

PRESIDENT'S REPORT

**REPORT BY THE PRESIDENT OF APPEAL
TRIBUNALS ON THE STANDARDS OF
DECISION MAKING BY THE DEPARTMENT**

PERIOD 06 APRIL 2002 TO 05 APRIL 2003

PRESIDENT'S REPORT ON THE STANDARDS OF DECISION MAKING BY THE DEPARTMENT

Period 06 April 2002 to 05 April 2003

CONTENTS

	Page
President's Foreword	2
Chapter 1 Methodology	3
Chapter 2 The Sample & Sample Analysis	4
Chapter 3 Child Support Agency Decisions	16
Chapter 4 Social Security Agency Decisions	19
Chapter 5 Summary of Recommendations	42
Appendix 1 Inferences and Sampling Error	45
Appendix 2 Individual Benefit Appeal Profile	47
Appendix 3 Questionnaire	53

PRESIDENT'S FOREWORD

Social Security (Northern Ireland) Order 1998: Schedule 1: Paragraph 10

This report is for the period from April 2002 to 2003. The delay in the report reflects the delay in the appeal system itself. The cases analysed are those which were registered in the period noted. It is only now that there are sufficient details of concluded cases to enable a statistically reliable report to be produced. In recognition of the need for a more contemporaneous report, the period taken into account will be reduced to nine months. It is essential to reduce the time taken to prepare submissions and arrange hearings so that overall clearance times can also be improved.

There has been a marked deterioration in the standard of decision making in Compensation Recovery cases. This is particularly disappointing as the figure for last year indicated considerable improvement. Decision makers must have a very good understanding of the benefits scheme as a whole and there is a need for specialised training.

Child Support decision making remains unsatisfactory. I made recommendations in the my first two reports and they remain relevant to the difficulties identified.

Whilst the standard of decision making in Disability Living Allowance is of a high standard, there are a substantial number of appeals, of which about 20% are allowed. Consideration should be given to obtaining more evidence when an appeal is made, especially in those cases where there is no report from an examining medical practitioner.

There has been a marked deterioration in Attendance Allowance cases. This is particularly regrettable as the claimant group is a vulnerable one.

There has also been a deterioration in Incapacity Benefit as compared to the first two reports. Decision makers should consider the evidence more carefully before the decision is made.

There has been an improvement in decision making in other benefits, particularly Job Seekers Allowance and Retirement Pension.

I am grateful to the legal members of the tribunal on whose comments this report is based. I would also like to thank Nuala Burns, Liz Kinder, Caroline Rich, Tracey Dawson, Barbara Lawless from my office and Andrew Reilly from the Statistics Branch of the Department for Social Development.

C G MacLynn

President Appeal Tribunals

CHAPTER 1

METHODOLOGY

The methodology used in the survey reflects the fact that both the number of persons claiming a benefit and complexity of entitlement rules governs the level of appeal activity for a particular benefit.

For the majority of benefits, cases were randomly selected using a random numbers database. For a small number of benefits, where the expected number of cases was small, a complete census was the preferred methodology. In this respect all cases relating to Child Benefit, Retirement Pension, Reduced Earnings Allowance and Widows Benefit were examined.

Cases were identified for monitoring on a daily basis from a list of cases registered by the Appeals Service on the previous day. The actual monitoring was carried out by the Legal Member of the Tribunal at final hearing a number of weeks or months later. Given the time lapse between these stages, some cases across all benefit areas were cleared before hearing due to withdrawal of the appeal or supersession of the decision under appeal. The figure in the following tables for cases monitored therefore represents the number selected for monitoring less pre hearing clearances.

A questionnaire was completed by the Legal Member on each case selected for monitoring. The questionnaire identified the case details so that the case could be tracked through the system and any queries addressed. The President prepared the questionnaire following consultation with the Full-Time Legal Member of the Appeal Tribunal, Dr. Kenneth Mullan and a number of experienced part-time legal members. It was discussed in detail at a special meeting of tribunal members. Comments were also sought from departmental officials. A copy of the complete questionnaire can be found in Appendix 3.

The sample size required for each benefit was based on the assumption that reporting would be over a complete year.

In a number of instances, where the sample size is too small for specific benefit reporting, benefits have been grouped to enable inferences to be made with regard to all cases covered by the respective benefits. Inferences with regard to all appeals by sampled benefits are in Appendix 1 & 2.

In benefits identified in tables with an asterisk*, all the cases selected for monitoring have not been monitored as explained at page 4. The results for these benefits should therefore be read with caution.

CHAPTER 2

THE SAMPLE & SAMPLE ANALYSIS

Table 1 shows the total number of cases registered by benefit, the number actually monitored, the number of decisions incorrectly made in the first instance, and the percentage error, in the period. As explained previously some benefits required a complete census of cases. Such benefits are indicated by bold type.

Table 1: Appeals by Benefit 8 April 2002–4April 2003

Benefit		Total registered	No. monitored (sample size)	Initial decision incorrect	Percentage Incorrectness
Attendance Allowance	*	76	47	4	8.5
Child Benefit	*	67	32	0	0
Child Support	*	188	**62	9	14.5
Compensation Recovery	*	108	71	23	32.4
Disability Living Allowance	*	8715	168	4	2.4
Incapacity Benefit	*	4627	248	15	6.0
Income Support	*	812	160	10	6.3
Industrial Injuries Disablement Benefit/ Severe Disablement Allowance	*	269	132	4	3.0
Invalid Care Allowance	*	78	44	3	6.8
Jobseekers Allowance	*	363	149	5	3.4
Retirement Pension	*	34	19	0	0
Social Fund	*	119	49	1	2.0
Widows Benefit	*	37	5	0	0
Reduced Earnings Allowance		1	1	0	0
TOTAL		15494	1187	78	6.6

Note bold type indicates a complete census

* indicates that all cases selected were not available for monitoring

** of 78 child support cases selected 16 departure cases were referrals to tribunal. CSA did not make a decision in these cases. This resulted in a sample of 62 cases.

Legal Members are asked to identify whether or not the decision made by the decision maker is altered. If the decision is altered, it is categorised as follows:

- (a) incorrectly made by the decision maker, or
- (b) correctly made by the decision maker, but the decision overturned.

Table 2 sets out the reasons for incorrectly made decisions and Table 3 explains why correctly made decisions were overturned by tribunals.

Table 2: Reasons for Incorrectly Made Decisions

Reason for Incorrectness
F1. The decision of the officer was based on insufficient facts/evidence due to inadequate investigation of the claim or revision;
F2. The officer failed to request adequate medical guidance or expert reports relevant to the decision i.e. medical reports from a consultant/details of property interests/details of business accounts/adequate valuations (Articles 12(2) of the 1998 Order);
F3. The officer failed to identify a finding(s) which needed to be made on the basis of the rules of entitlement relevant to the claim or revision;
F4. The decision was based on a misinterpretation/misunderstanding of the evidence available to the officer.
F5. The officer took into account wholly unreliable evidence;
F6. The officer disregarded relevant evidence;
F7. The officer failed to identify/resolve an obvious conflict in the evidence
F8. The officer did not action additional relevant evidence provided after his decision was made and initiate a revision
F9. The officer made errors of calculation
R1. The appeal was made because the officer did not give adequate reasons for his decision when requested under regulation 28(1) (b) of the Decisions and Appeals regulations 1999
L1. the officer did not identify the correct legal rules relevant to the claim/revision
L2. the officer misinterpreted the legal rules relevant to the claim
L3. the officer failed to identify a change in legal rules relevant to the claim/revision
L4. the officer overlooked a relevant Commissioners decision/Court decision which was/should have been available to him
L5. The officer failed to obtain additional legal advice necessary to deal with the claim
Other error discovered

Table 3: Correctly Made Decisions Overturned By Tribunals

Reason Decision was Overturned
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.

INCORRECTLY MADE DECISIONS

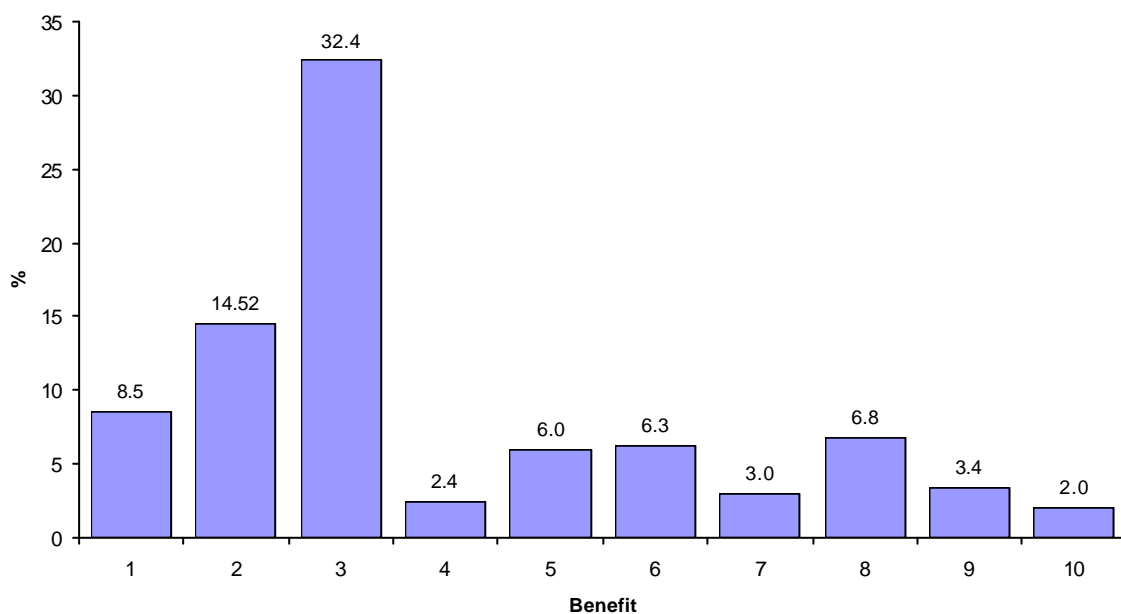
Across all cases monitored, the decision maker was judged to have made an incorrect decision in 78 cases, representing approximately 6.6% of all cases monitored.

From Table 1 it is evident that there was a considerable degree of variation in the level of incorrectness of initial decisions across benefits.

Widows Benefit and Retirement Pension, where a sample was taken, did not provide the expected number of cases to enable any statistically valid assumptions to be made. Caution should be used in interpreting the results in this category.

Figure 1 shows the variation of the level of incorrectness across the benefits. Levels of incorrectness in the initial decisions range from approximately 32% of Compensation Recovery cases to 2% of Social Fund cases.

Figure 1: Level of Incorrectness Amongst Initial Decision



Key to Figure 1

- | | |
|--------------------------------|---|
| 1. Attendance Allowance | 7. Industrial Injuries Disablement Benefit/Severe Disablement Allowance |
| 2. Child Support | 8. Invalid Care Allowance |
| 3. Compensation Recovery | 9. Jobseekers Allowance |
| 4. Disability Living Allowance | 10. Social Fund |
| 5. Incapacity Benefit | |
| 6. Income Support | |

Disability Living Allowance accounted for 56% of all cases registered reflecting both the number of people claiming the benefit and, also, the complexity in delivery of the benefit. Approximately 30% were in relation to Incapacity Benefit. The level of incorrectness in the initial decisions was low for Disability Living Allowance but on the high side for Incapacity Benefit. In this respect, approximately 2.4% of monitored Disability Living Allowance cases, and 6% of Incapacity Benefit cases, were assessed as having an incorrect decision. Given the low level of incorrectness in Disability Living Allowance, the level of incorrectness in Attendance Allowance, a similar benefit, was surprisingly high at 8.5%.

REASON FOR THE INITIAL DECISION BEING INCORRECTLY MADE

When an initial decision was deemed incorrect the reason for this incorrectness was recorded. In the period 8 April 2002 to 4 April 2003 there were 78 cases where the initial decision was judged incorrect. There were in total 165 reasons for incorrectness.

Figure 2 below illustrates the number of reasons given for cases where the initial decision was made incorrectly.

Figure 2: Number of Reasons Given for Assessing the Initial Decision as Incorrect

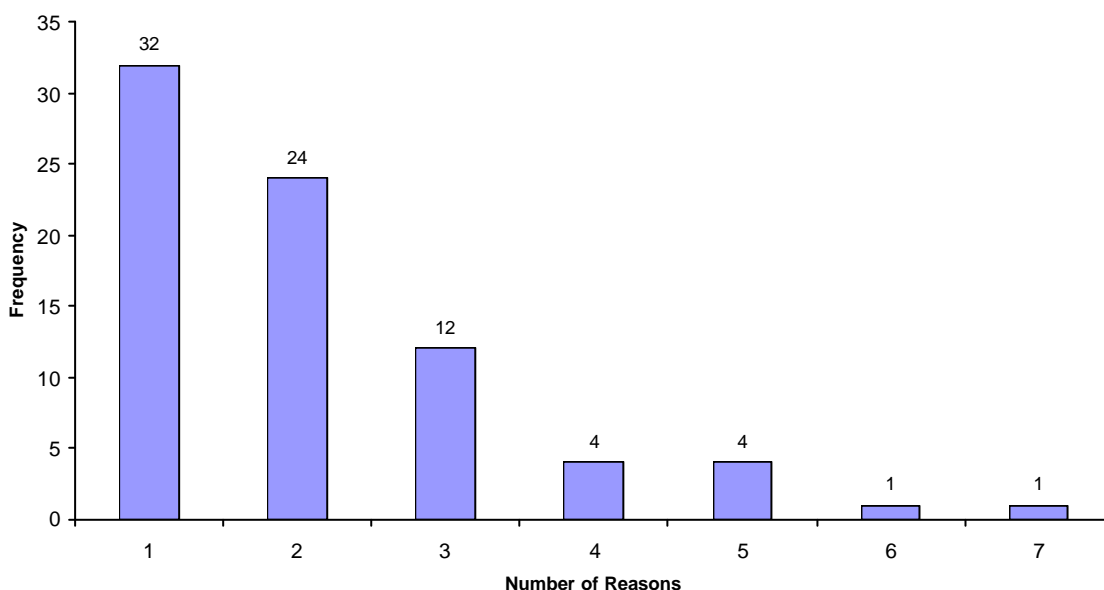


Figure 2 shows that in the majority of cases where the initial decision was incorrect, a single reason or two reasons were given for incorrectness, 32 and 24 cases respectively, representing 71.8% of cases where the initial decision was assessed as incorrect. At the opposite end of the spectrum, the largest number of reasons per case was seven. This occurred in a case where the initial decision was assessed as incorrect, Compensation Recovery.

Table 4 below shows the number of occurrences against the reasons for incorrectness.

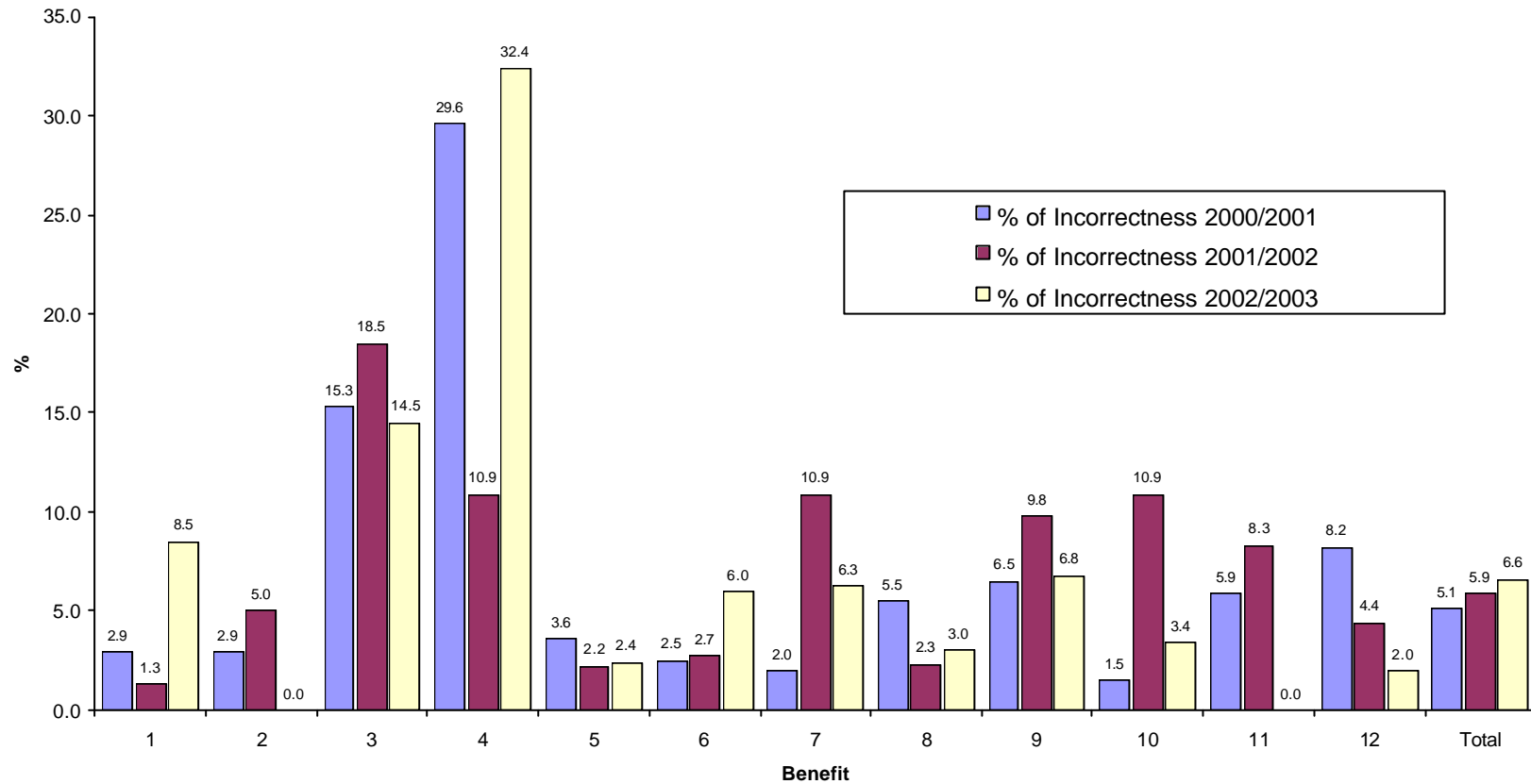
Table 4: Reasons for Incorrectness

Reason for Incorrectness	Number of Occurrences	% of Total
F1	25	15%
F2	6	4%
F3	7	4%
F4	26	16%
F5	5	3%
F6	36	22%
F7	22	13%
F8	4	2%
F9	5	3%
L1	5	3%
L2	12	7%
L4	7	4%
L5	4	2%
R1	1	1%
TOTAL	165	100%

Table 2 at Page 5 sets out in full the reasons for incorrectly made decisions.

The most common reason for incorrectness was ‘the officer disregarded relevant evidence’. This reason was given 36 times, representing approximately 22% of all reasons. The next two most common reasons given were that the decision of the officer ‘was based on a misinterpretation/misunderstanding of the evidence available’ and ‘insufficient facts/evidence due to inadequate investigation of the claim or revision’. These reasons represented 16% and 15% respectively of all reasons.

Figure 3: Comparison of Level of Incorrectness Year 2000/2001, 2001/2002, 2002/2003



Key to Figure	
1. Attendance Allowance	7. Income Support
2. Child Benefit	8. Industrial Injuries Disablement Benefit/Severe Disablement Allowance
3. Child Support	9. Invalid Care Allowance
4. Compensation Recovery	10. Jobseekers Allowance
5. Disability Living Allowance	11. Retirement Pension
6. Incapacity Benefit	12. Social Fund

Figure 3 sets out the level of incorrectness for the years 2000/01, 2001/02 and 2002/03.

Overall the level of incorrectness has increased by just over 0.7% from year 2001/02 to year 2002/03, and by approximately 1.5% from year 2000/01 to 2002/03.

There has been a clear year on year decrease in the level of incorrectness in Social Fund appeals.

While there has been an increase in the level of incorrectness in Attendance Allowance, Compensation Recovery and Incapacity Benefit from year 2001/02 to year 2002/03, Child Benefit, Child Support, Income Support, Invalid Care Allowance, Jobseekers Allowance, Retirement Pension, and Social Fund all show a decrease for the same period.

There is a negligible increase in Disability Living Allowance and Industrial Injuries Disablement Benefit and both continue to have a low level of incorrectness.

Year 2002/03 figures shows Child Support at its lowest level of incorrectness in the three year period, however the level of incorrectness is still unacceptably high.

Compensation Recovery continues to cause concern with an increase of nearly 3% from year 2000/01 to year 2002/03, and over 22.5% from year 2001/02 to year 2002/03.

The increase in Attendance Allowance by over 7% in the last year is a cause for concern

CORRECTLY MADE DECISIONS OVERTURNED BY TRIBUNALS

Out of 1187 cases monitored, 239, representing 20%, were altered by the tribunal because the tribunal accepted evidence which the decision maker was not willing to accept (FA), or the tribunal was given additional evidence which was not available to the decision maker (FB).

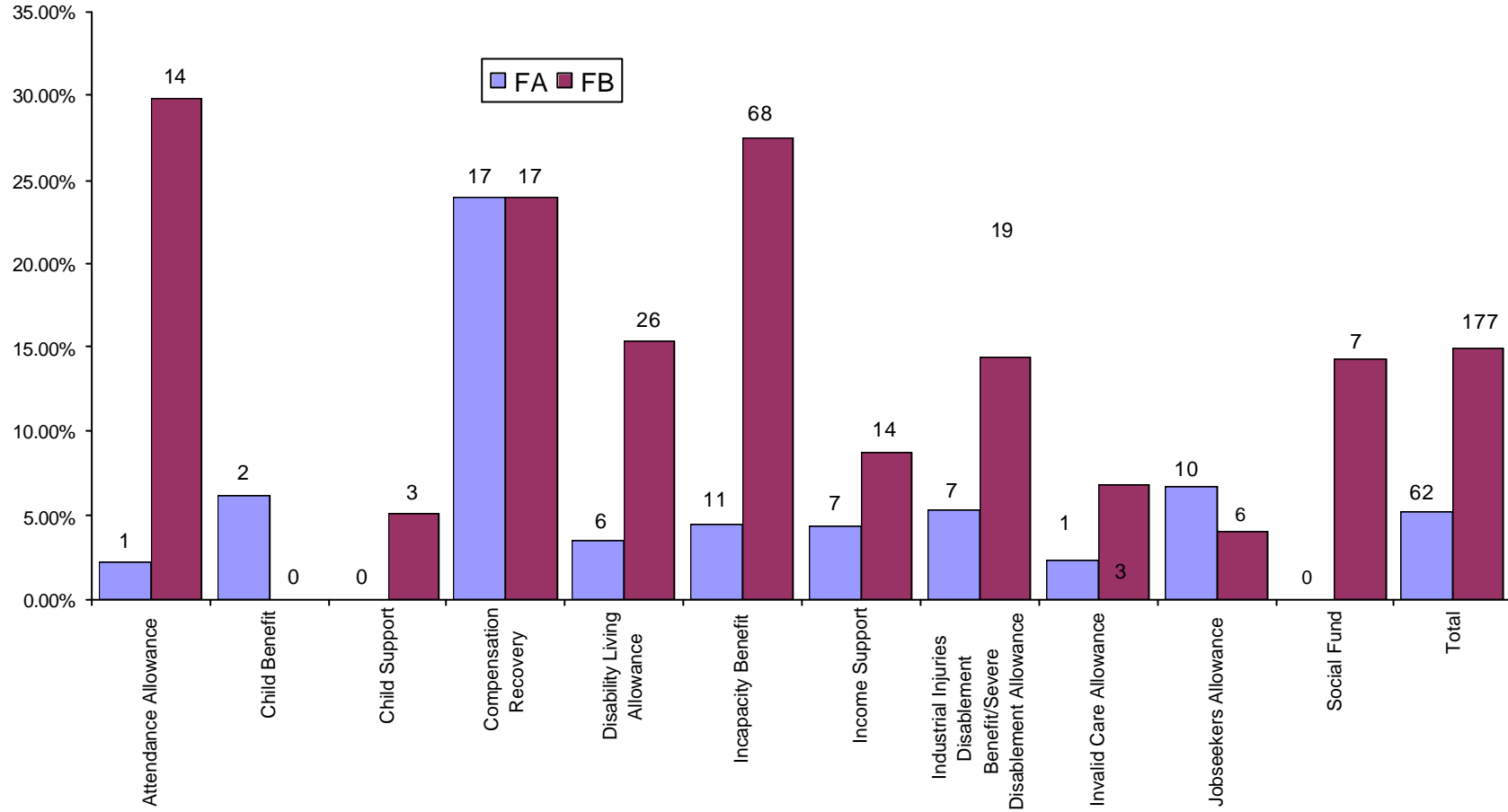
Table 5 and Figure 4 sets out on a by benefit basis the number and percentage of cases where the decision was judged to be correctly made, but altered by the tribunal.

Table 5: Correctly Made Decisions Altered by Tribunals

Benefit	Number Monitored	Total Altered	Percentage Altered	FA		FB	
					%		%
Attendance Allowance	47	15	31.91	1	2.13	14	29.78
Child Benefit	32	2	6.25	2	6.25	0	0.00
Child Support	59	3	5.1	0	0.00	3	5.1
Compensation Recovery	71	34	47.88	17	23.94	17	23.94
Disability Living Allowance	168	32	19.05	6	3.57	26	15.48
Incapacity Benefit	248	79	31.86	11	4.44	68	27.42
Income Support	160	21	13.13	7	4.38	14	8.75
Industrial Injuries Disablement Benefit/Severe Disablement Allowance	132	26	19.69	7	5.30	19	14.39
Invalid Care Allowance	44	4	9.09	1	2.27	3	6.82
Jobseekers Allowance	149	16	10.74	10	6.71	6	4.03
Retirement Pension	19	0	0.00	0	0.00	0	0.00
Social Fund	49	7	14.29	0	0.00	7	14.29
Widows Benefit	5	0	0.00	0	0.00	0	0.00
Reduced Earnings Allowance	1	0	0.00	0	0.00	0	0.00
TOTAL	1187	239	20.13	62	5.22	177	14.91

Note: Bold denotes full census

Figure 4



Compensation Recovery had the highest percentage of both FA and FB together.

Attendance Allowance had the highest percentage rate of FB. Incapacity Benefit and Disability Living Allowance had the next highest percentage. The most significant factor for these benefits was the production of a medical report by the appellant before, or at, the hearing, or the oral evidence presented by the appellant or a witness. In Disability Living Allowance and Attendance Allowance, the availability of medical records was an additional factor.

SUMMARY AND CONCLUSION

This report analyses Departmental decision making standards in appeals made between April 2002 and April 2003. There were 15494 appeals and 1187, 7.6% of the total, were monitored to assess the level of incorrectness of initial decisions made by officials of the Social Security Agency and the Child Support Agency.

Across all monitored cases, the level of incorrectness among initial decisions was approximately 6.6%. There was a considerable variation in the level of incorrectness of initial decisions across benefits. No incorrect initial decisions were recorded for Widow's Benefit, Child Benefit, Retirement Pension and Reduced Earnings Allowance. However, it should be noted that the number of cases in these categories was small. At the other end of the spectrum, approximately 32% of Compensation Recovery cases were assessed as having the initial decision incorrectly made.

Seventy one per cent of cases where the initial decision was assessed as incorrect had either one or two reasons given for this incorrectness. The main reason recorded for the incorrectness in initial decisions was 'the officer disregarded relevant evidence'. This reason was given 36 times, representing 22% of all reasons.

In addition to the 14.5% of Child Support cases where the decision was incorrectly made, a further 8.5% of all Child Support cases received in the Appeals Service were referred by the decision maker for the tribunal to make the initial decision.

CHAPTER 3

CHILD SUPPORT AGENCY DECISIONS

33% of all Child Support appeals were monitored, 14.5% were found to be incorrectly made by decision makers. Figure 5 sets out the number received, the number monitored and the number of incorrectly made decisions. While this is an improvement of 4% on the previous year, the standard of decision making is still unacceptably low.

Figure 5

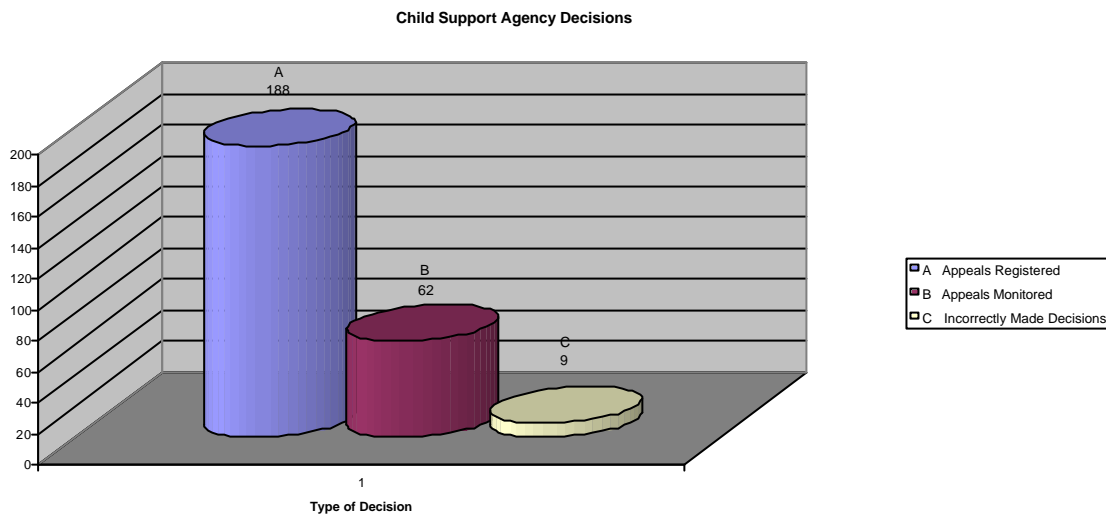


Table 6 and Graph 1 sets out the number of occurrences against the reasons for incorrectness. There were 10 separate reasons identified for the decision being incorrectly made. There were overlapping reasons in most cases.

Table 6

Graph 1

Reasons for Incorrectly Made Decisions	Number of Occurrences
F1.	5 (19%)
F3.	1 (4.7%)
F4.	3 (14.3%)
F5.	3 (14.3%)
F6.	3 (14.3%)
F7.	1 (4.7%)
F8.	2 (9.5%)
F9.	1 (4.7%)
L1.	1 (4.7%)
L2.	2 (9.5%)

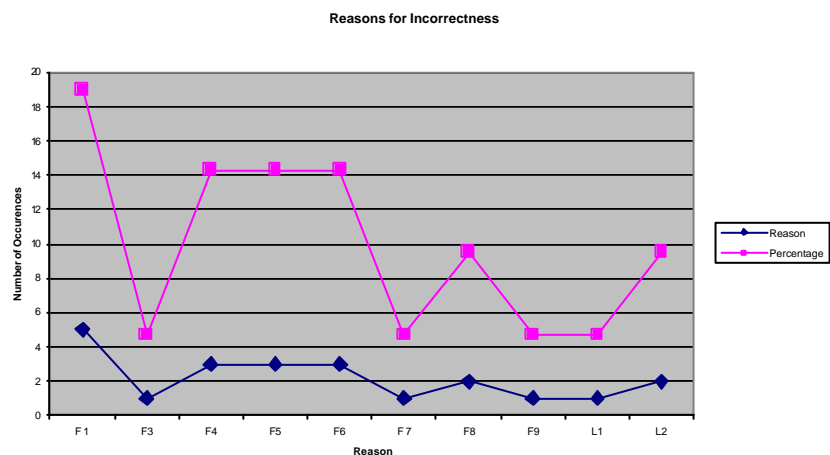


Table 2 on Page 5 sets out in full the reason for incorrectly made decisions

In 75% of those found to be incorrect, the main reasons for incorrectness cited by legal members was that the decision was based on insufficient facts, or evidence, due to inadequate investigation of the case, or the decision maker misinterpreted, or misunderstood, the evidence available. Members commented in one case that accounts available to the Inland Revenue were not sought by the decision maker, in another case adequate enquiries were not carried out, and information supplied by the parent with care was not considered. In 37% of cases found to be incorrect, the decision maker also did not identify, or misunderstood, a legal rule relevant to the case.

Table 7 illustrates that a further 3 cases were overturned because additional evidence was available to the tribunal that was not available to the decision maker.

Table 7

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	0
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	3

Referrals to Tribunal

Legislation makes provision for decision makers to refer cases to the appeal tribunal for a decision to be made. This provision should only be adopted when a case is considered to be complex and after investigation the decision maker is unable to reach a decision. In 8.5% of all Child Support cases registered in the period of this report, the issue before the tribunal was a departure from the Child Support formula, either by way of an appeal against a decision on a departure application, or a referral to the tribunal to make the decision on the application for a departure.

Of the 78 cases initially selected for monitoring in Child Support, 16 cases representing 20% were cases where the decision maker did not make a decision. In all of these cases the only evidence before the tribunal was the initial application detailing the reason(s) for a departure from the formula, and the other parties response to the application. The decision maker undertook no investigation. Legal members noted in a number of these that investigations should have been carried out by the decision maker and that cases were being unnecessarily referred to the tribunal for a decision that the Child Support decision maker could have made.

Recommendations

The statistics demonstrate that the standard of decision making in Child Support cases continues to be very unsatisfactory. This is disappointing as the problems have been extensively reported, and recommendations for improvement made, in the previous two reports. The recommendations from the previous years reports are therefore still appropriate.

The evidence used to make decisions is not properly evaluated. There are also strong indications that insufficient evidence is obtained. This is particularly evident in those cases referred to the tribunal for a decision. Agency officials do not use the extensive statutory powers available to them to obtain additional evidence such as appointing inspectors to investigate the businesses of self employed parties who do not produce proper accounts.

1. I would recommend that decision makers should be given training on obtaining and evaluating evidence. That training should include the use of statutory powers to appoint inspectors where voluntary procedures have failed.

There is also evidence that where the investigation of income is inadequate, officers resist making further inquiries and discourage parents from making an appeal on the assessment of income. They suggest, instead, that an application is made for a Departure Order.

2. It is therefore recommended that there should be an integrated approach to applications and departures. Assessment of income should be fully investigated where insufficient or unreliable information is provided. Misleading advice about Departure applications should not be given to parents who dispute income figures. Departure applications should not be recommended as an alternative to fully investigating income.
3. When a relationship breaks down, a degree of animosity between the parties is common. There is therefore a marked reluctance by some parents to make full disclosure of their income. It is recommended that where it is impossible to obtain full disclosure of the details of income of any parent, and there is evidence of a deliberate attempt to withhold, or conceal, details of income, decision makers and the tribunal should be given a discretionary power to assess income, taking into account all the evidence available. The Child Support Commissioners have made a ruling to this effect, but a clear statutory rule would be helpful.
4. There is poor understanding by officers of the decision making processes in the Social Security Order 1998. It is recommended that Officers should be given additional training in decision making rules and procedures.

CHAPTER 4

SOCIAL SECURITY AGENCY DECISIONS

DISABILITY LIVING ALLOWANCE

This category has by far the highest appeal rate. Just under 2% of all appeals received were selected for monitoring. The standard of decision making continues to remain high with only 2% of those monitored found to be incorrect.

Figure 6 sets out the number received, the number monitored and the number of incorrectly made decisions.

Figure 6

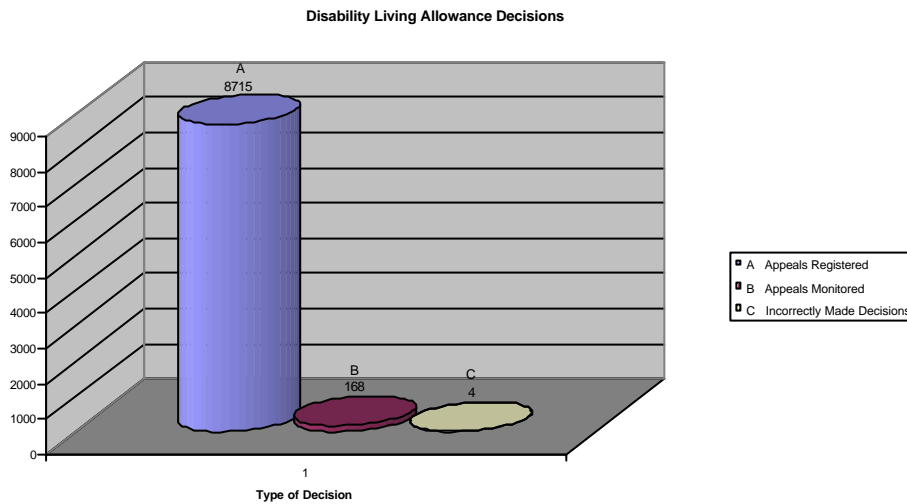


Table 8 and Graph 2 sets out the reasons for incorrectness and the number of occasions these occur within the incorrectly made decisions.

Table 8

Reasons for Incorrectness	Number of Occurrences
F1	1 (25%)
F4	1 (25%)
L1	1 (25%)
L4	1 (25%)

Graph 2

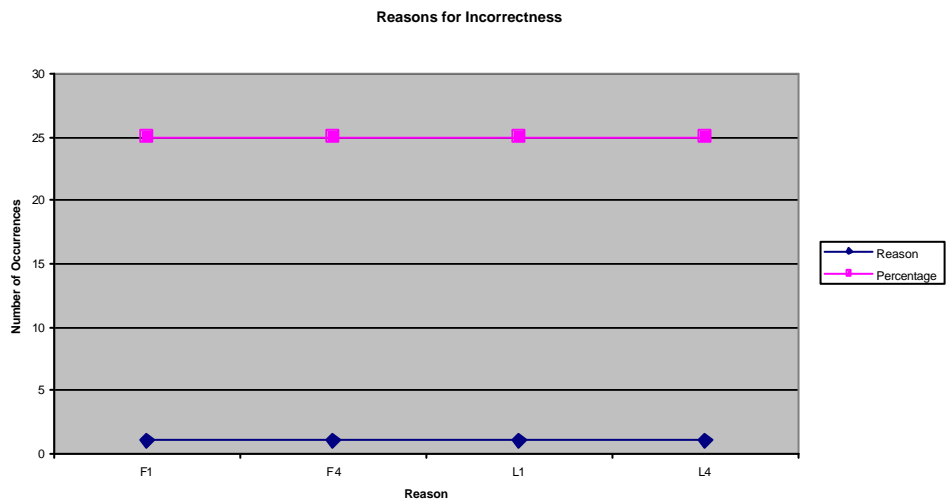


Table 2 on Page 5 sets out in full the reason for incorrectly made decisions

In all, 4 different reasons were identified for incorrectness. Each case had 1 reason for incorrectness. It was commented in one case that there were insufficient grounds to supersede the original decision and in another case that the decision maker misinterpreted the evidence.

Table 9 illustrates that in a further 32 cases, representing 19% of those monitored, 6 decisions were overturned because the tribunal accepted evidence which the decision maker was unwilling to accept, and in 26 cases, additional evidence was available to the tribunal that was not available to the decision maker.

Charts 1 and 2 illustrate why correctly made decisions were overturned, and the spread of additional evidence available to tribunals.

Table 9

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	6 (19%)
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	26 (81%)

Chart 1

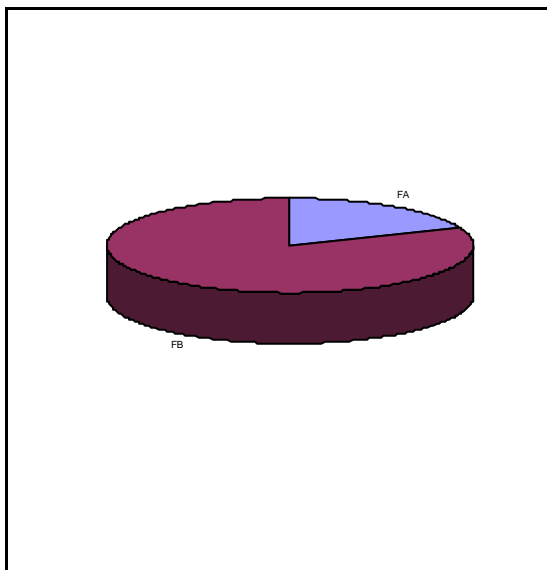
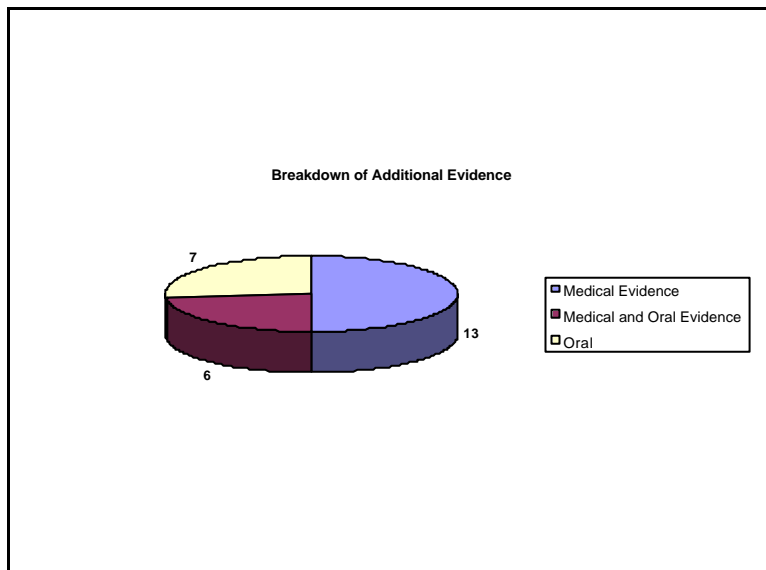


Chart 2



In 7 cases the direct evidence of the appellant or a witness was instrumental in the decision being overturned. In a further 19 cases a combination of direct oral evidence and medical evidence by way of General Practitioner records, or a medical report from the General Practitioner or a Consultant, resulted in the tribunal reaching a different decision than the decision maker.

As highlighted in previous reports, these results continue to demonstrate that relevant information is available from both the claimant and his doctor prior to making the decision on a claim.

Recommendations

While the standard of decision making is good, there is a high volume of appeals. Many of the decisions examined were found to be correct on limited evidence. That raises the issue of obtaining more evidence in those cases which are appealed, and carrying out a careful review of the decision.

As in the previous two reports, I would continue to recommend the following:

That decision makers weigh up the evidence carefully and seek expert advice when necessary.

That more evidence should be obtained from the claimant, carers, and the GP before decisions are made.

Additionally, I would also recommend that in cases which are appealed, the decision maker should consider requesting the medical records from the GP, and a careful review should be carried out.

ATTENDANCE ALLOWANCE

As Attendance Allowance is a relatively small benefit in terms of appeal activity 62% of those registered were monitored. The level of incorrectness identified is unacceptably high at over 8%. This is an increase of 7% on the previous years monitoring results.

Figure 7 sets out the number received, the number monitored and the number of incorrectly made decisions

Figure 7

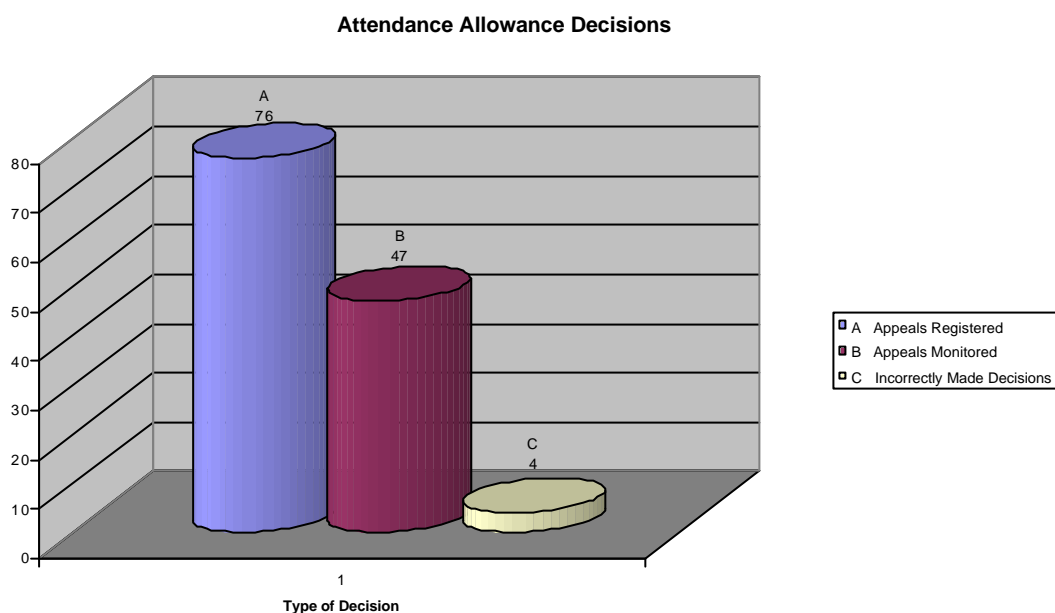


Table 10 and Graph 3 sets out the reasons for incorrectness and the number of occasions these occur within the incorrectly made decisions. There were 6 different reasons for incorrectness.

Table 10

Reasons for Incorrectness	Number of Occurrences
F1	2 (25%)
F2	1 (12.5%)
F6	1 (12.5%)
L2	2 (25%)
L4	1 (12.5%)
L5	1 (12.5%)

Graph 3

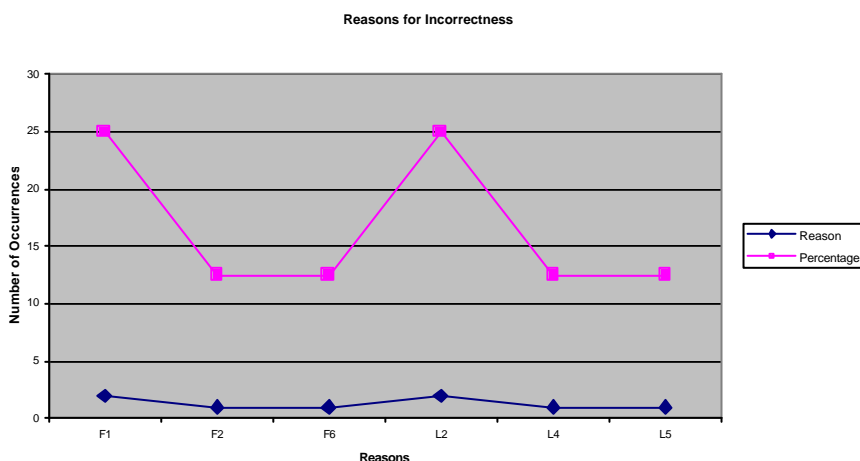


Table 2 on Page 5 sets out in full the reasons for incorrectly made decisions.

The Legal Member commented in one case that there was inadequate investigation of the health problems of the appellant, and as a result the decision maker failed to request adequate medical guidance. In a further case the legal member stated that there was no legal basis for superseding the previous decision.

Table 11 illustrates that a further 15 cases, representing 32% of those monitored, while correctly made by the decision maker, were overturned by tribunals because the tribunal either accepted evidence which the decision maker was unwilling to accept (1 case), or the tribunal was given additional evidence which was not available to the decision maker (14 cases).

Table 11

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	1 (7%)
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	14 (93%)

Chart 3

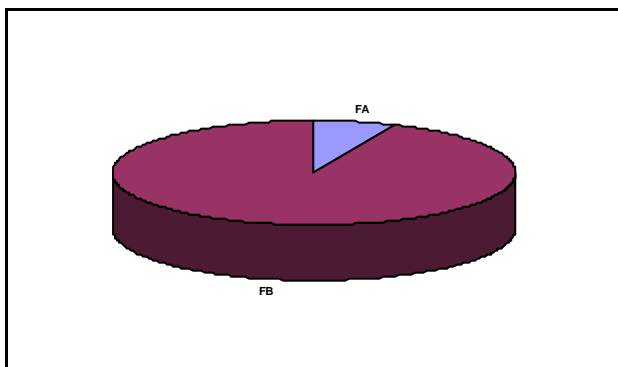
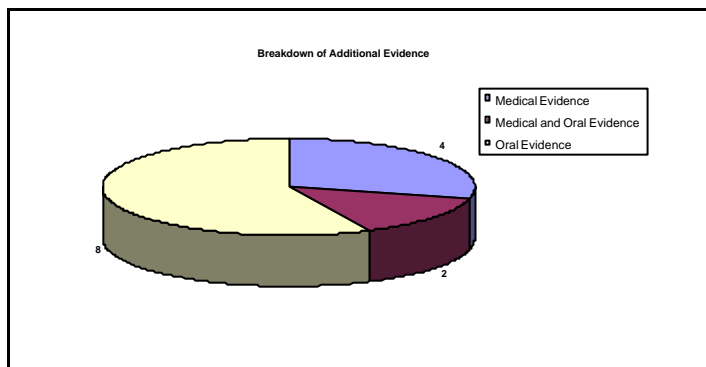


Chart 4



Charts 3 and 4 illustrate why correctly made decisions were overturned and the spread of additional evidence available to tribunals.

Legal members commented in 8 of these cases that the decision was overturned due to the direct evidence of the appellant or a witness. In a further 6 cases, the tribunal had the benefit of direct evidence and the General Practitioner records, or a medical report from a General Practitioner or a consultant.

Recommendations

As the same issues arise in Attendance Allowance and Disability Living Allowance the recommendations are the same. I would therefore continue to recommend the following:

That decision makers weigh up the evidence carefully and seek expert advice when required.

That more evidence should be obtained from the claimant, carers, and the GP before decisions are made.

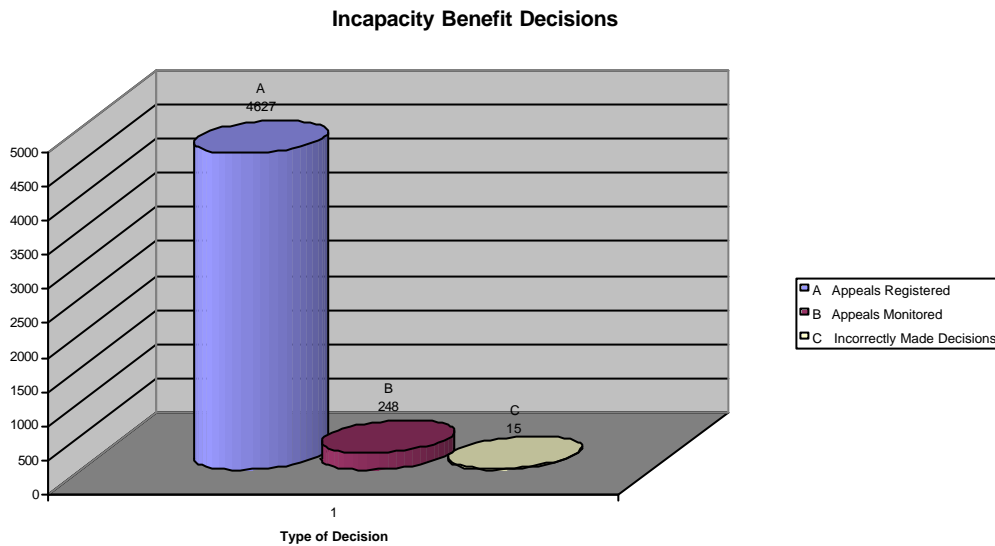
Additionally, I would also recommend that when decision are appealed, the decision maker should consider requesting the medical records from the GP, and a careful review should be carried out to avoid unnecessary appeals. This is particularly important in this benefit as appellants are over sixty five years of age and are often frail and vulnerable.

INCAPACITY BENEFIT

Incapacity Benefit continues to be the second largest area of appeal activity. Just over 5% of all Incapacity Benefit decisions received were monitored. The level of incorrectness has risen by over 3% on the previous year, to 6%.

Figure 8 sets out the number received, the number monitored and the number of incorrectly made decisions.

Figure 8



The reasons for incorrectness, and the number of occasions these occur within the incorrectly made decisions, is set out in Table 12 and Graph 4. There were overlapping reasons in 12 cases.

Table 12

Reasons for Incorrectness	Number of Occurrences
F1	2 (7.0%)
F2	1 (3.3%)
F4	9 (30.0%)
F6	10 (33.3%)
F7	4 (13.3%)
L1	1 (3.3%)
L2	1 (3.3%)
L4	1 (3.3%)
L5	1 (3.3%)

Graph 4

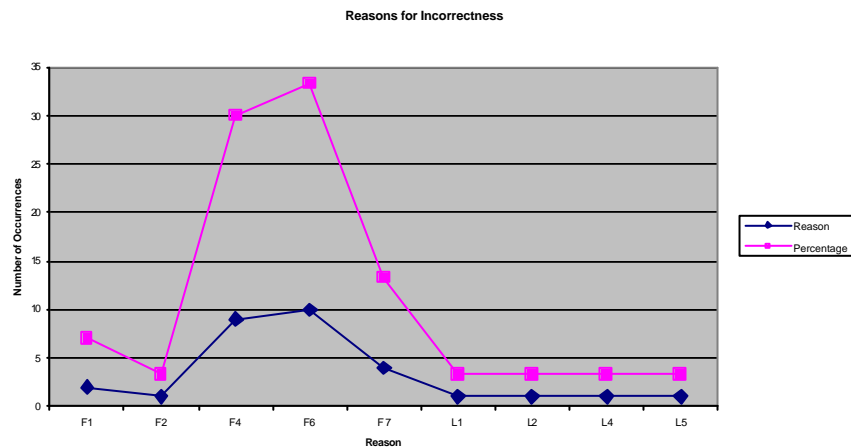


Table 2 on Page 5 sets out in full the reason for incorrectly made decisions

In all but two of the cases identified as incorrectly made the legal members commented that the issues were evidential, either the evidence before the decision maker was misinterpreted or disregarded, or a conflict of evidence was not taken into account. In three of the cases the Departmental representative at the hearing conceded that additional points were appropriate. In a further case it was commented that the examining medical practitioner made inappropriate findings as he/she based the applicability of mental health descriptors on clinical physical findings. In addition in one case the decision maker failed to take a relevant Commissioners decision into account and did not seek additional advice on the case.

A further 79 cases, where the decision by the decision maker was considered correct, were overturned because the tribunal either accepted evidence which the decision maker was unwilling to accept (11 cases), or the tribunal was given additional evidence which was not available to the decision maker (68 cases).

In the latter category, Legal Members commented that decisions were changed due to a combination of further medical evidence and oral and ocular evidence of the appellant, a carer or a witness.

Table 13 and Charts 5 and 6 illustrate why correctly made decisions were overturned and the spread of additional evidence available to tribunals.

Table 13

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	11(14%)
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	68(86%)

Chart 5

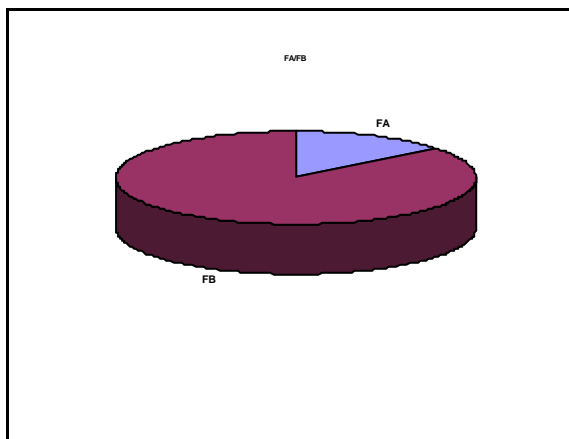
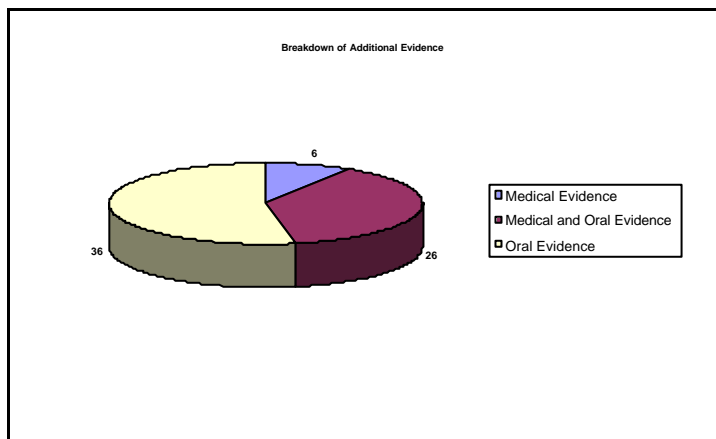


Chart 6



As highlighted in the last two years' reports, these results continue to demonstrate that relevant information is available from both the claimant and his doctor prior to making the decision on a claim.

Recommendation

1. It is clear that there are difficulties in assessing and interpreting evidence in some cases. It is recommended that additional training in this area be undertaken.
2. I would continue to recommend that the information obtained from the claimant and his GP in the decision making process be examined with the aim of improving the evidence available to the decision maker.

COMPENSATION RECOVERY

There is a relatively low appeal rate in this area. 66% of appeals received were monitored to obtain a meaningful sample. The standard of decision making in this area has deteriorated. The level of incorrectness has increased to 32%. This is an increase of 21% from the previous year 2001/2002, and by 3% from year 2000/2001.

Figure 9 sets out the number received, the number monitored and the number of incorrectly made decisions.

Figure 9

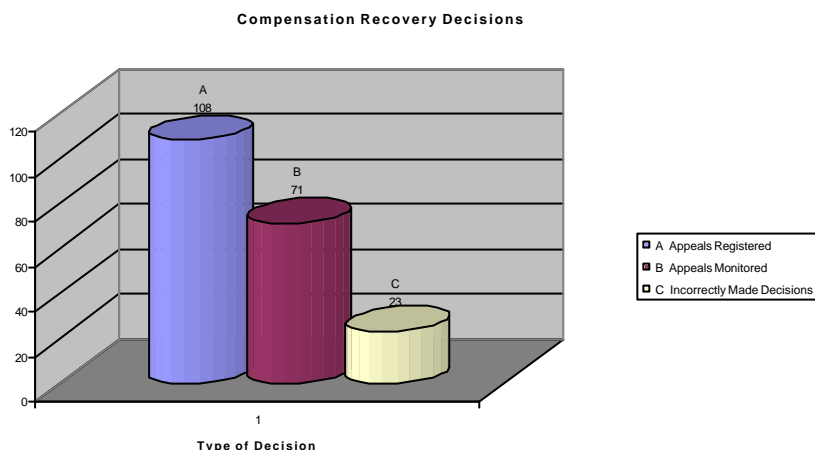


Table 14 and Graph 5 sets out the number of occurrences against the reasons for incorrectness. A total of 12 separate reasons were recorded for incorrectness. There were overlapping reasons in most cases.

Table 14

Graph 5

Reasons for Incorrectness	Number of Occurrences
F1	4 (6.3%)
F2	1 (1.6%)
F3	2 (3.1%)
F4	9 (14.1%)
F5	2 (3.1%)
F6	20 (31.3%)
F7	15 (23.4%)
F8	2 (3.1%)
L1	1 (1.6%)
L2	3 (4.7%)
L4	3 (4.7%)
L5	2 (3.1%)

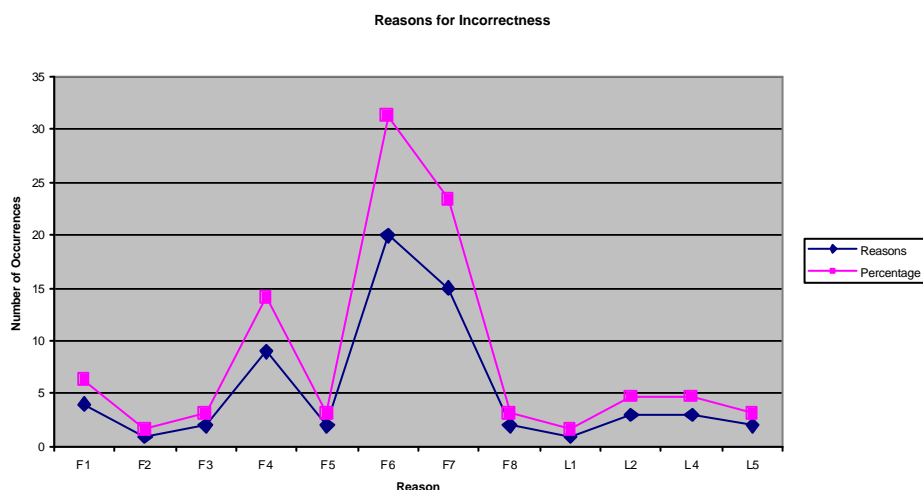


Table 2 on Page 5 sets out in full the reason for incorrectly made decisions

As explained in previous report, appeals are mainly lodged by Insurance Companies, and all but a few are represented by firms of Solicitors specialising in personal injury litigation. Again as in previous reports conflicting medical opinion is common and the comments recorded by Legal Members continue to reflect problems decision makers had with evidential issues.

All of the issues identified by the legal members in this category relate to the way in which evidence was dealt with by decision makers. In 20 of the cases where decisions were incorrectly made the legal member recorded that relevant evidence was disregarded, while in 12 of these it was also noted that the decision maker failed to deal with a conflict in the medical evidence.

Again the information collected points to a lack of understanding by decision makers of the rules of entitlement to recoverable benefits. Decision makers in Compensation Recovery should be able to assess whether benefit paid is correctly paid, and whether it is attributable, in part or in full, to the relevant compensation payment.

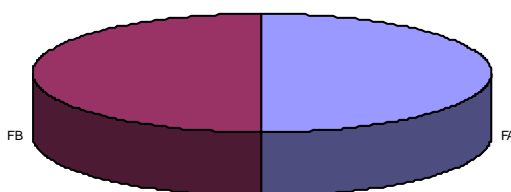
The errors identified continue to reinforce this issue, as decision makers either misunderstood, or misinterpreted, relevant evidence, or misinterpreted, or did not correctly identify, the legal rules that applied.

In addition, Table 15 and Chart 7 illustrates that a further 34 decisions, 48% of those selected for monitoring, were overturned. In half of these, the tribunal accepted medical evidence that was available to the decision maker, but which the decision maker was unwilling to accept. In the remainder, additional evidence was available to the tribunal that was not available to the decision maker. This evidence was by way of an additional medical report in ten of these cases and a surveillance report by a witness in the other two cases.

Table 15

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	17 (50%)
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	17 (50%)

Chart 7



Recommendations

It is recommended that training of decision makers should include the rules of entitlement to those benefits which fall within the scheme.

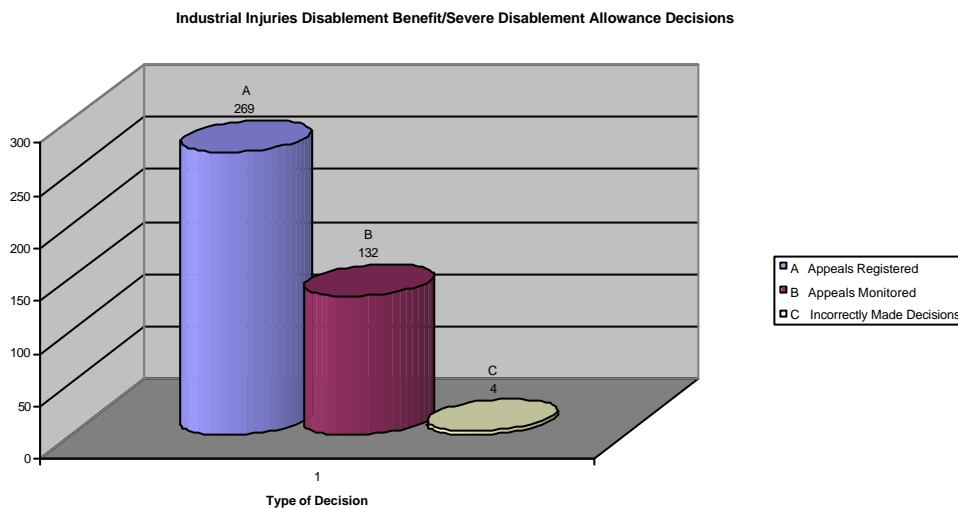
Decision makers should ascertain whether additional evidence relevant to the case is available from the compensator, and, if so, take it into account before issuing a certificate of recoverable benefit.

INDUSTRIAL INJURIES DISABLEMENT BENEFIT & SEVERE DISABLEMENT ALLOWANCE

There is a low appeal rate in both of these benefits. To obtain a meaningful sample, 49% of appeals received were monitored. The accuracy level in these benefits is high as only 3% of those monitored were found to be incorrect.

Figure 10 sets out the number received, the number monitored and the number of incorrectly made decisions

Figure 10



The reasons for incorrectness, and the number of occasions these occur within the incorrectly made decisions, is set out in Table 16 and Graph 6.

Graph 6

Table 16

Reasons for Incorrectness	Number of Occurrences
F1	1 (16.6%)
F2	2 (33.0%)
F4	1 (16.6%)
F6	1 (16.6%)
L2	1 (16.6%)

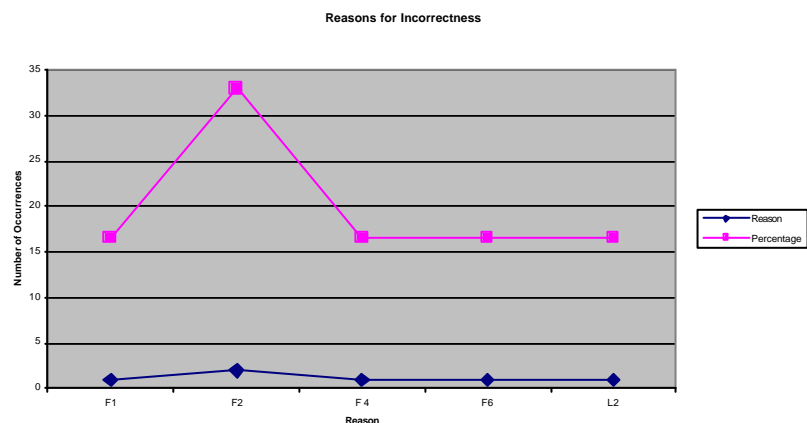


Table 2 on Page 5 sets out in full the reason for incorrectly made decisions

There was no common reason for incorrectness. One Severe Disablement Benefit case had three reasons for incorrectness.

Table 17 and Chart 8 illustrate that in a further 26 cases, representing 20% of those monitored, 7 decisions were overturned because the tribunal accepted evidence that the decision maker was unwilling to accept and, in 19 cases, additional evidence was available to the tribunal that was not available to the decision maker. As in other incapacity benefits, the additional evidence available to tribunals was by way of direct oral evidence by appellants and witnesses at tribunal, medical reports, or a combination of these. The tribunal also had additional first hand evidence which was obtained during medical examination of appellants by consultants at the tribunal.

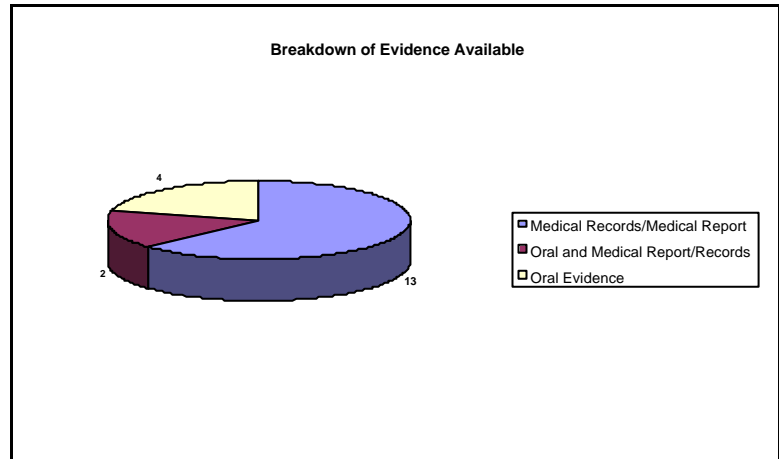
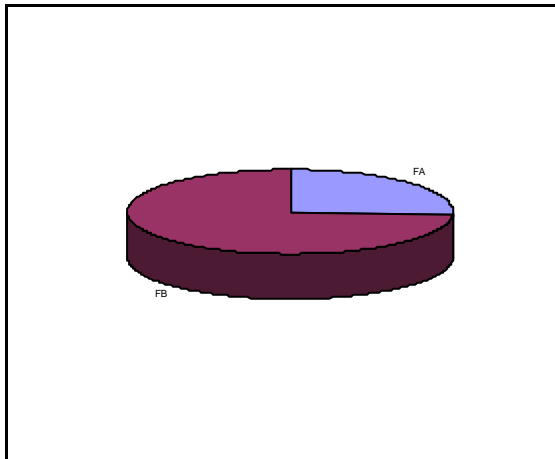
Chart 9 gives a breakdown of the evidence available.

Table 17

Reasons for Overturning Correctly Made Decision	Number of Occurrences
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	7 (27%)
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	19 (73%)

Chart 8

Chart 9



Recommendations

In 14% of all appeals monitored in this category additional information was available from either the appellant or his GP. Consideration should be given to how best to obtain this information before a decision is made.

INVALID CARE ALLOWANCE

The appeal rate in Invalid Care Allowance is low. To obtain a meaningful sample, 56% of appeals received were monitored. The level of incorrectness remains high at nearly 7%. This is however a decrease of 3% on the previous year.

Figure 11 sets out the number received, the number monitored and the number of incorrectly made decisions

Figure 11

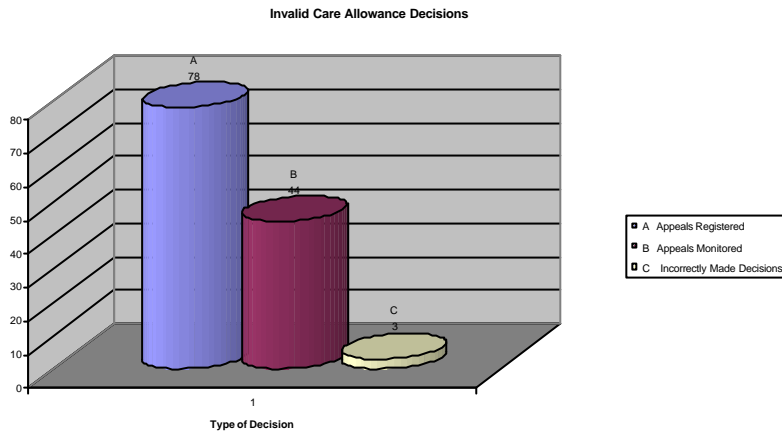


Table 18 and Graph 7 below sets out the number of occurrences against the reasons for incorrectness. 7 separate reasons were identified for incorrectness. One case had 6 overlapping reasons.

Table 18

Graph 7

Reasons for Incorrectness	Number of Occurrences
F1	1 (12.5%)
F3	1 (12.5%)
F7	1 (12.5%)
F9	2 (25%)
R1	1 (12.5%)
L1	1 (12.5%)
L4	1 (12.5%)

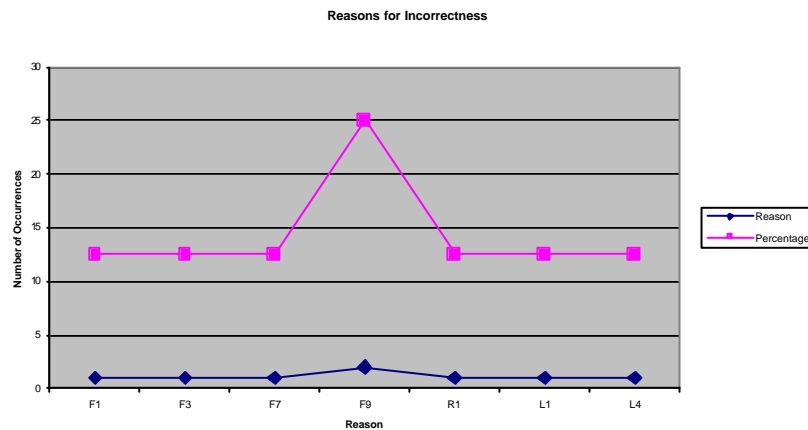


Table 2 on Page 5 sets out in full the reason for incorrectly made decisions

In all 3 cases, the issue under appeal was the overpayment of benefit. In 2 of the cases the legal member commented that the decision maker made errors in calculation. As a result the tribunal decided in one case that no overpayment had occurred and in the other the amount overpaid was considerably reduced. In the remaining case, the tribunal decided that the overpayment of benefit was not recoverable. One case had 6 reasons for incorrectness.

In a further 3 cases the tribunal overturned the decision of the decision maker because additional evidence was produced on the day. In 1 case the tribunal accepted evidence which the decision maker was unwilling to accept. In all of these cases the issue under appeal was the overpayment of benefit.

Table 19

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	1 (25%)
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	3 (75%)

Recommendations

Overpayment cases continue to be an issue in this benefit. I therefore continue to recommend that additional training is provided in overpayments cases.

INCOME SUPPORT

Income Support appeal activity is relatively steady when compared to other benefits. 20% of appeals received in this category were monitored. 6% of decisions overall were found to be incorrect. This is an improvement of 5% on the previous year.

Figure 12 sets out the number received, the number monitored and the number of incorrectly made decisions

Figure 12

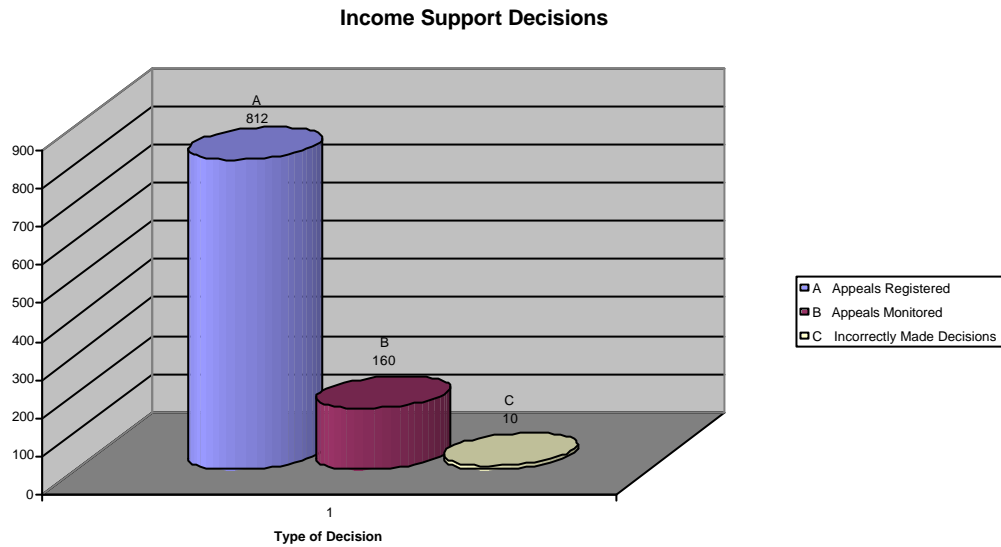


Table 20 and Graph 8 sets out the number of occurrences against the reasons for incorrectness. There were 6 separate reasons identified for the decision being incorrectly made. There were overlapping reasons in two cases.

Table 20

Reasons for Incorrectness	Number of Occurrences
F1	6 (50.0%)
F2	1 (8.3%)
F3	1 (8.3%)
F4	1 (8.3%)
F6	1 (8.3%)
F9	2 (17.0%)

Graph 8

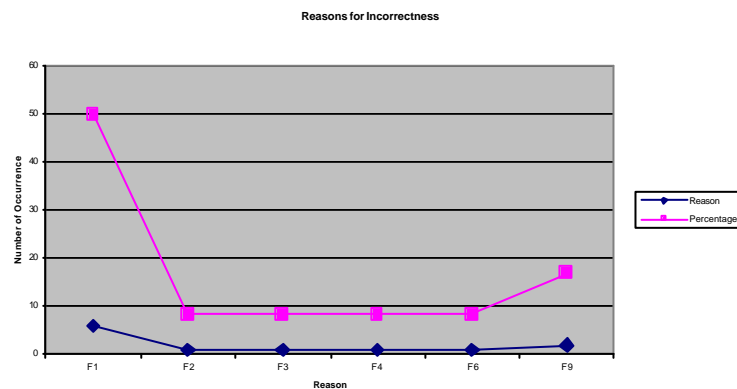


Table 2 on Page 5 sets out in full the reason for incorrectly made decisions

In 6 of the 10 incorrectly made decisions, the decision was based on insufficient evidence/facts due to inadequate investigation of the claim or revision. Chart 10 gives a breakdown of the issues under appeal. In 6 cases, accounting for 60% of incorrectly made decisions the issue under appeal was the overpayment of benefit. On analysis of the reasons for incorrectness in this category, it was established that in 3 cases the claim was not investigated properly, as the Department were already in possession of relevant information. In 2 cases the decision maker calculated the amount of the overpayment incorrectly while in the remaining case relevant evidence was disregarded. In all 6 cases the decision maker sought to recover on the grounds of misrepresentation or failure to disclose information. Chart 11 gives a breakdown of overpayment cases.

Chart 10

Chart 11

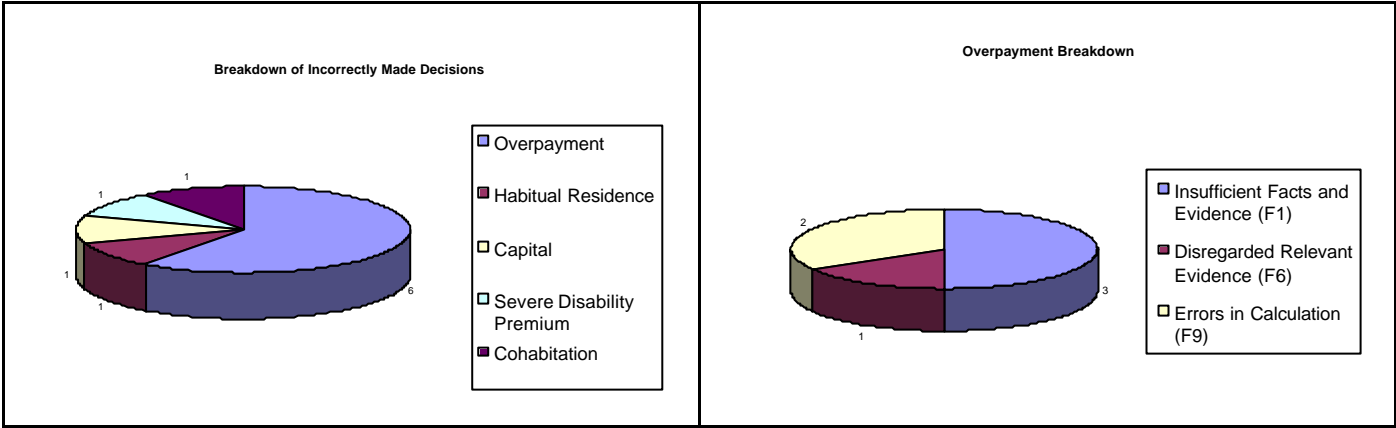
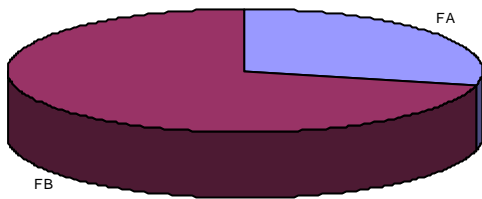


Table 21 and Chart 12 illustrate that in a further 21 cases, representing 13% of those monitored, decisions were overturned because the tribunal accepted evidence that the decision maker was unwilling to accept (7 cases), or the claimant produced additional evidence to the tribunal that was not available to the decision maker (14 cases). In the latter category, 9 cases, representing 64% of FBs, the issue under appeal was again the overpayment of benefit. In all cases either the appellant, or a witness, attended the hearing and presented oral evidence, or a report, that the decision maker did not have the benefit of.

Table 21

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	7 (33.3%)
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	14 (66.7%)

Chart 12



Recommendations

Many of the issues that arise in Income Support are complex. There appears to be a continuing problem with overpayments, in particular, in relation to the depth of investigation and to the evidence accepted. Overpayment cases are complex, not only in relation to this benefit, but all benefits and raise difficult issues for decision makers. I would continue to recommend training in this area.

JOBSEEKERS ALLOWANCE

41% of all Jobseekers Allowance appeals received were monitored. The level of incorrectness identified is 3%. This is an improvement of 8% on the previous years monitoring results.

Figure 13 sets out the number received, the number monitored and the number of incorrectly made decisions

Figure 13

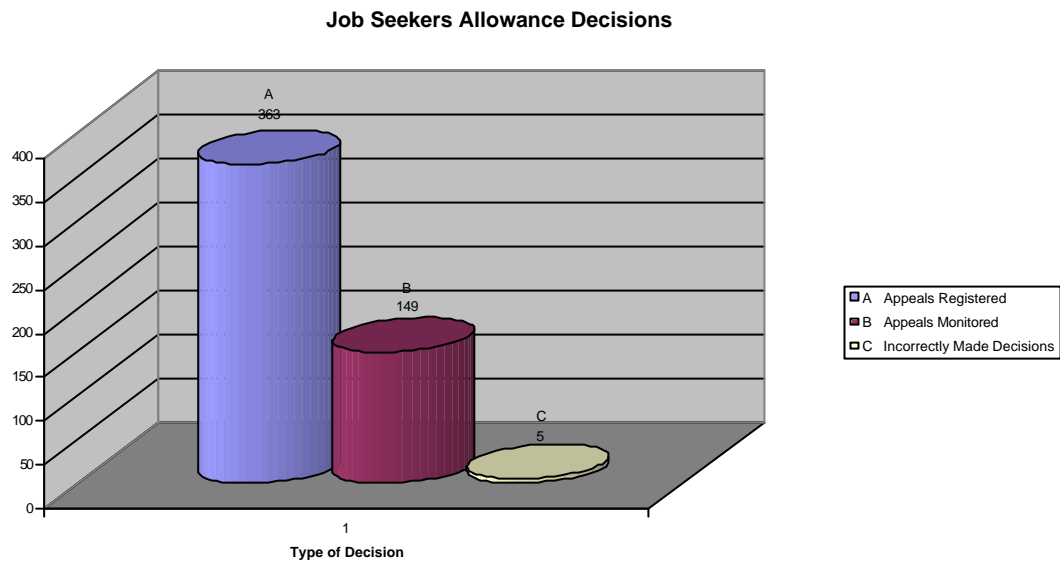


Table 22 and Graph 9 sets out the number of occurrences against the reasons for incorrectness. There were 5 separate reasons identified for the decision being incorrectly made. There were overlapping reasons in all but one case.

Graph 9

Table 22

Reasons for Incorrectness	Number of Occurrences
F1	3 (30%)
F3	2 (20%)
F4	2 (20%)
F7	1 (10%)
L2	2 (20%)

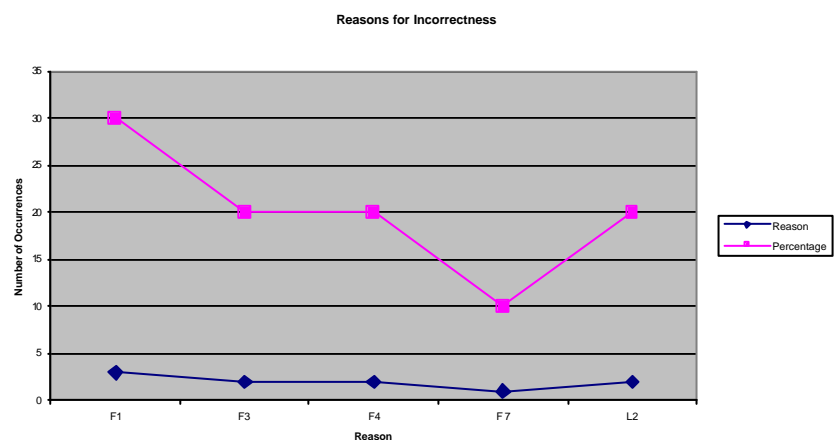


Table 2 on Page 5 sets out in full the reason for incorrectly made decisions

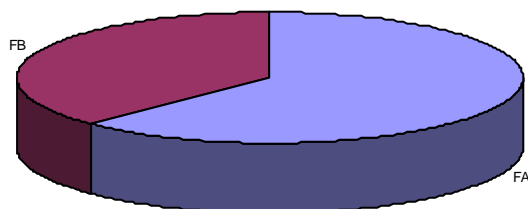
Legal members identified a variety of reasons for the errors made. In 3 of the five cases, representing 60% of those found to be incorrect, the legal member commented that the decision was based on insufficient facts/evidence due to inadequate investigation of the claim, or revision. In particular it was noted in one case that the evidence relied upon was flimsy, in another case it was commented that the decision maker did not provide any evidence to support the decision reached. The issues under appeal were varied and no particular trends were identified.

Table 23 and chart 13 illustrates that in a further 16 cases, 11% of those monitored, decisions were overturned because the tribunal accepted evidence that the decision maker was unwilling to accept (10 cases), or the claimant produced additional evidence to the tribunal that was not available to the decision maker (6 cases).

Table 23

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	10 (62.5%)
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	6 (37.5%)

Chart 13



Recommendations

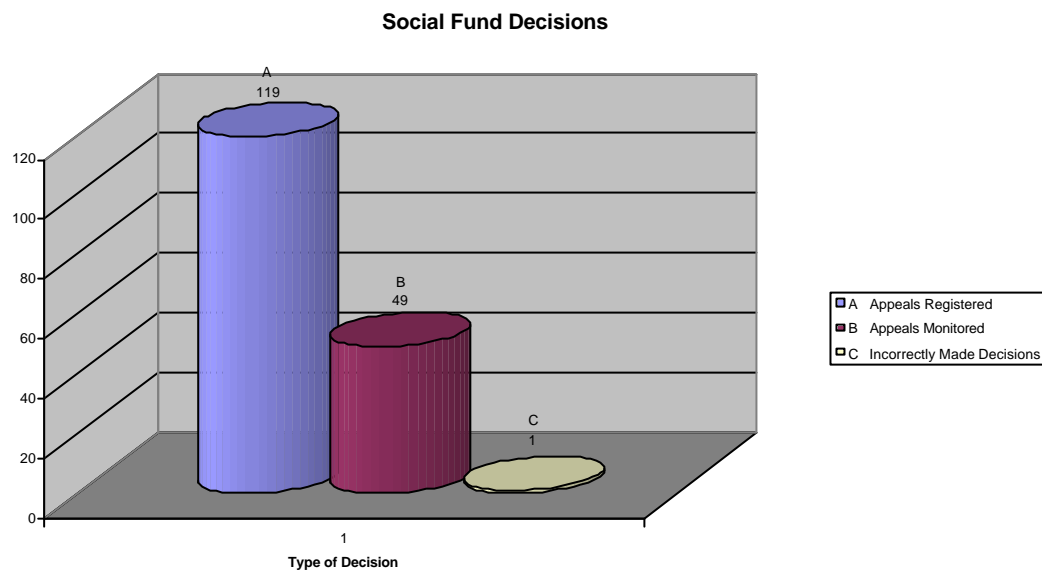
There continues to be evidence that some claims are not fully investigated and that the evidence relied upon by decision makers is not always robust. I would again recommend training in this area.

SOCIAL FUND

There are limited rights of appeal to a tribunal in Social Fund cases. The appeal rate is therefore low. To obtain a meaningful sample, 41% of appeals received were monitored. 2% of these were found to be incorrectly made by decision makers. This is an improvement of 2% on the previous year.

Figure 14 sets out the number received, the number monitored and the number of incorrectly made decisions.

Figure 14



There was one incorrectly made decision identified. The decision was incorrect as the decision maker misinterpreted the legal rule relevant to the claim.

In a further 7 cases, the tribunal overturned the decision of the decision maker because of additional evidence provided by the appellant at the tribunal.

Reasons for Overturning Correctly Made Decision	Number of Cases
FA. The tribunal accepted evidence which the officer was not willing to accept. Neither conclusion was unreasonable.	0
FB. The tribunal was given additional evidence which was not available to the officer who made the decision.	7

The improvement in performance is noted.

CHILD BENEFIT

Of 67 appeals received during this report period, 67 were selected for monitoring. 32 of those were pre-hearing clearances and there were 2 appeals outstanding at close date. In the remaining 33 cases, all decisions were correctly made.

RETIREMENT PENSION/WIDOWS PENSION

Both benefits were subject to 100% census. However, there was a high level of pre-hearing clearance in both categories. 34 Retirement Pension and 37 Widows Benefit appeals were received during the report period. 19 Retirement Pension and 5 Widows Benefit cases were monitored. There were no incorrectly made decisions in either benefit and no decisions were changed.

CHAPTER 5

SUMMARY OF RECOMMENDATIONS

- Child Support Agency Decision** That decision makers should be given training on obtaining and evaluating evidence. That training should include the use of statutory powers to appoint inspectors where voluntary procedures have failed.
- That there should be an integrated approach to applications and departures. Assessment of income should be fully investigated where insufficient or unreliable information is provided. Misleading advice about Departure applications should not be given to parents who dispute income figures. Departure applications should not be recommended as an alternative to fully investigating income.
- Where it is impossible to obtain full disclosure of the details of income of any parent, and there is evidence of a deliberate attempt to withhold or conceal details of income, decision makers and the tribunal should be given a discretionary power to assess income, taking into account all the evidence available. The Child Support Commissioners have made a ruling to this effect, but a clear statutory rule would be helpful.
- That Officers should be given additional training in decision making rules and procedures.
- Disability Living Allowance/Attendance Allowance** As in the previous two reports I would continue to recommend the following:
- That decision makers weigh up the evidence carefully and seek expert advice when necessary.
- That more evidence should be obtained from the claimant, carers, and the GP before decisions are made.
- In cases which are appealed the decision maker should consider requesting the medical records from the GP, and a careful review should be carried out.

Incapacity Benefit

It is clear that there are difficulties in assessing and interpreting evidence in some cases. It is recommended that additional training in this area be undertaken.

I would continue to recommend that the information obtained from the claimant and his GP in the decision making process be examined with the aim of improving the evidence available to the decision maker.

Compensation Recovery

That the training of decision makers should include the rules of entitlement to those benefits which fall within the scheme.

Decision makers should ascertain whether additional evidence relevant to the case is available from the compensator, and, if so, take it into account before issuing a certificate of recoverable benefit.

Invalid Care Allowance

Overpayment cases continue to be an issue in this benefit. I therefore continue to recommend that additional training is provided in overpayments cases.

Income Support

Many of the issues that arise in Income Support are complex. There appears to be a continuing problem with overpayments in particular in relation to the depth of investigation and to the evidence accepted. Overpayment cases are complex, not only in relation to this benefit, but all benefits and raise difficult issues for decision makers. I would continue to recommend training in this area.

Jobseekers Allowance

There continues to be evidence that some claims are not fully investigated and that the evidence relied upon by decision makers is not always robust. I would again recommend training in this area.

Industrial Injuries Disablement In 14% of all appeals monitored in this category additional information was available from either the appellant or his GP. Consideration should be given to how best to obtain this information before a decision is made.

APPENDIX 1

INFERENCES AND SAMPLING ERROR

As mentioned in the body of the report, it is possible from some of the sampled benefit's results to make inferences with regard to all appeals for the relevant benefit in the time period.

The analysis that follows relates only to benefits where a sample was selected. The benefits where a complete census was taken do not affect the confidence interval. Hence in table A1, the 'ALL' category refers both to benefits where a complete census was taken and to those where only a sample was taken. The minimum sample size for inferences to be made with regard to sampled benefits has been taken as 30. All sampled benefits have sample size greater than 30.

In making inferences regarding all appeals from a sample of appeals, a degree of uncertainty is introduced to the process. This uncertainty means that the actual level of incorrectness in the initial decision is represented by a range, with the sample result being the mid-point of the range. The range has been constructed so that we can be 95% certain that the actual level of incorrectness in the initial decision lies within the range. Ninety-five percent is known as the confidence level.

Table A1 below shows the relevant benefits, the sample result and the associated range.

Benefit	Percentage Incorrectness in the Initial Decision	Confidence Interval (± %)
Attendance Allowance	8.5	4.9
Child Support	14.5	7.2
Compensation Recovery	32.4	6.4
Disability Living Allowance	2.4	2.3
Incapacity Benefit	6.0	2.9
Income Support	6.3	3.4
Industrial Injuries Disablement Benefit / Severe Disablement Allowance	3.0	1.8
Invalid Care Allowance	6.8	4.9
Jobseekers Allowance	3.4	2.2
Social Fund	2.0	3.0
ALL ¹	6.6	1.4

¹ Note ALL refers to both benefits that were sampled and those that had a complete census.

Considering all monitored cases in the time period we can state that;

- we can be 95% certain that the true level of incorrectness among all initial appeal decisions in the period is between 5.0% and 8.0%, i.e. $6.6\% \pm 1.4\%$

Similarly, if we consider Disability Living Allowance appeals we can state that

- we can be 95% certain that the true level of incorrectness among all Disability Living Allowance initial appeal decisions in the period is between 0.1% and 4.7%, i.e. $2.4\% \pm 2.3\%$.

The remaining benefits can be analysed in the same manner.

APPENDIX 2

BENEFIT APPEALS PROFILE

This appendix draws together the information in the body of the report to produce a pro forma for each of the main benefits.

Benefit Name	ALL BENEFITS
Number of cases registered	15494
Number of cases monitored	1187
Percentage monitored	7.7%
Number of incorrect initial decisions	78
Percentage incorrect	6.6%
Confidence interval	±1.4%
Total number of reasons	165
Main reason for incorrect initial decision	The officer disregarded relevant evidence – 22% of all reasons

Benefit Name	DISABILITY LIVING ALLOWANCE
Number of cases registered	8715
Number of cases monitored	168
Percentage monitored	1.9%
Number of incorrect initial decisions	4
Percentage incorrect	2.4%
Confidence interval	±2.3%
Total number of reasons	4
Main reason for incorrect initial decision	No main reason apparent

Benefit Name	ATTENDANCE ALLOWANCE
Number of cases registered	76
Number of cases monitored	47
Percentage monitored	61.8%
Number of incorrect initial decisions	4
Percentage incorrect	8.5%
Confidence interval	±4.9%
Total number of reasons	8
Main reason for incorrect initial decision	No main reason apparent

Benefit Name	INCAPACITY BENEFIT
Number of cases registered	4627
Number of cases monitored	248
Percentage monitored	5.4%
Number of incorrect initial decisions	15
Percentage incorrect	6.0%
Confidence interval	±2.9%
Total number of reasons	30
Main reason for incorrect initial decision	The officer disregarded relevant evidence – 33% of all reasons

Benefit Name	JOBSEEKERS ALLOWANCE
Number of cases registered	363
Number of cases monitored	149
Percentage monitored	41%
Number of incorrect initial decisions	5
Percentage incorrect	3.4%
Confidence interval	±2.2%
Total number of reasons	10
Main reason for incorrect initial decision	The decision of the officer was based on insufficient facts/evidence due to inadequate investigation of the claim or revision – 30% of all reasons

Benefit Name	CHILD SUPPORT
Number of cases registered	188
Number of cases monitored	62
Percentage monitored	32.9%
Number of incorrect initial decisions	9
Percentage incorrect	14.5%
Confidence interval	±7.2%
Total number of reasons	22
Main reason for incorrect initial decision	The decision of the officer was based on insufficient facts/evidence due to inadequate investigation of the claim or revision – 19% of all reasons

Benefit Name	SOCIAL FUND
Number of cases registered	119
Number of cases monitored	49
Percentage monitored	41.2%
Number of incorrect initial decisions	1
Percentage incorrect	2.0%
Confidence interval	±3.0%
Total number of reasons	1
Main reason for incorrect initial decision	The officer misinterpreted the legal rules relevant to the claim

Benefit Name	INCOME SUPPORT
Number of cases registered	812
Number of cases monitored	160
Percentage monitored	19.7%
Number of incorrect initial decisions	10
Percentage incorrect	6.3%
Confidence interval	±3.4%
Total number of reasons	12
Main reason for incorrect initial decision	The decision of the officer was based on insufficient facts/evidence due to inadequate investigation of the claim or revision – 50% of all reasons

Benefit Name	COMPENSATION RECOVERY
Number of cases registered	108
Number of cases monitored	71
Percentage monitored	65.7%
Number of incorrect initial decisions	23
Percentage incorrect	32.4%
Confidence interval	±6.4%
Total number of reasons	64
Main reason for incorrect initial decision	The officer disregarded relevant evidence – 31% of all reasons

Benefit Name	DISABLEMENT BENEFIT/SEVERE DISABLEMENT ALLOWANCE
Number of cases registered	269
Number of cases monitored	132
Percentage monitored	49.1%
Number of incorrect initial decisions	4
Percentage incorrect	3.0%
Confidence interval	±1.8%
Total number of reasons	6
Main reason for incorrect initial decision	No significant pattern

Benefit Name	INVALID CARE ALLOWANCE
Number of cases registered	78
Number of cases monitored	44
Percentage monitored	56.4%
Number of incorrect initial decisions	3
Percentage incorrect	6.8%
Confidence interval	±4.9%
Total number of reasons	8
Main reason for incorrect initial decision	No significant pattern

APPENDIX 3

APPEAL REPORT FORM

Section 1 Benefit claimed:

Name of appellant:

Address:

NINO:

Appeal reference:

Date of Decision Appealed:

Decision Maker/Office:*

Date and venue of **Final** Hearing of Appeal:*

**To be completed by tribunal Clerk*

If the appeal is adjourned, report should be forwarded to next tribunal and President's Secretariat informed.

Section 2 Date Summary Decision Issued:

If the decision of the Departmental Officer was not altered by the Appeal Tribunal, please indicate if that decision was made correctly.

Yes No

If the answer is No, please explain.

Mon 1

Section 3 If the decision of the Departmental Officer was altered by the Appeal Tribunal, please provide details of the summary decision.

What are the reasons, if provided, for the decision of the tribunal

The decision of the Department was altered because (tick the boxes where appropriate)

- F.A the tribunal accepted evidence which the officer was not willing to accept.
Neither conclusion was unreasonable
- F.B the tribunal was given additional evidence which was not available to the officer who made the decision. Such evidence was;
- in the form of an expert report handed in;
 - an expert report obtained by the tribunal;
 - given by a witness;
 - given by the appellant
- F1 the decision of the officer was based on insufficient facts/evidence due to inadequate investigation of the claim or revision
- F2 the officer failed to request adequate medical guidance or expert reports relevant to the decision i.e. medical reports from a consultant/details of property interests/ details of business accounts/ adequate valuations (Article 12(2) of the 1998 Order)
- F3 the officer failed to identify a finding/s which needed to be made on the basis of the rules of entitlement relevant to the claim or revision

- F4 the decision was based on a misinterpretation/misunderstanding of the evidence available to the officer
- F5 the officer took into account wholly unreliable evidence
- F6 the officer disregarded relevant evidence
- F7 the officer failed to identify/resolve an obvious conflict in the evidence
- F8 the officer did not action additional relevant evidence provided after his decision was made and initiate a revision.
- F9 The officer made errors of calculation.
- R1 the appeal was made because the officer did not give adequate reasons for his decision when requested under regulation 28(1) (b) of the Decision and Appeals Regulations 1999

There was a legal error in the decision because:

- L1 the officer did not identify the correct legal rules relevant to the claim/revision
- L2 the officer misinterpreted the legal rules relevant to the claim
- L3 the officer failed to identify a change in legal rules relevant to the claim/revision
- L4 Officer overlooked a relevant Commissioners decision/Court decision which was/should have been available to him
- L5 The officer failed to obtain additional legal advice necessary to deal with the claim.

Section 4 The decision of the Departmental Officer was defective because: (please indicate the relevant category/ies and, where there is more than one defect, an explanation should be given of each);

Section 5 In cases where medical or other expert reports were considered by the Departmental Officer, have you any comments to make on the standard of the reports?

Section 6 Please make any other comments you wish about (a) the manner in which the claim was dealt with by the decision maker; and (b) issues raised by the appeal which you wish to draw to the attention of the president.

Legal member

Date:

Time Taken to Complete: