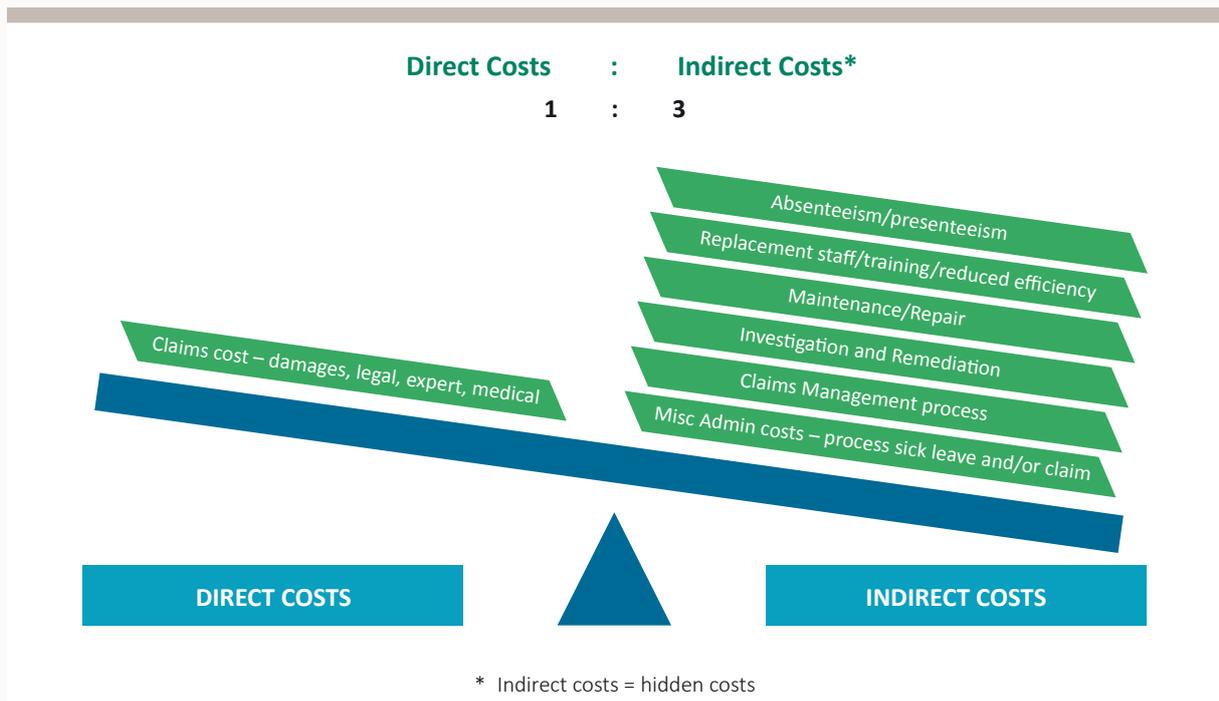
The total claims **costs associated** with STF claims arising from incidents that occurred in the period 2014-2018 is in region of **€90.7 million**.

When estimating the indirect costs of claims, it is generally recognised that indirect costs tend to be a multiple of direct costs². Indirect costs associated with claims include absenteeism, substitution of personnel resulting from absenteeism, additional administration, loss of service, loss of expertise, presenteeism and extra supervisory time.

Claims involving injuries to employees have the biggest potential impact in terms of indirect costs due to employee absences associated with such claims. Personal injury claims relating to members of the public can also carry indirect costs. However, these are lower than indirect costs relating to incidents involving employees.

The SCA has undertaken a study of the claims involving employees to ascertain the ratio of direct: indirect costs. The SCA conservatively estimates, based on a study of its claims portfolio that a ratio of 1:3 (direct costs to indirect costs) may be appropriate in the claims relating to injuries to employees.

Applying this approach, the SCA conservatively estimates the total direct and indirect cost of STF claims to be in the region of **€363 million**.



² The Costs of Poor Safety in the Workplace, DCU Business School, Research Paper Series, Paper No. 21, April 1997. Mottiar, Ziene. (2004) Feasibility Study on Estimation of Costs of Workplace Accidents, work-related ill-health and non-injury incidents in Ireland.

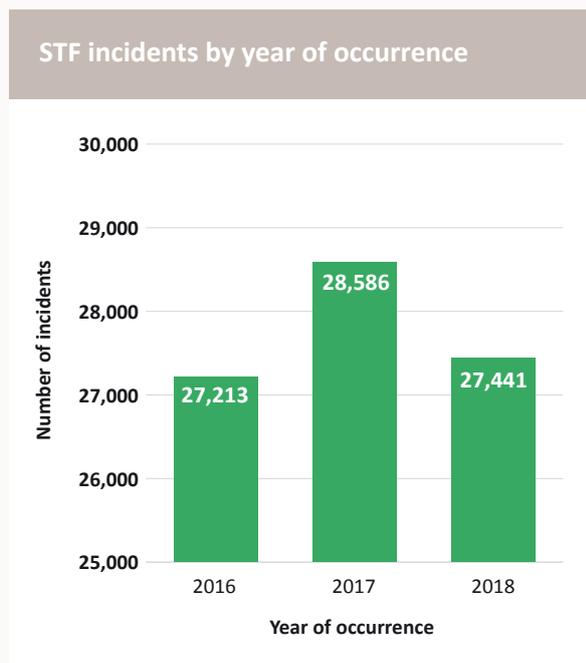


Section 2: INCIDENTS ANALYSIS

What is the national risk profile of STF incidents?

Over 100,902 STF incidents occurred between 2014 and 2018. The number of incidents reported should not be considered as indicative of a level of harm. In fact, higher levels of incident reporting are acknowledged nationally and internationally as indicators of a stronger safety culture.³

There has been a very significant increase in the number of incidents reported over the period 2014-2018. This increase is mainly reflective of the SCA’s expanding DSA client portfolio and the roll-out of NIMS in this period (a key initiative to improve incident reporting and management). It is also reflective of the improving culture of incident reporting due to other risk management initiatives by DSAs and the SCA.



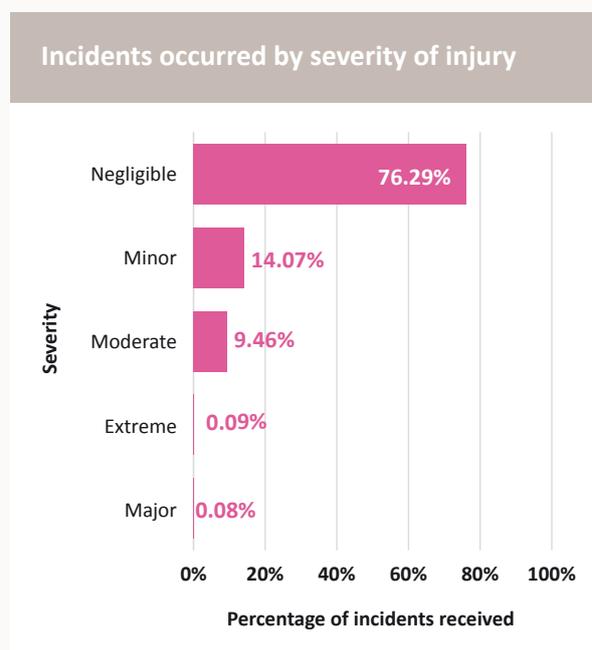
Note: Due to data quality issues inherent in the migration of data from the previous incident management system and a significant change in culture of incident reporting following the roll out of NIMS, 2014-2015 related data has been excluded from this chart.

3 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/>

Over the last three years (2016-2018) an average of **27,746** STF incidents were reported on NIMS. The SCA expect the number of incidents reported to continue to rise in the future, as NIMS is further embedded across the State sector and the reporting culture continues to improve in DSAs.

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

The following chart illustrates incidents in the period 2014-2018.



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.

14% of incidents which occurred were rated as **minor injuries** and **76%** as **negligible**. **9%** were rated as **moderate** and less than **1%** of incidents were rated as **major** or **extreme**.

What incidents were investigated by DSAs?

As previously set out in 'Section 1', NIMS enables DSAs to capture incidents (including serious reportable events, significant event notifications, complaints and dangerous occurrences). NIMS also supports the management of reviews/investigations; the recording of reviews/investigation conclusions; the recording of recommendations arising from incident reviews/investigations; the tracking of recommendations to closure, and the analysis of incident investigations and recommendations data.

Using the severity rating applied by NIMS, and as part of the SCA's risk management mandate, the ERMS reviews all extreme and major severity-rated incidents using the powerful reporting tools of NIMS.

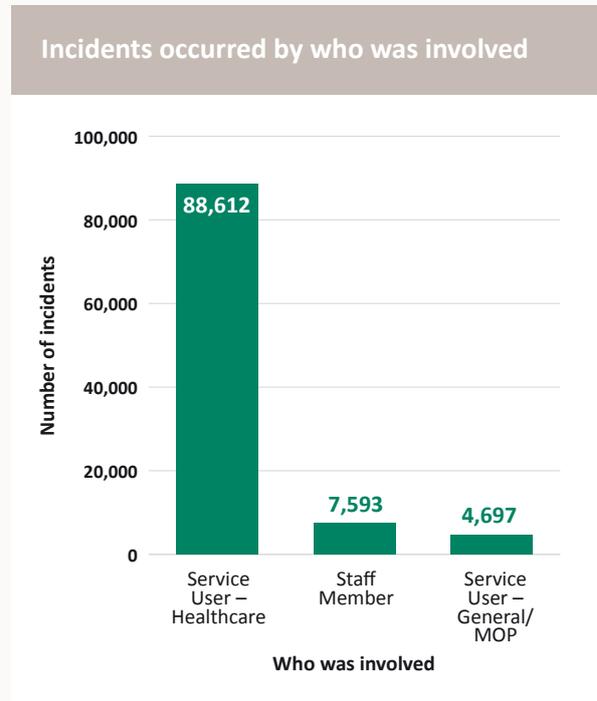
Of the STF incidents analysed, only **5% of extreme and major and 1% of moderates were recorded as investigated on NIMS**. This suggests that DSAs are investigating/reviewing incidents but not using NIMS to capture the information or simply that no investigation/review has been carried out.

Additionally, the ERMS Risk Management Audits have identified that there is a low rate of incident investigation/reviews being carried out. Furthermore, the engagement with NIMS functionality to support incident investigation/review and capture the outcomes of these investigations is very low across DSAs.

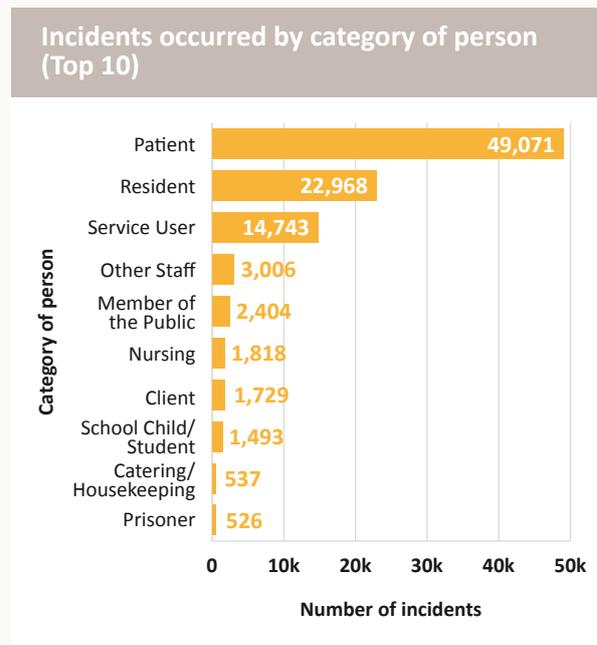
DSA risk management considerations

DSAs should ensure that investigations/reviews are carried out on incidents and claims to determine the root cause and key learnings to prevent reoccurrence. Investigations/reviews for incidents rated as major/extreme should be prioritised by DSAs. NIMS should be utilised to support the investigation/review process and capture these key learnings. This information is also invaluable to the SCA's claims management process. SCA's claims managers actively review the NIMS investigation/review screens for information provided by DSAs.

Who is the party involved in the incident?



Approximately, **88%** of all incidents reported involved **service users in healthcare**, **7%** comprised **staff members** and **5%** were **service user general i.e. services users in sectors (other than healthcare) and members of the public**.



Note: Service user represents those in both healthcare and non-healthcare DSA locations.

NIMS enables the SCA to breakdown the three ‘types of person’ groupings further. The above chart illustrates incidents which were reported further broken down by the category of person.

DSA risk management considerations

When reporting incidents on NIMS, DSAs should ensure that the category of the individual(s) is correctly captured to improve data quality. This will also enable trend analysis to identify those who are most at risk.

DSAs, in collaboration with the SCA, should further improve the categorisations on NIMS, particularly for the member of public ‘category of person’.

Examining age profile across incidents and claims

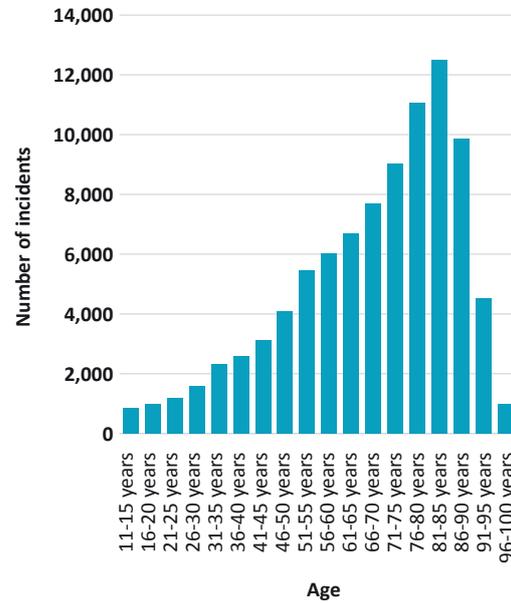
On review of the ‘category of person’ the vast majority of incidents currently being reported on NIMS involve patients and service users. The following graphs⁴ illustrate the number of incidents and claims by the age of the injured party at the time of incident reporting, across all ‘category of persons’.

88% of all STF incidents involved **service users**. The high incident reporting rate for these service users may be unsurprising, given that these incidents occurred primarily in residential health and social care settings where the risk of STF involving elderly people is significant and where the culture of reporting is strong. The high level of incidents would strongly suggest that this should be a key litigation risk for the SCA and DSAs impacted – a substantial source of claims.

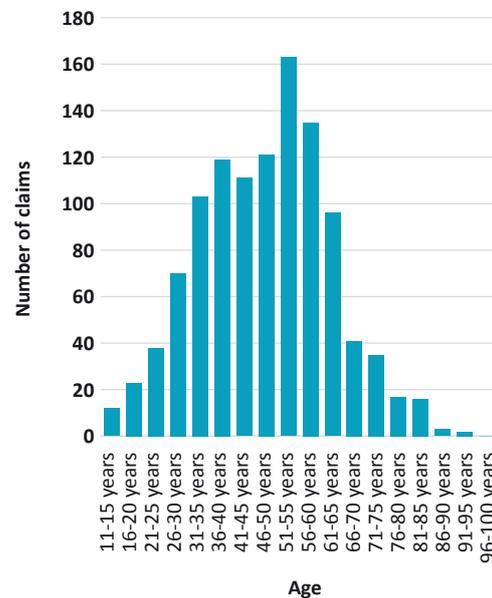
However, when analysing the age profile of service user incidents, **57%** of these incidents happen to people aged 70 and over. When comparing this to the number of claims received (which are managed under the GIS), and the corresponding age profile, the conversion rate for incidents to claims is low. In fact, **less than 1% of incidents involving those aged 70 and over resulted in claims**.

⁴ Note: STF incidents managed under the Clinical Indemnity Scheme (CIS) **did not** form part of this review.

Incidents – age at time of incident



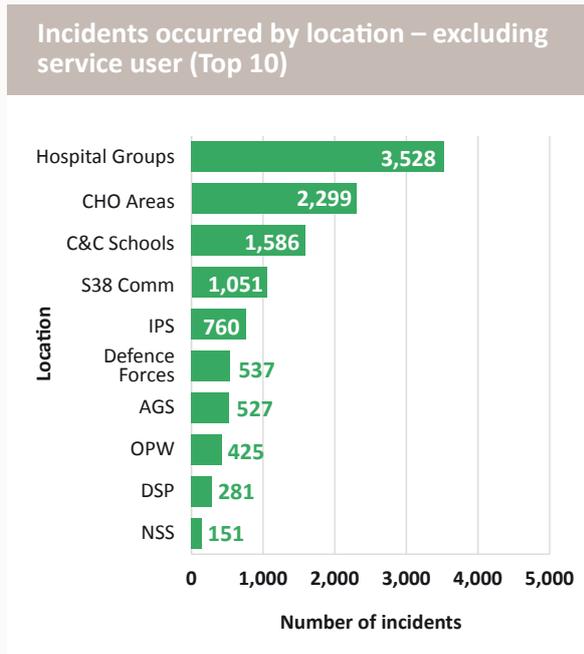
Claims – age at time of incident



Falls create a challenge for older people and are a significant and costly cause of injury. What is important is to increase awareness of the preventable nature of falls, to enable older people, communities and health and social care providers to reduce the risk and rate of falling where possible, to reduce the severity of injuries, and to promote the best possible outcomes for people who have suffered a fall-related injury.

In light of the above however, the purpose of this research report is to review STF claims and those STF incidents most likely to result in claims. Therefore, the remainder of ‘Section 2’ focuses only on the incidents involving other categories of person i.e. it excludes ‘service user – healthcare’.

Where are the incidents occurring?



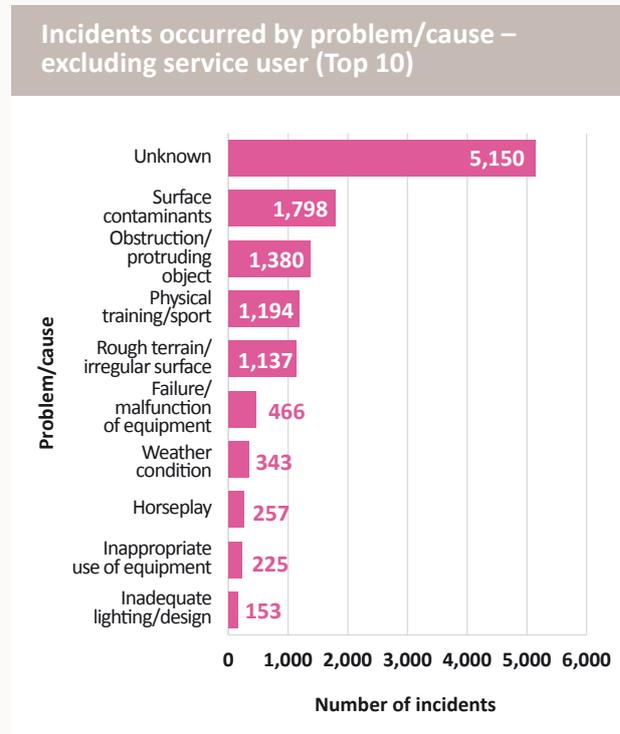
Excluding the incidents involving **service users** provides a clearer comparison of similar STF incidents across DSAs.

Due to the large staff numbers in the Hospital Groups, CHO Areas and Section 38 Community sectors, these locations feature as having some of the highest number of incidents recorded.

Service user, as currently categorised on NIMS, mainly impacts the health and social care sector and Tusla.

Prisoners, contractors, students, MOPs, visitors to Government offices, visitors to national parks and users of State services (other than health and social care) are still included in the above data. As such, the Community and Comprehensive Schools, which includes incidents involving their student population of approximately 60,000 and the IPS, which includes a population of approximately of 4,000 prisoners, feature in the top five above.

What are the root causes of incidents?



This data reflects the primary cause as selected by the DSA when reporting the incident on NIMS. Obviously, most incidents will have a primary cause and other contributory factors.

Across all DSAs, surface contaminants were found to be the primary problem/cause, accounting for the cause in **26%** of the incidents reported.

Interestingly, the primary problem/cause categories above correlates with claims-related data, as illustrated in previous sections of this report.

A large percentage of incidents were reported as primary cause ‘unknown’. While the cause may be unknown, where an incident is reported almost immediately, NIMS is designed such that when the incident investigation/review is completed, the field can be updated and also captured in the NIMS Incident Investigation/Review Screens. Given that **the median number of days to report STF incidents is 37 days**, it would be expected that this field should not be populated as “unknown” in the main.



DSA risk management considerations

The large number of incidents reported where the primary cause selected is unknown underlines the importance of conducting timely incident investigations/reviews to determine the root cause of an incident. It also illustrates the need to review NIMS to determine if updates are necessary, to improve the quality of data at reporting stage. DSAs, in collaboration with the SCA, should review whether the option 'unknown' should be removed as a 'problem/cause' category from the mandatory field on NIMS incident entry screen.

DSAs should also ensure that where a STF incident has occurred, the problem/cause is identified and entered onto NIMS to enhance data quality and assist in future analysis and the prevention of reoccurrence.

DSAs should review the data on NIMS in respect of incidents reported and update accordingly when further information arises.



Section 3: CASE STUDIES

Poor practices: Fall on icy steps



During a period of bad weather, Thomas, a senior physiotherapist, slipped and fell down steps while assisting an elderly person to exit the hospital. He slipped down seven steps at the entrance of the hospital due to a build-up of ice. Thomas sustained soft tissue injuries to his coccyx and suffered ongoing pain in his neck and back. He is on an ongoing pain management treatment plan. Thomas has been out of work indefinitely as he cannot fulfil the duties of the role he worked in prior to the incident.

On the day of the incident, the hospital did not have sufficient practices to clear grit, salt, ice and snow. In addition, the hospital maintenance personnel responsible for clearing the steps of ice and snow could not attend the hospital in question due to adverse weather conditions. Security staff attempted to clear the steps by spreading salt on the area as a 'goodwill gesture' but their efforts were, on investigation, deemed insufficient. An engineer's inspection found that the steps were not in compliance with building regulations, resulting in a handrail being installed in the middle of the steps. The hospital was found to be liable for the incident.

The total paid on the claim was **€1,170,770**. This included damages to the amount of €805,650, expert and legal costs to the amount of €132,561.

Poor housekeeping



Mary, an employee, was attending a pepper spray training course and fell on water, fracturing her wrist. During the training, water is used as a substitute for pepper spray and as a result a significant amount of water collected on the floor.

Subsequent investigations concluded that there was no safe system of work in place to periodically clean up the water during the training.

The employer was found liable. The total paid on the claim was **€33,335**. This included damages to the amount of €28,863, expert and legal costs to the amount of €4,472. When considering the hidden cost of the claim, the total cost is in the region of **€133,340**.

Uneven surface



In 2012, staff member Veronica fell on an uneven surface while exiting a Government department. She sustained extensive dental injuries as well as injuries to her right shoulder and upper arm.

Investigations found that the differential in ground levels as the staff member exited the building and crossed the car park, was not clearly visible. She tripped and fell on the lip created by two areas of the tarmac which are on different levels. The lip was measured in this area and it ranged between 25mm-30mm. Yellow reflective paint indicating the hazard presented by the lip was not in place. In addition, the light on an adjacent building was not illuminating the area at the time of the incident.

The total paid on the claim was **€66,500**. This included damages to the amount of €54,000, and expert and legal costs to the amount of €12,500. When considering the hidden cost of the claim, the total cost is in the region of **€266,000**.

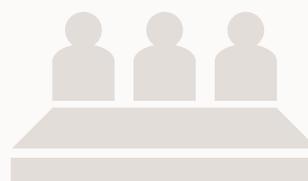
Good practices and procedures: Fall on spillage



In 2010, John, who was working at a healthcare location, sustained a back injury as a result of falling on a spillage. He claimed that while removing a bag of waste food from a pedal bin, the bag failed and discharged its contents onto the floor. After reporting the incident, John returned to clean up the spillage and subsequently fell as a result of its greasy contents.

The investigation report concluded that John was the person in charge of the kitchen and knew precisely the process for cleaning such spillages. The location had the highest standards of hygiene and all relevant processes in place to deal with such incidents, indicating conclusively that the employer had done all that was reasonably practical.

John subsequently withdrew proceedings against the healthcare organisation.



What can you do to manage the risk?

Under common law and by reference to statutory legal 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 STF risk in the work environment. It is therefore expected that DSAs would have the minimum risk management arrangements in place to manage STF risks in the workplace.

Aside from the general advices in relation to risk management that apply to hazard identification and risk assessment, the following guidance sets out information for DSAs on how to manage STF within their organisation. This guidance is based on the findings of this Risk Research Report, information from NIMS, the ERMS Incident and Claim Risk Review Process, in addition to the SCA’s own high level observations from carrying out on-site Risk Management System Audits.

✓	Analysis by the SCA has determined that the average cost to manage a claim increases when incident reporting is delayed. On average, where an incident has taken 10 or more weeks to report, the cost of the claim increases by 41%. DSAs should encourage prompt reporting of all STF incidents via NIMS .
✓	DSAs should promote accurate recording of incident data to enable trend analysis to identify those who are most at risk.
✓	DSAs should ensure that investigations/reviews are carried out on incidents and claims to determine the root cause and key learnings to prevent recurrence. The NIMS Investigation/Review Screens should be utilised to support the investigation/review process and capture these key learnings.
✓	As indemnifier, the SCA requires DSAs to review/investigate incidents and/or claims raised via the ERMS Incident and Claim Risk Review process. DSAs should cooperate with the ERMS Incident and Claim Risk Review process and furnish the findings and corrective action taken (if any) to the SCA accordingly. This can be facilitated using the NIMS Investigation/Review Screens.
✓	“My NIMS Homepage” provides DSAs with an overview of the NIMS self-service reporting capabilities to analyse and interrogate your organisation’s STF incidents and subsequent reviews/ investigations. DSAs should promote and engage with the views and charts available to users on NIMS, specifically those built and designed for STF incidents. This will ultimately enhance a DSA’s review/investigation process.
✓	The review of claims emphasised the importance of basic operational controls that DSAs should prioritise to manage the risk of STF in the workplace and prevent incidents and claims in the future. DSAs should conduct workplace specific risk assessment(s) to identify hazards that may result in STF incidents in the work environment. Internal audits should also be carried out to ensure responsibilities are met. Where the risk cannot be eliminated, the provision of appropriate personal protective equipment (e.g. slip-resistant footwear) should be considered.



What can you do to improve data quality?

The following data quality issues arise with STF incident related data on NIMS:

✓	DSAs are incorrectly reporting STF incidents as crash/collision motor related incidents. STF incidents should be reported as physical hazards on NIMS.
✓	Incidents are being recorded with an 'unknown' problem/cause. DSAs, in collaboration with the SCA, should review whether the option 'unknown' should be removed as a 'problem/cause' category from the mandatory field on the NIMS incident entry screen.
✓	DSAs are not capturing employee absence from work, where this arises, on NIMS. When STF 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.
✓	DSAs, in collaboration with the SCA, should further improve the categorisations on NIMS, particularly for the member of public 'category of person'.



Abbreviations

AGS	An Garda Síochána
C&C Schools	Community and Comprehensive Schools
CHO Areas	Community Health Organisation Areas
CIS	Clinical Indemnity Scheme
CPRI	Claims Previously Reported as Incidents
DF	Defence Forces
DSP	Department of Social Protection
DSA	Delegated State Authority
ERMS	Enterprise Risk Management Section
GIS	General Indemnity Scheme
Hospital Groups	Healthcare Acute Hospital Groups
IPS	Irish Prison Service
MOPs	Members of the Public
NSS	National Support Services
NTMA	National Treasury Management Agency
OPW	Office of Public Works
SCA	State Claims Agency
STF	Slip, Trip and Fall
S38 Comm.	Section 38 Community

Terms and Definitions

Active Claim

A claim is initiated when one of the below notices is received. 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 life-cycle of a claim i.e. claim received, claim investigation, claim litigation or claim conclusion.

- 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.

Clinical Indemnity Scheme

The SCA managed State indemnity scheme which manages the liabilities arising from personal injury risks and subsequent claims/liabilities arising from the negligent act or omission associated with the provision of, or failure to provide professional medical services.

Claim

A claim, in the context of this publication, 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 claims against the body is delegated to the SCA. This includes: State authorities, State agencies, healthcare enterprises, C&C schools and prisons.

Finalised Claim

A claim has been finalised when all financials 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 which provides personal injury and third party property damage risk and subsequent claims/liabilities arising from the negligent act or omission on the part of the DSA.

Incident

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

Estimated Outstanding Liability

Estimated outstanding liability refers to the SCA's best current estimate of the ultimate cost of resolving a claim, minus any payments already made. 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.). Estimated outstanding liability may be revised on a regular basis in light of any new information received.

NIMS

The National Incident Management System (NIMS) is a highly secure and confidential national end-to-end risk management web-based platform used by DSAs to fulfil the statutory requirement to report incidents to the SCA, as well as for the DSA and SCA's own risk management purposes. NIMS enables the reporting of incidents (including serious reportable events), management of reviews/investigations, recording of reviews/investigation conclusions, recording of recommendations, tracking recommendations to closure and analysis of incident investigations and recommendations data.

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.

Service users – general/member of public (MOP)

For the purpose of this report this includes, children in the care of Tusla, prisoners, contractors, students, members of the public, visitors to Government offices, national parks, users of State services (other than healthcare).

Service users – healthcare

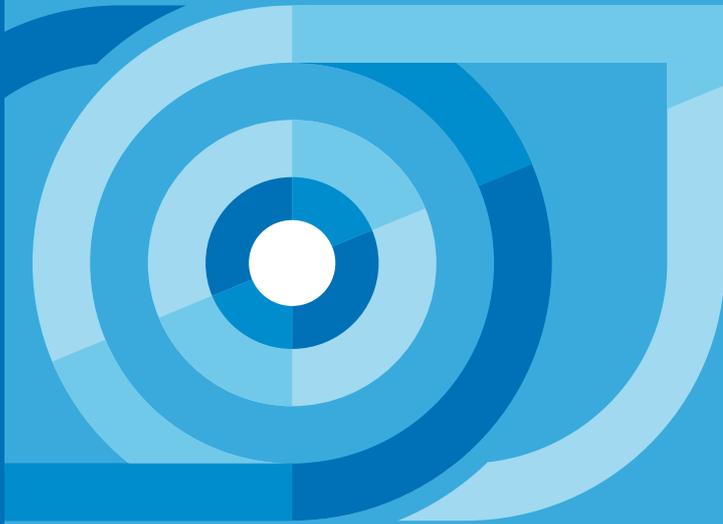
For the purpose of this report this includes, service users, patients and residents in healthcare locations.

The data contained in this report is correct as of 31st March 2019.

Prepared:

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November 2019





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