Quality, Clinical Risk and Safety: the Conference and the Future

Operational Review of Assaults on Prison Staff by Prisoners

NIMS Progress Update

Welcome Clarification on the Duty of Care Owed to a Recreational User by an Occupier
CONTENTS

Editorial ................................................................. 3

Pre-action Protocol for Clinical Negligence Claims 5

Quality, Clinical Risk and Safety: the Conference and the Future 7

Paediatric Closed Claims – Opportunities for Learning 11

Albert Wu: Patient Safety Visionary 13

Behaviours and Attitudes ........................................... 15

ePoint of Occurrence Reporting using NIMS .... 17

NIMS Survey .......................................................... 19

NIMS & Consideration of Data Protection Acts by State Authorities 21

NIMS Progress Update ............................................. 23
Welcome Clarification on the Duty of Care Owed to a Recreational User by an Occupier 25
Enterprise Risk Management Initiatives 27
The Enterprise Risk Management Network Conferences 2016 29
A Junior Achievement for the State Claims Agency 33
Operational Review of Assaults on Prison Staff by Prisoners 35

Inside the State Claims Agency: The Operations Team 39
News 41
Meet the SCA Deputy Director 45
Noticeboard 46
Editorial

Looking Back and Forward

The year 2016, a year when Ireland celebrated the Centenary Celebration of the War of Independence, was also a significant year for the SCA which marked the 15th Anniversary of its establishment on the 3rd December 2001. To put matters in perspective, in 2001 the SCA managed approximately 800 claims with a contingent liability of approximately €12 million. Today, the SCA is managing 9,000 claims with a contingent liability of approximately €2.2 billion. What a difference 15 years make!

There is much to look forward to, legislatively, in 2017 assuming the enactment of the Civil Liability (Amendment) Bill 2017. The new Bill will empower the Courts, as an alternative to lump-sum awards of damages, to make consensual and non-consensual Period Payment Orders (PPOs) to compensate injured victims in cases of catastrophic injury where long-term permanent care would be required. The Bill, which hopefully will be enacted shortly, will be widely welcomed by plaintiff and defendant practitioners, the SCA and families of catastrophically injured victims. The current unsatisfactory situation where interim payments (PPOs) are being agreed by the SCA for short duration periods, of between 2 and 5 years, has proved most unsatisfactory for practitioners, the SCA and families of catastrophically injured victims. The uncertainty, in the absence of the underpinning PPO legislation, has given rise to considerable legal wrangling over PPO agreements and has put catastrophically injured plaintiffs and their families through the unacceptable difficulty of having to periodically return to Court in order to agree new PPO periods and/or reversion to lump-sum settlements. The new Bill, following enactment, will bring much more certainty to what has been something of a legal anomaly. Catastrophic injury cases resulting from clinical negligence significantly impact the Clinical Indemnity Scheme’s annual compensation budget.
The introduction of the Pre-Action Protocols, as provided for in the Legal Services Regulation Act 2015, will add another welcome and vital reform and, when operational, should considerably reduce the timescale for the resolution of clinical negligence cases.

Thus, the introduction of the PPO legislation and the Pre-Action Protocols ought, on a combined basis, to considerably improve the way medical negligence cases are handled and litigated, reforms which the SCA have advocated for over a very long period. The introduction of these reforms, as outlined, will bring with them, however, considerable challenges for the health services in relation to the timeous furnishing of medical records etc. It will be vital, assuming some early teething problems, that the Pre-Action Protocols function as they ought to, thus delivering the benefits that their introduction has had for clinical negligence victims in other jurisdictions.

Ciarán Breen,
Director, State Claims Agency
Pre-action Protocol for Clinical Negligence Claims

It has long been recognised that there must be a better way for the courts to manage clinical negligence actions. In 2010, the President of the High Court established A Working Group on Medical Negligence Litigation and Periodic Payments. Its remit included the examination of the system within the courts for the management of clinical negligence claims; the identification of shortcomings and the making of recommendations to remedy any such shortcomings. The Working Group’s findings and recommendations are contained in its second report, submitted to the President of the High Court, in March 2012.¹

In December 2015, the Legal Services Regulation Act 2015² (the Act) introduced provisions to govern clinical negligence claims. While the relevant part of the Act has yet to come in to force, when it does it will significantly change the way clinical negligence claims are managed.

Pre-action Protocol

The Act provides for the introduction of a pre-action protocol for clinical negligence claims. It will include requirements which MUST be complied with BEFORE such claims are filed in court. The purpose of the pre-action protocol is to:

- encourage early resolution of allegations relating to possible clinical negligence,
- promote prompt communication between potential parties to litigation,
- facilitate early identification of the issues in dispute,
- reduce the number of claims filed in court, and
- encourage early settlement of clinical negligence claims.

Article by: Siobhán Coleman, Head of Clinical Litigation, State Claims Agency
How will this be Achieved?

Regulations will be introduced to compel early and prompt disclosure of documents and information necessary to facilitate assessment of a potential claim. Specific time limits will be introduced. The pre-action protocol will provide for:

- disclosure of medical and other records
- notification of allegations of clinical negligence
- responses to such allegations
- disclosure of material relevant to allegations and responses
- agreement to submit issues for resolution other than by a court e.g. mediation.

Time Limits

Time limits will be introduced for completion of the stages of the pre-action protocol. They have the potential to put significant pressure on available resources within healthcare facilities such as hospitals.

A similar protocol in England and Wales provides that medical and other records must be disclosed within 40 days. Once a detailed letter of claim is served, a potential defendant has 4 months within which to provide a detailed letter of response.

Beforehand, there is an obligation to write a letter of notification detailing the nature of the claim in contemplation and provide identification information with regard to the relevant patient and healthcare provider. A potential defendant is then in a position to commence its investigation and notify indemnifiers and/or the NHS Litigation Authority.

Powers of Court

In this jurisdiction, the court will have the power to direct that a claim may not proceed further until the steps required by the pre-action protocol have been taken. In addition, failure to comply with a requirement of the pre-action protocol may attract penalties in respect of costs and, in the event a claim is successful, interest on compensation awarded.

Conclusion

To be effective, realistic time limits for compliance with the various stages of the pre-action protocol will have to be introduced – and enforced by the courts. England and Wales have achieved very significant reductions in the number of cases proceeding to court. Those that do are resolved more quickly as the pre-action protocol facilitates early identification of the issues in dispute between the parties.

1 Working Group on Medical Negligence and Periodic Payments Report (Module 2) 2012
2 Section 219, Legal Services Regulation Act 2015
Quality, Clinical Risk & Safety: the Conference and the Future

From left to right: Prof. Ajay Singh (Harvard Medical School / Brigham and Women’s Hospital), Mr. Conor O’Kelly (CEO, NTMA), Minister for Health Simon Harris, Prof. Albert Wu (Johns Hopkins Hospital), Mr. Ciarán Breen (Director, SCA) and Dr. Dubhfeasa Slattery (Head of Clinical Risk, SCA) outside Dublin Castle at the Quality, Clinical Risk and Safety Conference September 12th 2016.

Article by:
Dr Dubhfeasa Slattery
MBBCh, MRCP (Paeds), FRCPI, M Med Sci, PhD
Head of Clinical Risk, SCA
Progress regarding patient safety has been made nationally and internationally over the last two decades. Detailed data analyses are occurring and findings are being shared. While the seminal “quality report” by the Institute of Medicine in 1999, “To Err is Human: building a safer health system” identified that between 44,000-98,000 Americans were dying each year due to preventable lapses in patient safety. Recent publications estimate this figure to be 200,000-400,000.

High quality healthcare requires appropriate resourcing including highly trained staff, up to date equipment and appropriate infrastructure. Recruitment and retention of staff is a problem nationally. Good clinical governance with clinician leaders involved in decision making is important. Data interrogation at institutional, hospital group, national and international level is required. Training in teams across multiple disciplines is critical. Health information technology and the electronic healthcare record are improving how healthcare is delivered.

Legal reforms, similar to those available elsewhere, are awaited in Ireland. Patient-centred care is what is strived for and, therefore, patient involvement in how this care is delivered is key. Support for healthcare staff working under stressful conditions is needed. Collaboration at national and international level is fundamental.

The inaugural “Quality, Clinical Risk and Safety” conference organised in Dublin Castle by the clinical risk team captured the essence of the future of quality improvement in healthcare and patient safety in Ireland. It involved all national stakeholders and some important international ones. Minister Simon Harris opened the conference. Three hundred healthcare staff demonstrated their commitment by attending.
Various topics were discussed, delivered by a range of expert speakers, from very different backgrounds. This included reviews of legal reforms (Minister for Health and Mr John Meade NHS Litigation Authority); the rising costs of claims nationally estimated to be ~€300 million in 2017, (Mr Ciarán Breen, Director of the SCA); protection of our healthcare staff who are “second victims” [world expert, Prof Albert Wu, Johns Hopkins University]; death due to medication overdose in a world class hospital and lessons learned [Prof Ajay Singh, Harvard Medical School]; national data analyses of clinical incidents, claims and costs [Dr Dubhfeasa Slattery, Head of Clinical Risk, SCA]; benefits of the Electronic Healthcare Record [Mr Richard Corbridge, Chief Information Officer, HSE]; Obstetric challenges in Ireland [Ms Sharon Sheehan, Master, Coombe Women’s Hospital], improving quality of care in Surgery [Mr Ken Mealy, Vice President of RCSI]; future training of our healthcare staff [Prof Anthony O’Regan, Dean of Post Graduate Education RCPI] and the invaluable contribution of patients to improving quality in healthcare, despite challenges [Mr Brian O’Mahony, President of the World Haemophilia Association].

Change implementation requires support from the top: Mr Conor O’Kelly, the CEO of the National Treasury Management Agency, welcomed and introduced the international speakers while various NTMA board members attended the conference in person.

Poster Competition Prize Winners

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<tr>
<th>1st Prize</th>
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<tr>
<td>Mr Eamonn Byrne</td>
<td>Dr Gillian Fortune</td>
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<td>Maybe Irish Pre-hospital staff don’t make mistakes? Medication errors, their reporting and Ambulance Service attitudes</td>
<td>Improving Patient Care by Supporting the Healthcare Worker Following Patient Safety Incidences</td>
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<td>Mr Derek Cribbin</td>
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<td>Critical Care Nurse Career Pathway</td>
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Topics discussed were varied, delivered by a range of expert speakers from very different backgrounds.
The high calibre of speakers and delegates at the conference is testament to the fact that patient safety is central to those involved in healthcare nationally. The future involves addressing the range of issues highlighted, implementing the recommendations discussed and delivering outcomes that improve patient safety and patient experience in our hospitals and community healthcare organisations nationwide.

Members of the Clinical Risk Team in the above image (from left to right): Fiona Culkin, Mairead Twohig, Ann Duffy, Mark McCullagh, Rachel Reynolds, Claire O’Regan, Jane O’Reilly, Karen McCrohan, Blathnaid Connolly and Deirdre Walsh. Not pictured: Irene O’Byrne Maguire, Matthew Kennedy, Dr. Dubhfeasa Slattery, Karen Robinson, and Mary Godfrey.
Aim
To review all closed claims pertaining to Paediatrics in 2014, and identify opportunities for learning.

Method
A retrospective, one year review of all closed claims, nationally, pertaining to Paediatrics was conducted. A report was generated using the NIMS (National Incident Management System) and a search carried out using the term “paediatrics” and age band “0-17 years”.

Results
Of the eighteen closed claims analysed, twelve (66.7%) involved males. Regarding age, eleven (61.1%) involved children less than five years of age. Two (11.1%) claims pertained to fatalities. (Figure 1).

Of the two fatal claims, one related to a five month old boy with bacterial meningitis who, on initial presentation, was diagnosed with a viral infection. He later re-presented and a diagnosis of Streptococcus pneumoniae meningitis was made. Despite appropriate treatment the infant subsequently died.
The second fatal claim related to an 18 month old, ex premature infant (26 weeks gestation) who presented to the Emergency Department with respiratory symptoms. A diagnosis of bronchiolitis was made. Upon clinical deterioration, the child underwent treatment with intravenous antibiotics, was intubated, ventilated, and transferred to the adult intensive care unit (ICU) while awaiting transport to a tertiary paediatric ICU. During the ICU stay, the endotracheal tube became blocked and dislodged. The infant suffered a cardiac arrest and, despite resuscitation, care was withdrawn two weeks later due to severe hypoxia and confirmed brain death.

Regarding the non-fatal closed claims (n=16), multiple specialities were identified of which the most common pertained to Orthopaedics (n=7), Infectious Diseases (n=3) and Surgical (n=3). There was one claim each in the specialities of Otolaryngology / Ear, Nose and Throat (ENT), Ophthalmology and Pathology.

Regarding Orthopaedics (n=7), the mean age was 9.4 years, ranging from 8 months to 16 years, of which five cases pertained to males. Two claims were related to fractures, both resulting from trauma: fall from a trampoline and a bouncy castle. A delayed diagnosis of slipped upper femoral epiphysis in a female patient resulted in chronic pain, restricted joint movement and the likely need for further surgery. A systems error resulted in a delayed diagnosis of developmental dysplasia of the hip in an infant with a known family history for this condition.

The category with the most significant clinical outcomes, though not the most common, was Infectious Diseases (n=4, 22.2%). One case resulted in a fatality while another involved a missed septic arthritis, secondary to Haemophilus influenza b septicaemia involving several leg discrepancy length corrective surgeries.

Three cases pertained to surgery. One pertained to an upper labial frenulum release but the surgery performed was lingual frenulum release. Another case related to a missed anal atresia in a new-born infant. The infant was re-admitted within 24 hours and required a laparotomy and colostomy.

**Suggested opportunities for learning**

- Specific training and education in Paediatric medical and surgical emergencies (diagnosis, and management) and Paediatric Orthopaedic conditions (presentation, radiological findings and management) particularly for junior doctors, early in post or prior to commencement in post if possible (e-learning).

- Early escalation to senior colleague if any doubt regarding diagnosis and / or management plan.

- Clear, timed documentation in healthcare records regarding diagnosis and management.

References available on request.
Albert Wu is Professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health and a practising clinician at Johns Hopkins Hospital, Baltimore. He has extensive research interests in patient safety and has published over 390 papers in the areas of quality, patient safety and clinical outcomes. He is credited with coining the term ‘the second victim’, an acknowledgement that when things go wrong in healthcare, the clinician suffers too. It was on this subject that Prof Wu spoke recently at the inaugural Quality, Clinical Risk and Safety Conference, organised by the clinical risk team, State Claims Agency, in Dublin Castle September 12th 2016.

Prof Wu describes healthcare as a high risk industry for both patients and staff. Whilst acknowledging that the patient is the primary victim of a medical error, there is a growing realisation that healthcare staff members additionally are victims in that they too are traumatised. The event and its aftermath, colleague’s reactions, the subsequent investigation and potential litigation may be devastating for the healthcare provider. Prof Wu describes the carer being ‘bumped’ out of their ‘resilient zone’ leading to anxiety and panic on the one hand and numbness and depression on the other (See Figure 1). Post-traumatic stress disorder (PTSD) can develop when such symptoms intensify, persist for more than a month and include flashbacks to the event. Even in the absence of PTSD, second victims are often left with feelings of incompetence, inadequacy or guilt.

In his landmark 2000 article for the British Medical Journal, Prof Wu commented that it is often the most dedicated and sensitive healthcare workers who are most at risk of injury from their own mistakes. At the conference, he relayed the 2010 story of a Seattle nurse, Kimberly Hiatt, who administered an overdose of medication to a baby who later died. Despite reporting the error herself, Nurse Hiatt was dismissed by her employer and subsequently took her own life. Prof Wu commented that there is a need for a different type of institutional response to such a tragedy, one which includes support for the staff member involved.
RISE

Prof Wu outlined the Resilience in Stressful Events (RISE) programme which he has pioneered at the Johns Hopkins Hospital. The idea is simply to provide care to the care-givers. RISE is confidential, non-judgemental and provides peer-to-peer support from a dedicated group of volunteers. The volunteers provide emotional ‘first-aid’ to second victims who are having trouble coping with their emotions following an adverse patient event. As Prof Wu emphasised, front line staff need to know that it is safe to talk about patient safety.

Caring for the Caregivers in Ireland

There are signs of a growing awareness of the importance of providing appropriate care for second victims in Ireland. The HSE in association with the State Claims Agency has produced a booklet entitled ‘Supporting staff following an adverse event: The ‘ASSIST ME model’ and has a free Employee Assistance Programme [http://www.hse.ie/eng/staff/safetywellbeing/eap/].

In addition, the State Claims Agency (SCA), the Health and Safety Authority (HSA) and Critical Incident Stress Management (CISM) Network Ireland worked collaboratively to produce a new and innovative psychosocial risk assessment framework, “Work PositiveCI”, with specific guidance for dealing with critical incidents and / or traumatic events in healthcare workplaces [please refer to the news & events section]. This was piloted and validated in a number of healthcare locations. This framework is the first of its type in Europe and HSE human resources together with the SCA hope to implement it on a phased basis for frontline healthcare staff in 2017. For more information please contact stateclaims@ntma.ie.

Conclusion

Prof Wu’s vision and compassion has shown that healthcare institutions can respond to adverse patient events in a way that supports patients and staff alike. His RISE programme builds resilience and provides peer support for healthcare workers who find themselves in stressful situations. It is reassuring to note that the plight of second victims is now recognised in Ireland. Initiatives, such as Work PositiveCI, which address this area are welcome and are integral to building a genuine culture of patient safety in Ireland.

References available on request.

Figure 1: The Resilient Zone Model
Adapted from Trauma Resource Model (www.traumasourceinstitute.com)
The year 2016 marked the 15th Anniversary of the establishment of the State Claims Agency (SCA) on the 3rd of December 2001. We used it as a year of reflection and evaluation and we carried out a number of reviews as part of this process. The most important of these involved using an independent organisation to carry out a quantitative and qualitative study to establish your, our client State authorities’, experience and perceptions of the SCA.

It consisted of two phases. The first included a series of 25 in depth, one-to-one, semi-structured interviews with personnel at senior levels in our client organisations. The second phase involved online interviews which were offered to around 350 contacts in our client State authorities and which were completed by 144.

In describing us you described us a rigorous, experts, passionate, problem solving, ethical, even handed, necessary, innovative and thought leaders.
we are humbled and very pleased that you have found us a useful Agency over the last 15 years and we hope to continue to deliver a high level of service to support you in your daily endeavours to deliver on behalf of the citizens of this country.

So what did you tell us?

The feedback from both phases of the study was very positive and indeed the experience of most who have dealt with the SCA tends to have been very impressive and indeed reassuring. The whole area of claims against State bodies and the escalating risk profile of many of the State agencies has become a much bigger issue for client authorities in recent years. Many Delegated State Authorities (DSAs) welcomed the advent of the State Claims Agency. You scored us high in all key areas of usefulness, communication, expertise, value for money and project management.

The key measure in surveys like this is whether you, as a client, would whole-heartedly recommend the services of the SCA to another organisation or colleague within your own State authority. You scored us higher in regard to this measure than any other public sector body and as high as the best private organisation measured previously.

In describing the SCA, you described us as rigorous, experts, passionate, problem-solving, ethical, even-handed, necessary, innovative and thought leaders.

You also provided some very constructive criticism. In particular around the communication of the services we offer and specifically concerning to our activities around claims management and risk management concerning specific claims or initiatives. It was suggested we might publicise our services better, not just to our client State authorities but also more widely to the public. Finally, a good number of you commented that with our expanding remit there was some concern that we will not be able to deliver the same level of service as we have in the last 15 years.

We would firstly like to thank you for your engagement with the researcher and your positive feedback. We are humbled and very pleased that you have found us a useful Agency over the last 15 years and we hope to continue to deliver a high level of service to support you in your daily endeavours to deliver on behalf of the citizens of this country. We have taken seriously the constructive criticism that you have provided and we are already taking measures to try and ensure that your concerns in relation to the future delivery of our services to your organisations are addressed.
What is ePoint of occurrence reporting?

When a paper incident report form is filled out and sent to a central point for recording that is a report from the ‘point of occurrence’. ePoint of occurrence reporting is where frontline staff enter incident reports directly on to the incident management system database eliminating the need for paper.

Is ePoint of occurrence reporting the way forward?

Near the top of everybody’s business requirements for an incident management system is electronic point of occurrence reporting [also known as the ePoint of injury, ePoint of care, etc.] Like a paperless office, open plan layouts and electric cars, ePoint of occurrence reporting is one of those concepts which is accepted as the better way forward. But is it? Let’s consider the benefits and challenges.

The benefits of ePoint of occurrence reporting include:

- The removal of paper forms;
- Information does not have to be transcribed from the paper form and inputted into the incident database – more efficient and eliminates transcription error;
- The inputting load is spread across an organisation;
- More timely reporting.

The challenges of ePoint of occurrence include:

- Staff who are too busy to fill in the paper form will be even less likely to engage with an IT system;
- Getting a large population of frontline people logged in and trained on an IT system;
- A large number of staff enter a small number of incidents on a less frequent basis – less familiarity with the system can result in data quality/consistency issues;
NIMS can deliver a range of solutions for e-point of occurrence reporting. The use of an electronic format of the National Incident Report Form (NIRF) is already in place in a number of Healthcare Enterprises and State Authorities. NIMS also allows you to report from the ‘frontline’ directly onto the database. In addition, mobile apps that will allow a user to report incidents directly from mobile devices are currently in development and will be available in the future.

Over the last eighteen months we have had a number of stop start projects involving ePoint of occurrence reporting implementations with various State authorities, mainly in the Healthcare sector. To date, none have been fully implemented, not because of technical problems, but largely due to cultural and change management challenges that people at the organisational level have faced.

And so the debate will continue! In the meantime, the NIMS Steering Group is happy to engage with any organisation that wishes to adopt one of the many available ePoint of occurrence solutions.

Over the last eighteen months we have had a number of stop start projects involving ePoint of occurrence reporting implementations with various State authorities mainly in the Healthcare sector.
In 2016, we surveyed almost 250 of you, our clients, to help us assess how the system is performing and gauge the levels of satisfaction. We are happy to report that the results were largely positive and, in addition, we have received numerous comments and suggestions from you that will inform our work programme for 2017.

User satisfaction levels with the system are on the whole very positive, with as few as 7.5% expressing dissatisfaction.

85% of respondents in Healthcare can enter an incident in less than 7 minutes, and 61% in less than 5 minutes.

78% of all respondents rate the overall layout of the interview entry screens as being good, very good or excellent.

91% of respondents in Healthcare rate the service provided by the SCA’s NIMS helpdesk as good, very good or excellent.

Users would like more space to enter the incident description. This change is currently in development, and is due for release in Q1.
OVERALL LAYOUT OF INCIDENT ENTRY SCREENS

HOW SATISFIED ARE YOU WITH THE UPGRADED NIMS SYSTEM?

SCA NIMS HELPDESK

HOW LONG WOULD IT TAKE YOU TO RECORD A STRAIGHT FORWARD INCIDENT ON NIMS
NIMS & Consideration of Data Protection Acts by State Authorities

The National Treasury Management Agency (Amendment) Act 2000 (the Act) assigns claims and risk management functions for Delegated State Authorities (DSAs) to the State Claims Agency (SCA). In furtherance of this role, Section 11 of the Act requires DSAs to report adverse incidents giving rise to personal injury or property damage to the SCA. These incidents are inputted and managed via a secure web-based management system, the National Incident Management System, NIMS. The collection of this data gives rise to Data Protection Act considerations.

The purpose of the Data Protection Acts is to safeguard the privacy rights of individuals in relation to the processing of their personal information. While a person has in the ordinary course a right to object to the use of his/her personal data, this right does not apply in certain circumstances, including where he/she has given consent to the use of data, where the use is necessary for an agreed contractual obligation, or the use is required by law.

"Personal data means data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information that is in, or is likely to come into, the possession of the data controller."
Incident reporting will by its nature include reference to personal data such as names, addresses, contact details. Personal data means data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information that is in, or is likely to come into, the possession of the data controller.

DSAs constitute data controllers, as defined by the Data Protection Acts, being a party who, either alone or with others, controls the contents and use of personal data. They must therefore be cognisant of their obligations as defined by the Data Protection Acts when complying with their statutory reporting obligations.

In relation to personal data, the Data Protection Acts mean that data controllers are obliged to:

a. Obtain and process personal information fairly;

b. Keep information only for one or more specified, explicit and lawful purposes;

c. Use and disclose it only in ways compatible with these purposes;

d. Keep it safe and secure;

e. Keep it accurate, complete and up to date;

f. Ensure that it is adequate, relevant and not excessive;

g. Retain it no longer than is necessary for the purpose or purposes;

h. Give the data subject a copy of their personal data in intelligible form on request.

Importantly, data controllers are also required to take appropriate security measures against unauthorised access, disclosure or destruction of the data, in particular where the processing involves a transmission of data over a network. With regard to NIMS, therefore, DSAs should give consideration to issues such as access and ensure use of NIMS by staff is limited to what is required to fulfil their reporting obligations while keeping the data secure from unauthorised access and disclosure.
NIMS Progress Update

NEW DEVELOPMENTS
- Version 15 core application upgrade
- Introduction of the HSE Divisional Structure to allow logging against Social Care, Primary Care, Acute Hospital, Mental Health and the National Ambulance Service (NAS) divisions
- Amendments to service and sub-service with the divisional structures
- Updates to the location hierarchies based on user feedback
- Addition of a ‘Preliminary Assessment’ option within ‘Level of Investigation Required’, on the incident investigation page
- ‘Other’ has been added under the ‘Problem/Cause’ list available for the Self-Injurious Behaviour Sub Hazard type on NIMS
- The Category of Person option ‘General Support’ has been relabelled to ‘Other Staff’
- Addition of Gardasil (HPV) to the ‘Type of Mass Injury’ field on NIMS
- Additions to the ‘Category of Person’ & ‘Work Duty’ pick-lists for An Garda Síochána
- Significant updates to the logging of medication incidents, to include a drug/medicines lookup
- Enhancements to the National Incident Report Form (NIRF) based on feedback from NIMS users - interactive NIRF
- Review of the Behavioural Hazards logging based on feedback from NIMS users

KEY REPORTS BUILT
- Quarterly Management Information (MI) risk status reports for all Hospital Groups, CHO Groups, the NAS and all DSAs (including Defence Forces, IPS, Departments etc.)
- Quarterly claims reports for all DSAs, 7 Hospital Groups, 9 CHO Groups and the NAS
- Quarterly National General Indemnity Scheme report
- Quarterly Medications KPI report to HSE
- Quarterly Claims Previously Reported as an Incident (CPRI) report to HSE

NEWS!
NIMS was Shortlisted for the 2016 Tech Excellence Award. Ireland’s national Tech Excellence Awards are the most prestigious recognition of achievement in the technology sector, celebrating success in the country’s most vibrant sector. The ‘Projects of the Year Awards’ recognise technology projects which have delivered outstanding operational and competitive advantage.

COMING SOON IN 2017
In line with our model for continuous improvement, over the course of 2017 we will continue to deliver many of the changes and enhancements proposed by you, our client.
- Enhancements to support serious reportable event logging (SRE) and investigations.
- Longer incident description fields.
- Consolidated No Harm/Near Miss/Outcome fields.
- Enhancements to support the capture of Open Disclosure information at point of entry.
- Enhancements to the incident investigation screens on NIMS.
- Client specific enhancements to support An Garda Síochána.
- Client specific customisations to support TUSLA. Rollout of the Interactive (pdf) NIRF form and process.
- Development of a standard suite of national reports for Healthcare in conjunction with the HSE.
I have input an incident incorrectly onto NIMS, do I have the ability to delete incidents from the system and if not how do I go about deleting them?

No, only the NIMS Helpdesk has the ability to delete incidents from the system. If it is decided that an incident should be removed from the system the following steps should be followed:

- Your NIMS Liaison Manager should get in contact with the NIMS Helpdesk who will send on a blank copy of the request for deletion form
- The NIMS Liaison Manager should complete the request for deletion form, sign it and scan it back to NIMSHelpdesk@ntma.ie
- Once the NIMS Helpdesk receives the form they will delete the incident from the system and email confirmation to the liaison manager
Teresa Wall, an experienced hill walker, initiated a claim against the National Parks and Wildlife Service in respect of an accident which befell her while hiking on the Wicklow Way on 6th August 2013. Her claim alleged the NPWS was negligent in failing to maintain a boardwalk such that depressions formed on the surface with one of these causing her trip and fall accident. She sustained a laceration injury to her right knee which required stitches.

The Plaintiff’s claim was comprehensively investigated by the State Claims Agency and her Circuit Court action for damages fully contested. The Circuit Court trial Judge found in her favour, holding the NPWS had not taken reasonable care to maintain the boardwalk. The Circuit Court Judge also found no contributory negligence on the part of Ms. Wall.

Both on the facts of the case and having regard to the detrimental precedent effect of the Circuit Court Judgment, the SCA appealed this decision to the High Court. The Appeal lasted five days, with a reserved Judgment delivered on 17th February 2017.

The Judge found the Plaintiff’s accident was most likely caused when her boot caught on the vertical lip of a hole on the boardwalk, one of a number of indentations on the boardwalk surface caused by erosion and weathering.

The Plaintiff accepted she was a ‘recreational user’, pursuant to section 1 of the Occupiers Liability Act 1995, but noted section 4(4) provides that where an occupier places a structure on land for use by recreational users, this creates a positive duty on the occupier to maintain the structure in a safe condition.

The Court noted there was an onus on the Plaintiff to establish the boardwalk was in an unsafe condition, and that its unsafe condition was attributable to a failure to exercise reasonable care to maintain it. The Defendant proffered evidence that reasonable care was taken to maintain the boardwalk but also submitted that in applying the common law duty of care four factors were relevant;

1. the probability of an accident
2. the gravity of the threatened injury;
The Judge holding that a trip hazard is not the same no matter what the location and that the standard of care owed by an occupier has to be adapted to the location, the conditions, and the vigilance expected from the recreational user together with the social utility of the provision of the structure.

3 the social utility of the Defendant’s conduct and
4 the cost of eliminating the risk.

The High Court Judge held the appropriate duty of care imposed on an occupier, such as the NPWS, is not an absolute or strict duty; the duty of reasonable care to maintain a structure such as a boardwalk in a safe condition has to be interpreted by applying the law of negligence. The Judge held a trip hazard is not the same no matter what the location, the standard of care has to be adapted to the conditions and found that the vigilance expected from hillwalkers together with the social utility of the provision of the boardwalk and its isolated location were relevant factors.

The Judge concluded by holding the NPWS was not negligent in not filling in the holes/indentations or replacing damaged sections of the boardwalk and, accordingly, he allowed the Appeal in full. This High Court Judgment will be of significant assistance and comfort to State bodies and private landowners whose land is used by recreational users such as hillwalkers.
The Agency’s Enterprise Risk Management Section (ERMS) focuses on providing advice and support in relation to risk management structures, insurance, contracts/leases, maintenance of buildings, fire safety, health and safety and environmental management to Delegated State Authorities (DSAs) in respect of the General Indemnity Scheme (GIS).

The National Incident Management System (NIMS) is now live across the majority of DSAs since its introduction in 2014. In the spring edition, Pat Kirwan, Deputy Director and Executive Head of Business, Risk and Operations spoke of the State Claims Agency’s (SCA’s) objective to work with stakeholders to get the best out of the NIMS tool and assist in reducing risk and claims against each DSA and the State overall.

The ERMS is pleased to announce that a number of risk initiatives have been launched in respect of this strategy, in particular; risk reviews and quarterly risk and claim status reports.

Incident and Claim Risk Reviews

The benefits of NIMS is far reaching and extend beyond each DSA’s use to that of the SCA’s ERMS. The NIMS “incident and claim risk review” module assists the ERMS in achieving its objectives to monitor and reduce your organisation’s risk exposure that may give rise to claims through sophisticated alert functionality. Once a DSA reports an incident on NIMS, the ERMS is promptly alerted and conducts reviews of all major/extreme rated incidents and new claims. Typically, the ERMS monitors risks and trends at a National level to inform its initiatives. This new “on the ground” approach will enable the Agency to work directly with a more widespread group of local subject matter experts within each DSA.

As part of this new initiative, the ERMS will be contacting relevant individuals within your organisation regarding these reviews via an incident and claim risk review letter. If you receive a risk review letter, it will require a response, using the NIMS incident investigation page, to provide further details on the results of any follow-up investigation e.g. contributory factors, mitigating controls etc.

By completing the NIMS incident investigation page, you will be capturing the conclusion and recommendation in the aggregate. This will be a rich vein of information in providing lessons learned that will steer continuous improvement for your organisation.

Quarterly Risk & Claim Status Reports

At this stage, your organisation may have received quarterly risk and claim status reports. The purpose of these reports is to provide key Management Information (MI) in respect of your organisation’s incident and claims activity.

Designed by the ERMS, the quarterly risk status report focuses on a number of risk management key performance indicators (KPIs) to include the following;

- On-site reporting of incidents;
- Claims previously reported as incidents (CPRI);
- Number of days to report;
- Lost days;
- Investigations completed and
- Claims received.

Article by: Katie Nugent, Enterprise Risk Manager, SCA
In order to improve and encourage incident reporting rates, the ERMS is focusing particularly on the “CPRI” KPI. The “CPRI” illustrates performance in respect of the number of Claims which have been Previously Reported as Incidents. It is a focus for the ERMS to develop a baseline benchmark across each DSA.

Whilst incident numbers alone are not sole indicators of good reporting, the CPRI KPI is an effective indicator of the quality of reporting. The ERMS recognises that there are some incident types which are not known or may not be made known to your organisation prior to a claim arising. In light of this, a CPRI of 100% is unlikely, however the ERMS urge DSAs to encourage optimal reporting levels to improve current CPRI.

The ERMS hopes you will find these newly established initiatives beneficial for the management of risk within your organisation. These valuable outputs justify the correct use of NIMS and should further encourage its use. The ERMS will continue to focus its efforts on embedding risk management practices in 2017 with a particular emphasis on local investigations, and assisting DSAs in the use of their NIMS dashboards to better manage incident response, investigation, assignation and tracking.

If you would like to express interest in your organisation getting direct access to NIMS to avail of the benefits of the risk management functionality, please contact the ERMS on 01 238 4900 or stateclaims@ntma.ie where we can assist you further.
Two Network Conferences were held in 2016. The first was held on the 20th April in Dublin Castle, followed by the second on the 22nd November in the National Botanic Gardens. These conferences enable information sharing, distribution of guidance and discussion, consultation and meeting up with peers. This year, approximately 200 people, representing 60 DSAs, attended. We received very positive feedback from those that attended. We will continue, as part of the Risk Management Network, to hold further events in 2017.

Spring/Summer Network Conference “Insurance Requirements for Goods and Services Contracts”

This conference focused on insurance, which is an issue that effects all aspects of DSA activities. The SCA Enterprise Risk Management Query Service receives in excess of 300 queries annually specifically on insurance requirements for Requests for Tenders (RFTs) and contracts. Our experience indicated that there was a lack of guidance on this topic both nationally and internationally and that this matter was further exacerbated by the various types of RFTs and contracts across the State sector; from the procurement of pens and paper to ships and helicopters. As the use of contractors is increasing, we saw this as an opportunity to provide practical examples on why DSAs need to have formal standardised procedures in place for setting and checking insurance together with a practical toolkit.

Risk presentations were provided by Fiona Kearns, Senior Enterprise Risk Manager and Paul Burke, Enterprise Risk Manager and; Louise Boughton, Senior Litigation Solicitor with the State Claims Agency provided an insight into insurance and its requirement from a litigation perspective using informative claims’ case studies.

The following State Indemnity Guidance (SIG) documents were launched at this Network Conference:
SIG 02: Determining insurance levels for goods & services RFTs & contracts
- General insurance guidance
- Appendix A: Types of insurance cover
- Appendix B: Insurance risk assessment template
- Appendix C: Insurance requirements for RFTs
- Appendix D: Third party insurance questionnaire

SIG 03 – Use of Contractors
SIGs are available on request from stateclaims@ntma.ie

Comments
“I don't have a background in insurance but I found the presentations very useful and the associated guidance very clear and helpful.”

“It was very interesting to hear about the impacts of accidents from a litigation perspective and why health and safety risk management is so important.”
Autumn/Winter Network Conference “Frequently Asked Questions”

This conference focused on a number of different topics, which were presented by experts from within and external to the State Claims Agency. The focus of the seminar was to provide clarity and guidance to some of the questions/queries raised during the year. The topics included:

- National Incident Management System (NIMS) Functionality and Reporting Strategy;
- Enterprise Risk Management Initiatives;
- Managing Slip, Trips and Falls in Delegated State Authorities;
- National Contracts Frameworks to Support Risk, Insurance and Health and Safety Management in the Public Sector;
- Overview of the DSA Focus Groups

A joint presentation provided by Michael Sweeney, Programme Manager, SCA and Fiona Leheny, Data Services Manager, SCA outlined the development of NIMS, the key benefits of the system to process data in real time and the availability of a team of industry specialists within the SCA who can facilitate data requests.

Katie Nugent, Enterprise Risk Manager, provided an overview of two beneficial Enterprise Risk Management Initiatives which commenced in 2016 using the functionality of NIMS: Incident and Claim Risk Reviews and Quarterly Risk Status Reports. These initiatives shall not only assist the DSAs in reducing their risk exposure but also provide key management information in respect of claims and incident activity (see article in this eZine, Enterprise Risk Management Initiatives for further information).

Mila Sullivan, Procurement Manager, Office of Government Procurement (OGP), was the first of two external speakers. She provided a depth of information on a number of National Framework Contracts to support the management of risk. These frameworks include:

- External Workplace Investigation Services;
- Foreign Travel Insurance; Employee Assistance Services;
- Occupational Health Services Framework (to be available from Q2 2017);
- Health and Safety Training & Advisory (to be available from Q1 2017).

Mila Sullivan, Procurement Manager, Office of Government Procurement

 slips, trips and falls. The presentation outlined a number of practical control measures to assist DSAs with reducing the exposure to this risk, including the use of real examples from litigated cases.

It’s great to hear that at last all of the good work that is being undertaken will get recognition through the awards initiative in 2017.
The aim of these framework contracts is to deliver easy access to high-quality services for all Public Sector bodies, at the best possible price. Therefore, where a DSA requires any of the various services associated with the frameworks, there is no need to tender, saving time and ensuring compliance with procurement requirements – just contact the OGP for information on how to access the required framework contract.

Declan Garrett, Security and Safety Manager, National Gallery of Ireland, provided an insight into a collaborative risk initiative – DSA Focus Group. This project was undertaken by a sub-group of Network members, facilitated and coordinated by the SCA. The purpose of the group was to ensure that recommendations raised from inspections carried out by the Health and Safety Authority were being addressed so as to ensure compliance with the Safety, Health and Welfare at Work Act, 2005 and associated legislation. The feedback from this project was hugely positive and the guidance and templates can be obtained by contacting stateclaims@ntma.ie

Comments

“I found the Network Conference very informative with a nice mix of topics relative to my organisation. I found the presentations on NIMS particularly useful. As a newly Delegated Authority, it gave a good overview of how this system can be utilized and what's up and coming. Also, it was a great opportunity to meet the ERMS team and to engage with other people within the health and safety and risk field.”

“Overall, I enjoyed the morning; it was great to get an opportunity to engage with people in similar roles within the public sector. I felt that there was a good flow to the presentations and the morning went by very fast. I found the presentation on slip trips and falls useful, in particular, the mapping tool, this is always an issue to contend with in our organisation.”

“The conference was a great opportunity to meet the SCA Risk personnel but also others fulfilling the same role as myself in the public sector. I would like more of these conferences, the morning wasn’t enough.”

“It’s great to hear that at last all of the good work that is being undertaken will get recognition through the awards initiative in 2017.”

Finally, the Enterprise Risk Management Section launched the following Risk Advisory Notices (RANs) at this Network Conference:

- RA-07-01 - E-Working Policy Development
- RA-08-01 - Noise and Vibration
- RA-10-01 - Safety Data Sheets (SDS)
- RA-11-01 – Asbestos Risk Management
- RA-12-01 - A Guide to Portable Appliance Testing

RANs are available on request from stateclaims@ntma.ie
A Junior Achievement for the State Claims Agency

Article by: Ben Mannering, Senior Claims Manager, SCA

This year saw the SCA become involved for the first time with Junior Achievement Ireland, as part of the NTMA volunteer initiative and to compliment the SCA’s work with primary and secondary schools. JAI marks its 20th anniversary and the NTMA [SCA parent agency] marks its 25th anniversary.

JAI is a not for profit organisation that recruits, trains and supports volunteers from business to facilitate programmes covering themes such as employability, financial literacy, the value of studying STEM subjects and entrepreneurship skills in schools. A volunteer is selected from a business background to deliver one of the programmes to pupils. The SCA, by means of State indemnity,
provide risk management and claims management services to 105 community, comprehensive and model schools throughout the country and the involvement in JAI was an obvious step for SCA.

The State Claims Agency’s first volunteer was Ben Mannering, Senior Claims Manager, who visited Assumption Secondary School, Walkinstown. Ben delivered the “Success Skills” Junior Achievement programme to Transition Year students. The programme covers such topics as interpersonal skills, CV proofing, interview techniques and preparing for the first interview. In the feedback from the school, the students’ teacher (Niamh Dwyer) said “the pupils were delighted to take part in the success skills programme and they benefitted so much from the whole experience of working with a volunteer like Ben who became a role model to the students. We really appreciate all the time and effort Ben put into the programme to make it such a success”. Ben found the experience very practical. “It is difficult to remember how little we all knew in school about the workplace that we now take for granted. The pupils’ interaction was fantastic.

THE SCA PROVIDE RISK MANAGEMENT & CLAIMS MANAGEMENT SERVICES TO

105 COMMUNITY AND COMPREHENSIVE SCHOOLS

“ It is difficult to remember how little we all knew in school about the workplace that we now take for granted. The pupils interaction was fantastic. The highlight was reviewing one pupil’s CV which would put my own to shame, the future is in safe hands!”

The highlight was reviewing one pupil’s CV which would put my own to shame, the future is in safe hands!

This term, Deirdre Malone, Litigation Solicitor, will be teaching the Junior Achievement programme entitled “Ourselves” to the Junior Infants class of Scoil Chaitriona, Mask Avenue, Coolock, Dublin 5. Deirdre’s course involves the use of compelling stories and hands-on activities related to helping, working, earning, and saving to engage the students and introduce them to the economic roles of individuals. Future solicitors in the making no doubt!

Both primary and secondary schools can get involved in the programme by contacting JAI at http://jai.ie.
In 2015, following a number of violent physical assaults on Irish Prison Service staff by prisoners, the Deputy Director of the State Claims Agency (SCA) confirmed to the Director General of the IPS that the SCA would conduct a “Review of Assaults on Operational Prison Staff by Prisoners”. The aim of the Review was to determine whether the recent assaults were unusual events or an indication of a new culture of violence in the prisons, particularly aimed against staff. The SCA also wished to determine the root cause of such incidents, to comment on the potential for future reoccurrence and to make recommendations for improvement.

IPS Management welcomed and embraced the Review. Both staff and management understand that operational prison staff are the critical component in the successful management of prisoners and their behaviours and that this is the key to managing the associated risk. There is genuine concern among staff for their safety and that of their colleagues but interestingly, their views on possible risk controls were that a combined approach was necessary i.e. not just to focus on weapons and protective equipment for operational prison staff but also to address prisoner issues such as mental health, risk assessment, etc.

Article by: Gemma D’Arcy, Senior Enterprise Risk Manager
There is some evidence to suggest that the number of assaults is increasing but this evidence is not compelling. However, direct physical assaults on operational prison staff are an important and significant issue; almost 3 in every 100 operational prison staff were directly physically assaulted in 2015. In contrast, the ratio of these assaults to the numbers of prisoners in the system is very low – assaults are carried out by a relatively small number of prisoners with, in the main, challenging behaviours and/or mental health problems.

"Managing the risk of assaults on operational prison staff by prisoners is a multifaceted and complex issue."
Managing the risk of the potential assaults on prison staff by prisoners is a multifaceted and complex issue. Hazards involving people and the human disposition are ever changing and must be dealt with systematically and strategically. The Review’s main findings and recommendations include:

- **Operational Duties – Conflict Management:** The IPS should refocus its emphasis on the management of prisoner behaviours using conflict resolution techniques to deescalate situations that could lead to physical violence through further training and selection of staff.

- **Operational Duties – Escorts:** The IPS should review the use of escorts and explore opportunities to reduce the frequency of prisoners leaving prisons for court appearances and hospital visits – through greater use of video links with courts and improved on-site medical facilities within prisons.

- **Deterrent and Protective Equipment and Clothing:** The current practice of prison staff not carrying batons as standard should continue. However, the review did make recommendations that batons should be carried as standard outside prisons while on escort. In addition, it was recommended that the IPS explore the use of incapacitant spray (pepper spray) to be used in a controlled manner for certain specific situations. The Review Group also does not recommend the routine wearing of body armour on the landing or within the perimeter of the prison but that it should be available for other activities subject to a needs’ analysis.

- **Prisoner Risk Assessment:** The IPS should improve and standardise the approach of prisoner risk assessment to ensure that all personal information and security information, gathered in respect of prisoners, is available when making critical operations decisions.
The Review Group advised that all of the recommendations throughout the report are not to be seen as individual standalone actions but as a holistic remediation process. If all recommendations are implemented effectively, it is hoped that it will not only reduce the number of assault incidents on staff but it will improve the overall performance on the day to day running of the Irish Prison Service.

On the 24th of November 2016 the Review Group presented the report to the Tánaiste and Minister for Justice and Equality. The Review findings and recommendations were accepted and adopted in full. The Director of the IPS was requested by the Tánaiste to prepare an implementation plan for the recommendations for early in 2017.

While this report is very specific to the IPS, it is important to note that the findings and recommendations of this Review have wider implications for other Delegated State Authorities as the whole issue of managing challenging behaviours is not unique to the IPS and is also evident in the Healthcare sector, in An Garda Síochána, Detention Schools, the Education sector to mention a few. We therefore encourage that the wider learnings are considered by other clients within the State sector. Shared learnings are an important element of risk management and continuous improvement. The Review can be found at http://stateclaims.ie/resources/
Inside the State Claims Agency: The Operations Team

Meet the Team

The Operations Team from left to right: Beata Mizdal [Accounts Administrator, SCA], John Healy [Accounts Executive, SCA], Pat Kirwan [Deputy Director, SCA], Maeve Wright [Operations Manager, SCA], Aidan Coffey [Accounts Executive, SCA], Aleksandra Spolnik [Assistant System Administrator, SCA], Rebecca Hamill [Systems Analyst, SCA].

Article by: Maeve Wright, Operations Manager, SCA
The Operations team in the State Claims Agency (SCA) has been in existence as long as the Agency itself, since the year 2000. As a service provider, Operations’ remit is twofold: 1) to process all claims-related payments on behalf of the SCA and 2) provide IT support to internal and external stakeholders. IT support is provided to SCA staff across all IT platforms, but most specifically on the document management system and the National Incident Management System (NIMS). The team also provide Helpdesk support to external clients via email and telephone specifically on NIMS. The team is currently comprised of 7 personnel, three each for accounts and IT with support from an administrative assistant.

The accounts team deal with all payments – invoices, legal costs, settlements etc – generated through the day to day management of claims which have been taken against Delegated State authorities (DSAs). Once these payments are made, Accounts then have to ensure that SCA are reimbursed by the DSA on whose behalf the claim is being managed. The team processes in the region of 1000 payments monthly. These payments generate a large amount of queries from internal Claims Managers, those seeking payment, colleagues in NTMA Finance who make these payments through the NTMA General Ledger, as well as the DSA clients themselves. The processing of payments by the SCA falls under Prompt Payment legislation, meaning that payments have to be made within 30 days of being received.

The IT team are the first port of call for SCA personnel when it comes to day to day IT issues – printers, scanners, network access etc. The two specialist systems used by the SCA are 1) the Softco document management system – all documentation relating to every claim is stored on this system, creating a soft copy version of a claim file and 2) the National Incident Management System commonly referred to as NIMS. All of the DSAs have a statutory requirement to log all incidents with the SCA and NIMS is the method provided to meet this requirement. Day to day support, through NIMS Helpdesk, involves creating new users, applying new access, guidance with logging specific incidents, assisting with view creation and report generation and deleting duplicate incidents. The team is also very much involved in the design and updating of the system. NIMS is an evolving system and as more of the DSAs start to use it, the SCA receives more requests for additions and modifications to the system. SCA has a Change Authorisation Review Team [CART] and a process for reviewing these changes, assessing the risk to existing data should a change be made and making recommendations accordingly. Operations personnel are key to this team and process.

On average, the IT team deal with up to 500 emails and close to 300 telephone calls a month. IT Operations also provide all the training in relation to NIMS and in the past 12 month period have trained over 200 personnel across DSAs.

The day to day activities of the Operations Team are very process driven and the team sought NSAI Quality Management System ISO 9001:2008 Standard certification in 2009. The team were awarded this certification on the first attempt and have maintained that certification ever since.
SCA Remit Expands

The number of bodies under the SCA’s General Indemnity Scheme (GIS) has further increased, bringing the total number of bodies under the GIS to 144. This is as per State policy, as set out in the Public Financial Procedures; where the State is its own insurer and, as such, covers its own costs on a pay as you go basis. These new authorities include a number of Section 38 non-acute agencies. The SCA would like to extend their warmest welcome to these bodies who will now enjoy the benefits of the State’s GIS. This includes bespoke professional claims management functions supported by the SCA’s own team of solicitors. In addition they can avail of our Enterprise Risk Management services including advices, guidelines, risk network, seminars etc. They will also be provided with access to the National Incident Management System (NIMS).

New Senior Management Appointments

Catherine Tarrant was appointed Head of Clinical Claims at the SCA in July 2016. A solicitor and accredited mediator, she leads the team of respected professionals that are responsible for the more than 3000 claims that are being managed under the Clinical Indemnity Scheme, with an estimated total value of almost €1.5 billion.

Since joining the Agency almost ten years ago, Catherine has managed clinical claims against several of the large teaching hospitals, including many high value and sensitive cases, for example brain injury and cancer misdiagnosis. Her desire to protect the public purse and secure value for money for the Agency has secured a welcome reputation for robust negotiation on the price we pay for services and the price we pay on claims.

Siobhán Hayes was appointed Head of Litigation at the SCA in October 2016. She has over 20 years’ experience as a litigation solicitor and is a CEDR accredited mediator.

Her role is to lead the in-house team of solicitors who, working with SCA claims managers, defend public and employer liability claims brought against Delegated State Authorities. The in-house team has a special focus on sensitive and public interest and policy claims.

Siobhán trained in a small plaintiff litigation practice, and then spent some time in the Chief State Solicitors Office. She joined Arthur Cox in 1998 and worked in their busy litigation department until 2016, having been appointed a Partner in 2006.
**Work Positive® Update**

Brought to you by the State Claims Agency (SCA), the Health and Safety Authority (HSA), CISM Network Ireland and supported by Employee Wellbeing Ltd, Work Positive® is a free, online, easy to use, innovative, confidential, psychosocial risk management process.

The Work Positive® process is aligned with the Psychosocial Risk Management European Framework (Prima-EF) and is the first psychosocial risk management process specific to critical incidents in Europe.

**Pilot and validation**

Overseen by the Enterprise Risk Management Section (ERMS), Work Positive® was piloted in 15 organisations, involving approximately 12,000 employees across a number of enterprises. Following the pilot, a successful validation analysis was undertaken by Innovation Ulster Limited/ Ulster University. This involved a review of the process, the bespoke wellbeing measure and the relationships between critical incident specific responses, psychosocial working conditions and mental health.

**Launch – www.workpositive.ie**

The ERMS launched Work Positive® in March 2017 with structured guidance enabling organisations to develop an action plan to mitigate against workplace stressors, employee psychological wellbeing and critical incident exposure in the workplace.

International Critical Incident Stress Foundation (ICISF) 14th World Congress

Pat Kirwan, Deputy Director SCA will present on Work Positive® at the ICISF’s World Congress on Stress, Trauma & Coping in Baltimore in May 2017. This is an excellent opportunity to showcase the Work Positive® initiative on the world stage.

**5th World Congress on Clinical Safety, Harvard Medical School, Boston**

Deidre Walsh and Ann Duffy, Clinical Risk Advisors, at the 5th World Congress of Clinical Safety, Harvard, Boston. Four oral presentations and eight posters were presented by the Clinical Risk team.

**Quality Management System Accreditation**

The SCA’s Claims and Administration Sections have recently successfully obtained certification from NSAI to the IS EN ISO9001:2008 Quality Management System standard. This is an extension of scope to the existing functions (Enterprise Risk Management Section and Operations function) that had previously been awarded certification by NSAI in 2008 and has retained since.

**Enterprise Risk Management Recognition for the Defence Forces**

Defence Forces personnel being presented with certificates from the State Claims Agency in McKee Barracks in recognition of compliance with health and safety management system audit process.

In photo from left to right: Comdt Thomas Farrell (OC Gormanston, Defence Forces), Sgt Gerald O’Gorman (Unit Safety Officer, 30 Inf Bn, Kilkenny, Defence Forces), Fiona Kearns (Senior Enterprise Risk Manager, SCA), Comdt Noel Maher (Defence Force Safety Officer), Cpl Ross Hayden (Unit Safety Officer Air Corps Military Training College), Clíarán Breen (Director, SCA), Brig Gen Peter O’Halloran (Assistant Chief Of Staff), Capt Bronagh McMonagle (Unit Safety Officer CIS Group DFTC), Pat Kirwan (Deputy Director, SCA), Comdt Conor Ryan (Formation Safety Officer, DFTC), Paul Burke (Enterprise Risk Manager, SCA)
DSA Focus Group complete SCA Risk Management Workshops

Congratulations to the participants of the DSA Focus Group who successfully completed the SCA Risk Management Workshops held in 2016. Representatives from 11 Delegated State Authorities attended the workshops which addressed topics ranging from emergency planning to risk assessment techniques. DSAs represented were Dept. of Communication, Climate Action & Environment, Dept. of Education & Skills, Dept. of Finance, Dept. of Foreign Affairs & Trade, Dept. of Health, Dept. of Jobs, Enterprise & Innovation, Dept. of Transport Tourism & Sport, the National Gallery, the National Library, Waterways Ireland and the Workplace Relations Commission.

Pat Kirwan Re-appointed

Pat Kirwan, Deputy Director, Executive Head of Business, Risk and Operations in the SCA has been re-appointed to the Health Services Executive’s Risk Committee by the HSE’s Directorate.

Department of Agriculture, Food and Marine Farm Safety Day

The Department of Agriculture, Food and Marine (DAFM) recently held a farm safety event at its veterinary research farm in Longtown, Co. Kildare. The DAFM carry out trials for crop varieties in the principal production areas of the country to assess varieties for characteristics of economic benefit to farmers. These trials are carried out on Department lands across the country and on a number of farms specially selected with the cooperation of Teagasc (the State Agricultural Advisory Service). Typically farming activities are carried out by approximately 50 DAFM staff employed across the country. The DAFM Health and Safety Section organised this event with the aim of educating and increasing awareness on health and safety to DAFM staff on a range of relevant topics whilst also providing the opportunity to meet and network with other colleagues. SCA Deputy Director Pat Kirwan presented at the event on incident reporting and the importance of same.

Developments in Medication Safety

The Clinical Risk team have recently completed a 5 year review of medication-related finalised claims. The lessons learned from this review have helped inform an education and training session on medication safety which the team are currently rolling out to acute healthcare facilities. This session covers strategies to prevent medication errors as well as learning from incidents reported to, and claims managed by the SCA under the Clinical Indemnity Scheme (CIS).
Clinical Risk Research: Health Research Board Grants awarded

The Clinical Risk team, as clinical lead, was awarded 1 of 2 national Research Collaborative in Quality and Patient Safety and Health Research Board grants (value €280,000) to study the “Development of a multi-faceted approach to reducing and mitigating the risk of foreign object retention” in collaboration with Trinity College Dublin. Retained foreign objects are a significant cause of clinical claims.

Additionally the clinical risk team was awarded, in collaboration with UCC (Principal Investigator), RCPI and the Medical Council, a Health Research Board Partnership grant (value €240,000) to study “Enhancement of engagement with Medical Professional Competence Schemes” and why some practising doctors in Ireland are non-compliant with their professional competence scheme, despite it being a legal obligation, and to explore potential links with medical practice and/or claims.

Open Disclosure - A National Programme between the SCA and the HSE

- A collaboration between the SCA Clinical Risk Team and HSE has trained over 13,000 healthcare employees in Open Disclosure. Two hundred and twenty nine trainers are currently active nationally.

- A recent HSE audit of the implementation of Open Disclosure in acute hospitals demonstrated its positive impacts and progress achieved. Further review of the impact of Open Disclosure on patients and staff will be undertaken.

- The development of this national programme was presented at the 5th World Congress on Clinical Safety in Boston Harvard in September 2016.

Bursary Award

Dr Dubhthasa Slattery, Head of Clinical Risk at the State Claims Agency, presenting the SCA bursary for best professional project submitted as part of the UCD Graduate Diploma in Healthcare (Risk Management and Quality) 2015/2016 to Dr Conor McCrystal for his project entitled ‘Monitored Dosage System (MDS) Dispensing in Community Pharmacy – Healthcare Solution or Medico-legal Liability?’
Meet the SCA Deputy Director Pat Kirwan

Q: How did you get your present role as Deputy Director?
After graduating with an engineering and mathematics degree from UCD, my first job was in the insurance sector as an Engineering Risk Manager. After that I did various consultancy and advisory roles eventually ending us as a Group Environmental Health and Safety Manager with one of the semi-states.

I joined the State Claims Agency in the first year of its operation as a Senior Risk Manager. Subsequently, I was promoted to Head of Risk, Operations and IT and sometime after that as the Agency and my role expanded further, I was made Deputy Director.

Q: Describe your typical day?
Thankfully I don't have a typical day; that's what keeps me doing this job. I don't like routine. The work is multifaceted and we have a diverse body of clients so I tend to be always dealing with something new or different. My days are a bit hectic. I commute so I tend to get up at quarter to five and leave the house at quarter past and don't get home until half eight or nine o'clock at night.

Q: You have a hectic schedule, how do you keep on top of everything?
Well the answer is that I don't or certainly I don't as much as I would like to. I prioritise and I am lucky in that I have a very good and supportive teams around me that help me carry the load.

I do wear many hats, risk, operations, business development, administration and the various internal and externals group that I'm involved in as well as a number of projects which are always on-going. I have learnt a couple of things over the years, crisis and problems always past, it is very rarely that anybody requires something as urgently as they would like you to believe and once you start working at something the problem generally diminishes.

Q: What do you like about your job?
Two things, the first is the variety, the State is a big machine and somebody somewhere is doing something unusual and we're sometimes part of that. My own role, I could be doing anything from Governance issues, indemnity queries, legislative change, financial issues, IT development across 144 different State Authorities. Secondly, I do feel that in totality the State Claims Agency does contribute positively towards the State and its citizens.

Q: What do you think is your biggest achievement in your career?
Elsewhere in this eZine, we reported that we asked our clients using an independent consultant what they thought of the Agency, our effectiveness and our contribution to their organisation. We got very positive feedback overall, it is satisfying to feel that the SCA is highly rated by our clients and that we have built positive relationships.

One of the findings I particularly liked was that our clients described the State Claims Agency as thought leaders in the area of Risk Management. I interpreted that as a compliment to myself and the people involved in Risk from the early stages. Secondly, I was Project Sponsor for the upgrade of the NIMS and had the vision to see what a single end to end Risk Management system could do to improve the management of risk across all areas but in particular Healthcare in the State. There is still a lot of work to do but fingers crossed to date the system is there and the engagement is improving week by week. It is already producing better Management Information reports than could have been available previously at State level.

Q: What is the best advice you have ever been given?
GB Shaw hated speaking in public so he forced himself to do it again and again and become good at it. Best orator of his time. He didn't give me the advice directly himself but I do force myself to do the things I dislike or I am bad at again and again to try and get better at them.

Q: Who or what inspires you?
I am not really the type to be inspired by people or concepts, I'm too much of the pragmatist for that. I'm driven by a sort of curiosity and a need to fix things if I see them broken or to make them better if I see gaps. My parents were both very hard working honest people, who believed in being good citizens and positively contributing to your community. I try to emulate them as far as I can and like the fact that my role puts me in a position to contribute to the State at both local and sometimes national policy level. I do believe that there is no reason why the State Sector can't be best in class in everything it does.

Q: What are your passions outside of work?
My wife and my family. I love working outdoors in the garden, cutting timber, small builds. I love sport, I am chairman of Clonegal/Kildavin Juvenile GAA Club and I love following my children around the country watching them in their endeavours at Club or County level in camogie, football, rugby and basketball.

Q: If you could tell your twenty year old self something what would it be?
To put everything he's got into Google stocks.
Noticeboard

Enterprise Risk Management Network Conference

Save the date, 8th June 2017

2nd Annual Quality, Clinical Risk and Patient Safety Conference

Date for the Diary!
Dublin Castle, September 29th 2017

Enterprise Risk Management Section (ERMS) Recognition Awards 2017

Category A – Recognition of a DSA/SCA Successful Joint Collaboration on Risk Management Initiative
This ERMS Recognition Award shall be awarded to a DSA for a Risk Management initiative carried out over the previous two years in collaboration with the SCA. The entries and subsequent winner for this category of award will be made by the SCA with the award presented at the next meeting of the Risk Management Network.

Category B - Recognition of a DSA Lead Successful Risk Management Initiative
This category of ERMS recognition award shall be presented to a DSA for a Risk Management initiative carried out internally by a DSA over the previous two years and not included in Category A. The SCA are now calling for DSAs to submit papers (maximum 1500 words) by the 15th of May on relevant risk management initiatives to support their case for consideration for this award.

Additional details will be circulated by email to our Network Risk Group and on request. Further information requests or submissions can be forwarded via stateclaims@ntma.ie

Queries and Comments

Can be forwarded to stateclaims@ntma.ie

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