

**REVIEW OF POLICE INJURY AWARD  
ARRANGEMENTS**

**Final Report of Review Panel**

**30 September 2010**

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## List of Recommendations

(Note recommendations 1-9 were contained in the interim report and are repeated here for clarity and completeness.)

1. There should be a minimum 5 year period before review for all cases. Any reviews currently planned with a review date of less than 5 years should be extended to the 5 year period. Individuals retain the right to apply for an earlier review if they believe their position has materially changed.
2. In principle there should be provision to allow for the need for reviews to be set aside in cases of the most severe psychological conditions where a suitably qualified specialist indicates the consequence of the review process might be to cause harm to the individual concerned. The precise terms will need to be included in detailed guidance but it is envisaged this arrangement will normally apply in cases where a level 3 or 4 award has been made.
3. The pool of doctors available to act as Selected Medical Practitioners should be expanded as part of the new contract to be let by the Policing Board later this year.
4. An individual should have the option of having their review carried out by a different Selected Medical Practitioner from the doctor who performed the initial assessment or the previous review.
5. PRRT should be approached to establish whether the Trust could assist those approaching review or appeal by offering advice and guidance on the completion of forms and provision of evidence.
6. Any appeal submitted after 30 July 2010 will consider only the evidence about the situation when the Selected Medical Practitioner made his decision. This means that those coming for assessment

should ensure all relevant evidence is made available before or at the meeting with the Selected Medical Practitioner to ensure any appeal process could then commence immediately. Revised guidance will be issued to those coming to assessment by the Selected Medical Practitioner. If new medical evidence is produced, that would lead to a new review with the Selected Medical Practitioner.

7. For those cases already in the appeal process, those applicants who have already been asked to provide any additional medical information but have yet to reply, would be given a set period (of six weeks) to produce any further evidence and will be informed that dates are now being sought with the relevant specialist(s). Any further medical evidence produced after this date would lead to a new review by the Selected Medical Practitioner.
8. A number of steps will be taken to reduce the time taken for various stages of the appeal process. These will include:
  - (a) reduction in time taken for the Policing Board to submit an appeal to the DOJ;
  - (b) reductions in time taken by the DOJ to process the appeal when first received and to issue final letters to applicants;
  - (c) revised arrangements for the Independent Medical Referee to submit a written report within 3 weeks of appointment.
9. The review panel agreed to target completion of its work by end September 2010.
10. A seminar is to be organised to provide those stakeholders involved in the administration of the process with the opportunity to listen to presentations on the process and to ask questions of the personnel involved from PSNI, NIPB and DOJ.

11. NIPB and DOJ should issue revised guidance leaflets to enhance understanding of the injury on duty scheme and how it works in practice.
12. The Review Panel will monitor progress against the recommendations in March 2011.
13. For those individuals who have successfully appealed a reduction in their injury award following a review, the Panel recommends that the original IOD pension be backdated to the date the award was reduced.
14. The Panel recommends that individuals be advised that they should indicate on their appeal form if they intend to submit any additional information. The appeal would not proceed to the DOJ until the additional information had been received and considered by the SMP. This will prevent undue delays in the appeals process by new information being produced at a late stage.
15. The Panel recommends the DOJ explore the costs/benefits of using a 2 person appeal panel, chaired by an Occupational Health specialist, with a view to contracting out this function. The Review Panel will assess progress in March 2011.
16. The Panel recommends a review of internal systems should be undertaken to ensure the system is as efficient as possible.
17. When judgment has been received in the Court of Appeal case (and judicial review) concerning reviews, DOJ will liaise with NIPB and other stakeholders to ensure that anything resulting from the judgments is considered in Northern Ireland without delay. The panel will review the changes in March 2011.

## **Glossary of Expressions**

ASHE	Annual Survey of Hours and Earnings
DHSSPS	Department of Health, Social Services & Public Safety
DoJ	Department of Justice
GMP	Greater Manchester Police
HML	Health Management Limited
IOD	Injury on Duty
IMR	Independent Medical Referee
NIO	Northern Ireland Office
NIPB	Northern Ireland Policing Board
NIRPOA	Northern Ireland Retired Police Officers Association
PAB(NI)	Police Advisory Board for Northern Ireland
PMAB	Police Medical Appeal Board
PNB	Police Negotiating Board
PRRT	Police Rehabilitation & Retraining Trust
PSNI	Police Service of Northern Ireland
SMP	Selected Medical Practitioner

## **1. Introduction**

1.1. On 25 May 2010, the Justice Minister initiated an urgent review of the practical arrangements underpinning the police injury on duty award scheme. The review came in the wake of feedback from the public, stakeholders and those officers in receipt of injury on duty awards.

1.2. The Review Panel, established to undertake the review was co-chaired by Jimmy Spratt MLA (Chairman of the Northern Ireland Policing Board's (NIPB) Human Resources Committee) and Peter May (Director of Policing and Community Safety in the Department of Justice). Dr Paddy Woods (Deputy Chief Medical Officer) and David McClurg (Chair of the Northern Ireland Police Fund) also sat on the panel to provide an independent viewpoint to the discussions. An official from each of the NIPB and the DOJ provided input to the group on current procedures and acted as the secretariat.

1.3. The interim report of the Review Panel, presented to the Justice Minister on 30 June 2010, focused on the most immediate problem areas and proposed recommendations for immediate implementation which should address some of the significant problems. The report is available at <http://www.dojni.gov.uk>

1.4. Following the initial meeting on 21 June, the panel met again on 26 July and 10 September to work through the outstanding issues. This final report outlines how the recommendations in the interim report have been implemented and presents further recommendations for improving the whole injury on duty award process.

## **2. Background**

2.1. Police injury on duty awards are made to officers who are assessed as permanently disabled as a result of an injury received in the execution of duty. The award, which consists of a lump sum gratuity and an injury pension, is

determined by reference to the extent to which a person's earning capacity has been affected as a result of the injury.

2.2. In Northern Ireland, there are currently 1930 injury awards in payment by the PSNI. In 2009/10, the Chief Constable paid out £16.5 million in injury on duty awards, almost £350k of this in injury gratuity and the remainder in injury pensions.

2.3. Injury awards are not based on pension contributions and the provision of an award is not dependant on being a member of the police pension scheme. The cost of the awards is met by the PSNI and not by the pension scheme.

2.4. The provisions of the scheme are negotiated nationally through the Police Negotiating Board (PNB) to ensure, so far as possible, consistency of treatment for police officers in all parts of the UK. The regulations governing the scheme in Northern Ireland are the Police Service of Northern Ireland and Police Service of Northern Ireland Reserve (Injury Benefit) Regulations 2006.

2.5. The practical arrangements underpinning the scheme are determined locally. In Northern Ireland, the scheme is administered by NIPB and appeals against NIPB decisions are made to the DoJ. The DoJ also has a role in arranging medical appeal tribunals. This Northern Ireland review addresses only the administration of the scheme and procedural issues. It does not examine the nature of the scheme itself which has recently been reviewed at a national level and a new injury on duty scheme is expected to be established in 2010/11. Any new scheme will not affect former officers (or their dependants) who have already retired.

### **3. The Police Injury Award Process**

3.1. On receipt of an application, the Northern Ireland Policing Board (NIPB) determines whether it should move forward for formal assessment by the Selected Medical Practitioner (SMP). The SMP, who is a Member or Fellow of the Faculty of Occupational Medicine, then carries out an assessment of the individual, which includes a face-to-face meeting and consideration of papers submitted by NIPB. The submission includes papers, reports and evidence submitted to NIPB by the individual.

3.2. Under the regulations, the SMP must consider:

- (a) whether the person is disabled;
- (b) whether the disablement is likely to be permanent;
- (c) whether the disablement is the result of an injury received in the execution of duty; and
- (d) the degree of the person's disablement.

3.3. The SMP's decision is provided in a report and certificate.

3.4. Where an individual is dissatisfied with any part of the SMP's decision, they have the right of appeal. The appeal will be heard by an independent medical referee (IMR) appointed by the Department of Justice (DOJ).

3.5. The IMRs are NHS consultants in the clinical speciality relevant to the appellant's medical condition on which the appeal is based. If an appellant has more than one condition a number of IMRs may be appointed to hear the appeal. A principal IMR makes the final report and completes the certificate, having considered the input from the other doctors.

3.6. The IMRs are provided with supporting submissions from the NIPB and the appellant. Following a face-to-face appointment with the appellant, the IMR completes a report and, if required, issues a new certificate. A new

certificate is only issued in cases when the IMR disagrees with any aspect of the SMP decision.

3.7. If the SMP or IMR are making an award, they must decide on the degree of the person's disablement i.e. the extent to which a person's earning capacity has been affected by the relevant injury.

3.8. In calculating the degree of disablement, the SMP/IMR is required to make a comparison between the projected police salary and potential earnings outside the police service. The Northern Ireland Annual Survey of Hours and Earnings (ASHE) is used to indicate what a person is capable of earning outside the police service.

3.9. Calculating the degree of disablement in this way allows the SMP/IMR to provide a percentage figure. This percentage is then used to place the individual into a band. The pension payable is calculated based on the band.

3.10. Degree of disablement is divided into 4 bands:

- Band 1 - Slight (25% or less);
- Band 2 - Minor (More than 25% but not more than 50%)
- Band 3 - Major (More than 50% but not more than 75)
- Band 4 - Severe (More than 75%)

Percentage differences within these bands do not affect the award an individual will receive.

3.11. Both the gratuity and the injury pension are calculated by reference to the person's degree of disablement and average pensionable pay. The pension also takes account of length of service in all but the most serious cases of disablement.

3.12. The panel noted the complexities of the system and agreed that it is important to educate key stakeholders in what the process involves to ensure a wider understanding. A stakeholder seminar, organised by NIPB/PSNI, will be held in November and will provide stakeholders (including the Staff

Associations) with the opportunity to listen to presentations on the process and to ask questions of the personnel involved in the process from PSNI, NIPB and DOJ.

***RECOMMENDATION 10: A seminar is to be organised to provide those stakeholders involved in the administration of the process with the opportunity to listen to presentations on the process and to ask questions of the personnel involved from PSNI, NIPB and DOJ.***

3.13. Revised guidance leaflets will be issued by NIPB and DOJ to further clarify how the injury on duty arrangements work in practice.

***RECOMMENDATION 11: NIPB and DOJ should issue revised guidance leaflets to enhance understanding of the injury on duty scheme and how it works in practice.***

#### **4. Statistics on Injury on Duty Awards**

4.1. This section assesses the injury on duty cases received during 2009/10 to provide context. It outlines in turn retrospective IOD awards (which are those where an officer has already retired), medical retirement cases (where the officer is serving) and reviews of those already in receipt of awards. Statistics on appeals are also provided at the end of the section.

##### **4.2. Retrospective IOD Awards**

4.2.1. In 2009/2010, there were a total of **193** cases received from individuals who have already left PSNI and who believe they suffered an Injury on Duty. Of these:

- 51 cases were successful (26.4%)
- 55 cases have been refused (28.5%)
- 79 cases are pending decision (41.0%)
- 8 cases have been withdrawn (4.1%)

4.2.2. It should also be noted that in many cases applications list a number of conditions which the serving/former police officer considers are as a result of an injury on duty.

4.2.3. Of the **51** cases which were **successful**:

- 38 cases were awarded a Band 1 Disablement (74.0%)
- 11 cases were awarded a Band 2 Disablement (22.0%)
- 1 case was awarded a Band 3 Disablement (2.0%)
- 0 cases were awarded a Band 4 Disablement (0%)
- 1 case had his deferred pension brought into payment early due to ill health (2.0%)

#### 4.3. Medical Retirement/IOD Awards

4.3.1. In 2009/2010, there were a total of 27 cases received from serving police officers, 26 (96.3%) of which were in respect of a Medical Retirement & Injury on Duty Award (IOD) and 1 (3.7%) was in respect of a Medical Retirement only. Of these:

- 11 cases of Medical Retirement & IOD were successful (40.74%)
- 8 cases of Medical Retirement & IOD were refused (29.63%)
- 7 cases had the Medical Retirement approved but the IOD refused (25.93%)
- 1 case of Medical Retirement only was successful (3.7%)

#### 4.4. Review Cases

4.4.1. In 2009/2010, there were a total of 144 cases due for review. These were cases where an injury on duty award had been made previously.

Of these:

- 47 cases were awarded a Band 1 Disablement (32.64%)
- 55 cases were awarded a Band 2 Disablement (38.19%)

- 31 cases were awarded a Band 3 Disablement (21.53%)
- 3 cases were awarded a Band 4 Disablement (2.08%)
- 8 cases are pending decision at the end of March 2010 (3 of which are ongoing appeals) (5.56%)

#### 4.5. Appeals

4.5.1. In 2009/10, there were 125 appeals received by the NIO/DOJ against SMP decisions received in the NIO/DOJ. In the same period, 119 appeals were closed although some of these may have been received in a previous year.

4.5.2. Of the 119 appeals closed in 2009/10:

- In 83 cases, the SMP decision was upheld on appeal (69.7%);
- In 19 cases the percentage disablement was increased on appeal.
  - in 6 of the 19 cases, the individual remained in the same band and the pension was not affected;
  - 10 cases had the pension increased by 1 band;
  - 1 increased by 2 bands; and
  - 1 increased by 3 bands.
- In 2 cases, the percentage disablement decreased on appeal.
  - In one of these cases, the band did not change;
  - in the other the individual dropped to the next lowest band.
- In 1 case, where an officer appealed the percentage disablement awarded at initial application, the award was removed on appeal.
- In 14 cases an individual successfully appealed the non-award of an injury on duty award.

4.5.3. Of the 119 appeals closed in 2009/10, 23 appeals were against the percentage disablement awarded after a review (rather than after initial application).

- 9 saw the SMP's decision upheld.
- 12 had the percentage disablement increased on appeal; 3 stayed in the same band; 7 increased to the next highest band; 1 increased 2 bands and 1 increased 3 bands.

- 2 appeals saw the percentage disablement awarded decrease, although in 1 case this did not affect the officer's band. In the other case, the officer was reduced to the next lowest band.

## **5. Progress Against Recommendations in Interim Report**

5.1. The interim report of the review panel contained 9 recommendations. These are listed at the beginning of this report. An implementation plan, outlining how the recommendations will be taken forward is shown at Annex A. The current status of each of the recommendations is also noted in the table.

5.2. Due to the current suspension of planned reviews and the short timescale since the publication of the interim report it is difficult at this early stage to gauge the effectiveness of the recommendations.

5.3. The Panel resolved to monitor progress against the recommendations after a six month period.

***RECOMMENDATION 12: The Review Panel will monitor progress against the recommendations in March 2011.***

## **6. Backdating**

### **6.1. Summary of issue**

6.1.1. In the interim report, the Review Panel noted the particular concerns which had been raised on the issue of successful appeals against review decisions not being backdated to the date the award was reduced.

6.1.2. The Panel was advised that the NIPB adopted this policy as a consequence of cases where individuals were required to pay back substantial sums after the appeal reduced or removed their awards.

6.1.3. In considering this issue the panel sought input from other UK police forces, as well as those bodies in Northern Ireland with responsibility for appeals.

## 6.2. Other Police Forces

6.2.1. A sample of UK police forces were asked about their policy on appeals against review decisions. Several forces had no defined policy as the issue had never arisen. Other forces backdate awards to the date the pension was reduced.

6.2.2. Where an award is decreased further at appeal, the forces surveyed indicated they would apply the reduced award from the appeal date forward. They would not seek to recover overpayments - although, it should be noted that most forces had not experienced this scenario.

6.2.3. Forces noted that with the 16 week turnaround by the Medical Appeal Board provider, timescale was not a significant problem in GB.

## 6.3. Policy of other appeals bodies in Northern Ireland

6.3.1. The Appeals Service (NI) has responsibility for the tribunals set up to hear appeals against decisions made by the decision makers in the:

- Social Security Agency;
- Child Support Agency;
- Inland Revenue;
- Northern Ireland Housing Executive;
- Land & Property Service.

6.3.2. The Appeals Service advised that if a benefit is stopped or reduced and the appeal is successful, the money will be backdated to the date it ceased or was reduced. If an overpayment has occurred this will be recovered.

#### 6.4. Proposals considered

6.4.1. The Review Panel considered a range of options but, given the evidence obtained from other police forces in GB and other appeal bodies in Northern Ireland, the Review Panel recommends that successful appeals against review decisions be backdated to the date the pension was reduced.

#### **RECOMMENDATION 13:**

***For those individuals who have successfully appealed a reduction in their injury award following a review, the Panel recommends that the original IOD pension be backdated to the date the award was reduced.***

### **7. Improving the appeal process**

7.1. The practical time taken to complete an appeal was raised as an issue by stakeholders. Statistics for 2009/10 show that the average time taken for an appeal was 62 weeks from receipt of an appeal in the Department through to the IMR decision being issued to the individual.

7.2. As noted in the interim report, analysis of the process revealed that one of the main sources of delay is the time given to the appellant to submit further medical evidence. Recommendations 6 and 7 of the interim report attempted to refine this process by advising that any appeal submitted after 30 July 2010 would consider only the evidence about the situation when the SMP made his decision. If new medical evidence is produced after an appeal has been forwarded to the DOJ, this would lead to a new review with the SMP. It would still be the right of the individual to submit rebuttal information to NIPB before their appeal is forwarded to DOJ. In their notification of appeal an individual should notify NIPB that they intend to submit additional medical information.

***RECOMMENDATION 14: The Panel recommends that individuals be advised that they should indicate on their appeal form if they intend to***

***submit any additional information. The appeal would not proceed to the DOJ until the additional information had been received and considered by the SMP. This will prevent undue delays in the appeals process by new information being produced at a late stage.***

7.3. To action the recommendations in the interim report, the DOJ have been writing to new appellants advising them that any fresh evidence they now submit will lead to their current appeal being closed and their case being referred back to NIPB as a new review. It is important to stress that it remains an individual's right to produce new evidence, if they so wish. This will continue to be considered by trained professionals. However, this will lead to their appeal being stopped and a fresh review by the SMP. Appeals will in future only consider information available at the review hearing

7.4. These recommendations should improve the timeliness of the appeals process. However, another significant delay in the system is the time taken to get appointments with some of the specialists. As many of the specialists are NHS doctors with other commitments, DOJ cannot control timescales for appointments.

7.5. The panel also noted that in GB, the police medical appeal system differs to the current system in Northern Ireland. Since 10 November 2003, such appeals have been heard by a Police Medical Appeal Board (PMAB) (previously they were heard by a single medical referee, as is the current system in NI).

7.6. The PMAB consists of at least 3 members:

- Chair: a Consultant in Occupational Medicine
- Second Member: a Consultant or Senior Occupational Physician
- Third Member: a Consultant in the clinical speciality relevant to the appellant's medical condition on which the appeal is based.

7.7. The Home Office have a contract with Health Management Limited (HML) to provide the PMAB service. The standard charge for a three-member board provided by HML is £6,200 (exclusive of VAT). HML currently provide the PMAB service in Scotland, England and Wales. This compares to an average cost of £600 per appeal in Northern Ireland.

7.8. The Review Panel noted positive feedback from forces in GB on the PMAB system. HML have a timescale of 16 weeks between receipt of an appeal and issue of the PMAB report. Compliance with this timescale represents one of the key indicators that the Home Office uses to monitor the Contractor's performance.

7.9. The panel discussed the merits of changing the current appeal process from individual specialists to something more like the PMAB model, with a panel of occupational health and appropriate specialists. In the current economic climate, the panel concluded that a 3 person appeal board (as in GB) could not be justified.

7.10. The panel noted that appeals organised by the Appeals Service (NI) are heard before a legally qualified member. In certain cases, the legally qualified member may sit alone, except in the following circumstances where he/she must sit with the additional members specified:

Disability Living Allowance appeals

- A medically qualified member
- A member who has experience of dealing with the needs of the disabled in a professional or voluntary capacity because they are themselves disabled.

Incapacity Benefit, Industrial Injuries Benefit and Severe Disablement Allowance appeals

- One or two medically qualified members

Compensation Recovery Appeals

- Medically qualified members where the appeal is under Art 13 of Social Security Recovery of Benefits Order.

7.11. Under the Injury Benefit regulations, a police officer has a right of appeal against the decision of the SMP on any of the medical questions. It is important that these medical decisions are as accurate as possible as NIPB use them in determining what, if any, award a person will receive. It is therefore right that the appeal is to medically qualified members, rather than legally qualified.

7.12. The panel noted the views of forces in England and Wales that having a panel with an occupational health specialist and a specialist in the relevant medical condition led to a fair appeal where all relevant information was taken into consideration. The contracting out arrangement also provides for a timely hearing with the expert panel. On this basis, the Panel recommend the DOJ explore the possibility of using a 2 person panel, chaired by an Occupational Health specialist.

***RECOMMENDATION 15: The Panel recommends the DOJ undertake work to explore the costs/benefits of using a 2 person appeal panel, chaired by an Occupational Health specialist, with a view to contracting out this function. The Review Panel will assess progress in March 2011.***

## **8. Cost implications**

8.1. Most of the recommendations in both the interim and the final reports are administrative changes and are not expected to result in additional costs or increased savings. A number of the proposed changes will lead to some relatively minor changes with the minimum 5-year period leading to a small reduction in cost and the backdating recommendation to an increase. The recommendation with the greatest potential cost implications is that relating to the contracted out 2 person appeal hearing. The DOJ will explore this option

and test the likely cost in the Northern Ireland market before reaching a final decision.

8.2. The panel also considered the administrative costs of NIPB Administration Branch, DOJ Medical Appeals Section and PSNI Pensions Branch and agreed that a review of internal systems be undertaken to ensure the system was efficient.

***RECOMMENDATION 16: The Panel recommends a review of internal systems should be undertaken to ensure the system is as efficient as possible.***

## **9. Reviews of retired officers over state pension age**

9.1 In paragraph 19 of the interim report, the panel noted that there are currently two issues before the Courts in England. The first relates to the scope of what can be taken into consideration during the review of an injury award. This was heard by the Court of Appeal on 10 June.

9.2 The second is a judicial review in North Yorkshire against the decision to reduce a former officer to the lowest band when he reached state pension age.

9.3 The panel concluded that while both of these issues are areas of concern in Northern Ireland, it should not address these areas pending the court outcomes. The panel noted that all planned reviews were currently suspended pending the outcome of the Court of Appeal case and the publication of revised Home Office guidance on all reviews, including reviews of officers over 65,

9.4 Since the interim report was published the panel have been made aware of the concerns of those individuals whose awards have been reduced when they reach 65. However, the Court of Appeal judgment is not expected

to be received before October and the judicial review only had its permission hearing on 20 September. Therefore, the judgments will be received after the panel has completed its work.

9.5 Given the importance of this issue, the panel agreed that the DOJ would liaise with NIPB and other stakeholders to ensure that anything resulting from the judgments is considered without delay in Northern Ireland. The panel will review the changes in March 2011.

***RECOMMENDATION 17: When judgment has been received in the Court of Appeal case (and judicial review) concerning reviews, DOJ will liaise with NIPB and other stakeholders to ensure that anything resulting from the judgments is considered in Northern Ireland without delay. The panel will review the changes in March 2011.***

## **10. Issues outside terms of reference of panel**

10.1. During the stakeholder consultation, various issues were raised which were outside the terms of reference of the review panel. These included,:

- Medical Appeal Tribunals;
- Dismissal of probationers injured on duty;
- Bespoke regulations specifically to deal with conflict injury.

10.2. The panel agreed that matters raised regarding medical appeal tribunals would be addressed by NIPB and DOJ.

10.3. The dismissal of probationers injured on duty has been raised at the Police Advisory Board for Northern Ireland, PAB(NI). (PAB(NI) was established to advise the Minister on general questions affecting the police force in Northern Ireland. It comprises representatives from the Police Federation for NI, the Superintendents' Association of NI, the Chief Police Officers' Staff Association, the PSNI, NIPB, Her Majesty's Inspectorate of Constabulary and DOJ officials.

10.4. The panel agreed that as the PAB(NI) were looking at this issue it would not be appropriate for them to include it in the review.

10.5. In relation to the case for new regulations to address conflict related injuries, the panel agreed that this issue would need to be addressed through the Police Negotiating Board. The panel noted that as the DOJ, the NIPB and the Police Staff Associations of Northern Ireland all sit at PNB, they have the opportunity to have this matter addressed in this forum which considers all changes to the IOD scheme.

## **11. Acknowledgements**

11.1. The Review Panel wish to acknowledge all those who contributed, or made representations, to the review, including:

- Metropolitan Police – Medical Retirement Secretariat
- Health Management Limited
- Police Rehabilitation and Retraining Trust
- Police Service of Northern Ireland
- Northern Ireland Retired Police Officers Association
- Disabled Police Officers Association of Northern Ireland
- Police Federation for Northern Ireland
- Police Superintendents' Association of Northern Ireland
- Chief Police Officers Staff Association
- Royal Ulster Constabulary (GC) Association
- Greater Manchester Police
- Thames Valley Police
- Cheshire Police
- South Wales Police
- West Mercia Police
- Warwickshire Police
- Individuals who contributed views

### Annex A – Implementation Plan For Recommendations In Interim Report

Recommendation	Action	Lead	Timescale	Status – as at 30 September 2010
<p>1. There should be a minimum 5 year period before review for all cases. Any reviews currently planned with a review date of less than 5 years should be extended to the 5 year period. Individuals retain the right to apply for an earlier review if they believe their position has materially changed.</p>	<p>Write to those individuals with review date of less than 5 years to advise of change.</p>	<p>NIPB</p>	<p>This will be implemented when reviews recommence on receipt of the revised Home Office guidance.</p> <p>It will also be included in a revised NIPB guidance document when all the Review Panel's recommendations are approved – 01 November 2010.</p>	<p>The revised policy was referred to the NIPB Human Resources Committee and approved at its meeting on 9 September 2010.</p> <p>The revised NIPB guidance document will also be presented to the HR Committee for approval at its October meeting.</p>
<p>2. In principle, there should be provision to allow for the need for reviews to be set aside in cases of the most severe psychological conditions where a suitably qualified specialist indicates the consequence of the review process might be to cause harm to the individual concerned. The precise terms will need to be included in detailed guidance but it is envisaged this arrangement will only apply in cases where a level 3 or 4 award has been made.</p>	<p>Guidance to be produced to clarify situations when reviews may be set aside. Liaison required with DHSSPS, PRRT etc to clearly identify criteria to be used.</p>	<p>NIPB/ DOJ</p>	<p>Reviews currently on hold pending judgment in <u>Laws</u> case before the Court of Appeal. Progress on this recommendation will be deferred until the judgment has been received and the Home Office have issued revised guidance on reviews.</p>	<p>Initial discussions have taken place with PRRT as to how this might work in practice.</p>
<p>3. The pool of doctors available to act as</p>	<p>NIPB to incorporate into</p>	<p>NIPB</p>	<p>The existing NIPB SMP</p>	<p>The availability of a pool of</p>

Recommendation	Action	Lead	Timescale	Status – as at 30 September 2010
Selected Medical Practitioners should be expanded as part of the new contract to be let by the NIPB later this year.	specification for new contract.		contractor is currently in the process of extending the doctor pool.	approved doctors will be a contract condition when the contract is next advertised.
4. Any individual should have the option of having their review carried out by a different Selected Medical Practitioner from the doctor who performed the initial assessment or the previous review.	Option to be incorporated into NIPB guidance and letters to those coming to review.	NIPB	<p>This will be implemented when reviews recommence on receipt of the revised Home Office guidance.</p> <p>It will also be included in a revised NIPB guidance document when all the Review Panel's recommendations are approved – 01 November 2010.</p>	<p>This policy change was presented and approved by the NIPB HR Committee at its meeting on 09 September 2010.</p> <p>This will also be incorporated into a future revised NIPB guidance.</p>
5. PRRT should be approached to establish whether the Trust could assist those approaching review or appeal by offering advice and guidance on the completion of forms and provision of evidence.	NIPB/DOJ to liaise with PRRT and Northern Ireland Retired Police Officers Association to establish how the proposal can be taken forward. Guidance to be updated to advise those approaching review or appeal that the service is available.	DOJ/ NIPB	Systems in place by December 2010.	Secretariat met with PRRT on 29 June. PRRT welcomed the opportunity to get involved. Work is ongoing with PRRT and NIRPOA on how this can be taken forward in practice.
6. Any appeal submitted after 30 July	(a) DOJ to send revised letters	DOJ/	Ongoing from 1 August	(a) From 2 August, DOJ have

Recommendation	Action	Lead	Timescale	Status – as at 30 September 2010
<p>2010 will consider only the evidence about the situation when the Selected Medical Practitioner made his decision. This means that those coming for assessment should ensure all relevant evidence is made available before or at the meeting with the Selected Medical Practitioner to ensure any appeal process could then commence immediately. Revised guidance will be issued to those coming to assessment by the Selected Medical Practitioner. If new medical evidence is produced, that would lead to a new review with the Selected Medical Practitioner.</p>	<p>to new appellants advising that any new medical evidence being produced will lead to a new review with SMP.</p> <p>(b) NIPB to include information in their letters to those preparing for appointment with SMP that all evidence should be made available and the consequences of providing fresh evidence after their SMP assessment.</p> <p>(c) DOJ to prepare revised guidance to IMRs advising them that they should not accept any new evidence at their appointment with the appellant.</p>	NIPB		<p>been issuing revised letters to appellants.</p> <p>(b) See paras 7.2-7.3 of the main report.</p> <p>(c) Revised guidance currently being prepared for IMRs. In the interim, all covering letters for IMRs now advise that they should not accept any new evidence at appointment.</p>
<p>7. For those cases already in the appeal process, those applicants who have already been asked to provide additional medical information but have yet to reply, would be given a period (of six weeks) to produce any further evidence and will be informed that dates are now being sought with the relevant specialist(s). Any further medical evidence produced after this</p>	<p>DOJ to write to those appellants affected by the change.</p>	DOJ	<p>Completed by end of August 2010.</p>	<p>Letters were issued on 11 August to those people who fall into this category.</p> <p><b>RECOMMENDATION COMPLETED.</b></p>

Recommendation	Action	Lead	Timescale	Status – as at 30 September 2010
date would lead to a new review by the Selected Medical Practitioner.				
<p>8. A number of steps will be taken to reduce the time taken for various stages of the appeal process. These will include:</p> <ul style="list-style-type: none"> <li>(a) Reduction in time taken for the Policing Board to submit an appeal to the DOJ;</li> <li>(b) Reductions in time taken by the DOJ to process the appeal when first received and to issue final letters to applicants;</li> <li>(c) Revised arrangements for the Independent Medical Referee to submit a written report within 3 weeks of appointment.</li> </ul>	<ul style="list-style-type: none"> <li>(a) NIPB to submit appeal to DOJ as soon as possible after appellant notifies them of their intention to appeal.</li> <li>(b) DOJ to send acknowledgment to appellant within 3 working days of receipt from NIPB.</li> <li>(c) On receipt of appeal, DOJ to approach DHSSPS for doctors within 3 working days of receipt.</li> <li>(d) DOJ to update letters to IMR and guidance leaflets to ensure reports/certificates are provided within 3 weeks of appointment; Principal IMR to provide report within 3 weeks of receiving all supplementary reports.</li> <li>(e) DOJ to proactively follow up on those IMRs who are not meeting the required timescales.</li> </ul>	NIPB/DOJ	Ongoing. All cases received from 1 August to be treated under new timescales.	<p>From 1 August 2010:</p> <ul style="list-style-type: none"> <li>(a) Overall impact of this recommendation cannot be assessed due to timescales involved in preparing a file for appeal.</li> <li>(b) Average time to send acknowledgment to appellant – 1.5 days</li> <li>(c) Average time to approach DHSSPS – 2.4 days</li> <li>(d) Guidance is currently being updated. In the interim, letters to IMRs now advise of the 3 week timescale for return of reports/certificates.</li> <li>(e) DOJ make contact with IMRs if report not received within 3 weeks.</li> <li>(f) Average time to send report/certificate to NIPB – 3 days<sup>1</sup></li> <li>(g) Average time to send report/certificate to</li> </ul>

<sup>1</sup> As the statistics only apply to August and September there have been a limited number of reports to send to NIPB. More accurate statistics will be available for the review in March 2011.

Recommendation	Action	Lead	Timescale	Status – as at 30 September 2010
	<ul style="list-style-type: none"> <li>(f) On receipt of final report/certificate, DOJ have 10 working days to send to NIPB.</li> <li>(g) Final report/certificate to be sent to appellant within 20 working days of receipt from IMR.</li> <li>(h) DOJ to issue letters to IMRs stressing the importance of meeting the new timescales.</li> </ul>			<ul style="list-style-type: none"> <li>appellant – 3 days</li> <li>(h) Letters issued to regular IMRs during August 2010.</li> </ul>
<p>9. The review panel agreed to target completion of its work by end September 2010.</p>	<ul style="list-style-type: none"> <li>(a) Review panel to consider outstanding issues from the Terms of Reference.</li> <li>(b) Financial implications of recommendations to be considered.</li> <li>(c) Report and further recommendations to Minister/NIPB by end September 2010.</li> </ul>	Panel	30 September 2010 for final report.	<b>RECOMMENDATION COMPLETED.</b>

## **Annex B – Terms of Reference of Review Panel**

In light of the considerable public concern about the issue of police injury on duty awards, the Minister of Justice and the Policing Board have initiated an urgent review of the arrangements for the delivery of the Police injury on duty awards scheme. The scheme is regulated through the PSNI & PSNI Reserve (Injury Benefit) Regulations 2006 in line with a UK-wide negotiated agreement; the practical arrangements are determined locally.

The review will consider the workings of the scheme in terms including the decision, review and appeal processes and consider:

- i) whether the decision, review and appeal processes adequately meet the needs of those affected and what improvements could be made, taking into consideration the experience of other organisations operating similar schemes;
- ii) how the timeliness of the scheme (and specifically the appeal process) can be improved whilst ensuring fairness;
- iii) how best to secure medical experts to undertake the appeal process;
- iv) whether there are wider issues affecting the guidance or legislation which regulates the scheme. Any such issues would need to be subject to subsequent negotiation through the Police Negotiating Board.

The review panel will be co-convened by the Department of Justice and the Northern Ireland Policing Board and will submit an initial report to the Minister of Justice and the NI Policing Board by the end of June and include within that report both any early recommendations for change and a more detailed timetable for completion of the remaining work.