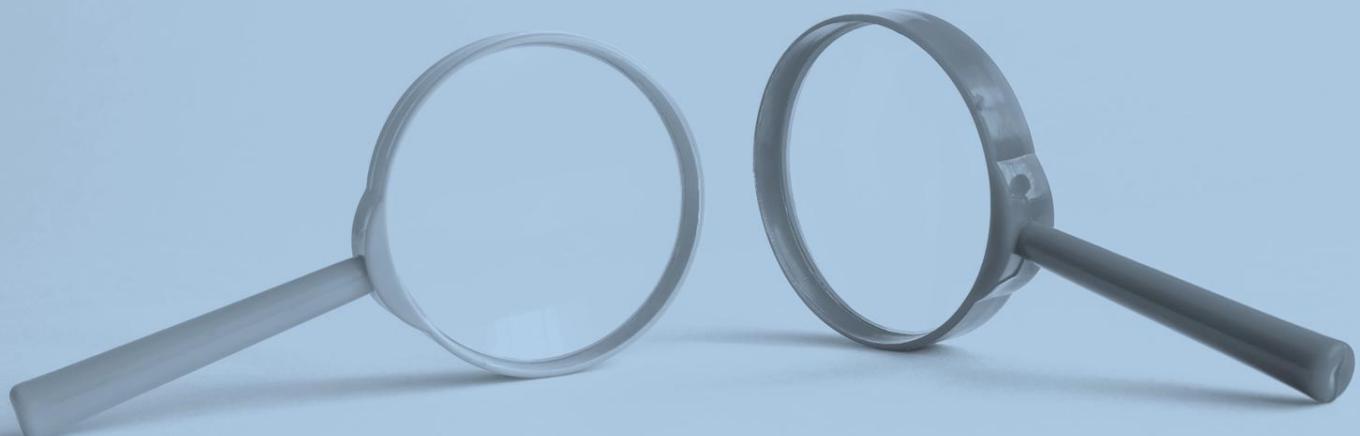




Department
for Work &
Pensions



Advanced Customer Support

Learning and improving from serious cases 2021/22

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Learning from serious cases

The Department for Work and Pensions (DWP) is an organisation that supports over 20 million people every year through interactions with its different services.

DWP continuously takes learning from its most serious cases. To achieve this, DWP has implemented systems where it can consistently act on feedback, ensuring that when it learns that its customers' experiences have fallen below expectations, it uses this learning to make changes that improve its services.

One of the ways in which DWP looks to learn when things have gone wrong, is by completing Internal Process Reviews (IPRs) which help identify where improvements could be made across its many services.

What an Internal Process Review (IPR) is

IPRs are a thorough review of customer cases that seek to understand if DWP's interactions with customers have followed the correct operational processes. This sees evidence gathered and reviewed by an Investigator, who undertakes factfinding discussions with stakeholders relevant to the customer journey, to identify if there are improvements that could be made to DWP's operational services.

To get the best possible learning from every case that is reviewed, IPRs look at every area of a customer's contact with DWP, not just the event that may have been the initial prompt for a review to be started. This means that IPRs can identify issues, including those that have happened in the past, that a customer may not even have been aware of but nevertheless could be improved upon.

IPRs are not a review of clinical processes, such as those carried out by Healthcare Professionals, neither are they designed to identify or apportion blame and cannot consider events or circumstances in a customer's life that DWP is not aware of. Not all customers choose to share information with DWP and so it is not always able to offer the help and support that may be available.

IPRs are a tool to enable DWP to identify any lessons to be drawn from how it discharged its operational responsibilities, rather than a process for assessing culpability for the incident being investigated. Other bodies, including the Coroner's courts in England and Wales, have such responsibilities.

For a case to be considered for an IPR there is a criteria that must be met. IPRs can only be referred internally, but colleagues may become aware of the customers case from information received from outside DWP, such as through correspondence from MPs, Local Authorities, and customers' families.

Criteria for conducting an IPR

There is a specific criteria which must be met before a case is accepted. This has been updated over time, to reflect changing circumstances, criteria for the IPR cases completed in the 2021/22 year is below.

An IPR will be conducted in all cases where:

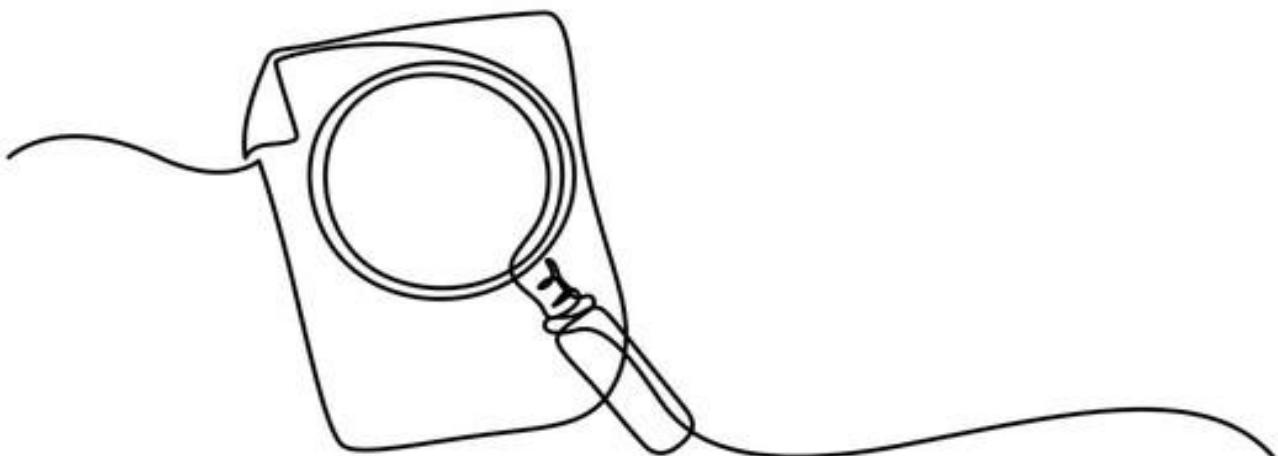
- There is a suggestion or allegation that the Department's actions or omissions may have negatively contributed to the customer's circumstances, AND a customer has suffered serious harm, has died (including by suicide), or where it has reason to believe there has been an attempted suicide.

Or

- The Department is asked to participate in a Safeguarding Adults Review (SAR), a Significant Case Review (SCR, Scotland only), a Domestic Homicide Review (DHR) or is named as an Interested Party at an Inquest. An IPR will be conducted regardless of whether there is an allegation against the Department.

Not every case that is referred for an IPR meets the specific criteria for it to be reviewed. However, it is still important to identify any learning or improvements that can be made in all instances where the criteria have not been met, a feedback process provides the referrer with an explanation of why the criteria are not met. Additionally, the cases are shared with appropriate colleagues in DWP, such as Advanced Customer Support Senior Leaders (ACSSLs), who can ensure learning is captured and shared from all serious cases and not just those that meet the criteria for an IPR.

Although citizens cannot refer cases for an IPR, if they are unhappy with the service provided by DWP they can make a complaint. Information can be found on [Complaints procedure - Department for Work and Pensions - GOV.UK](#)

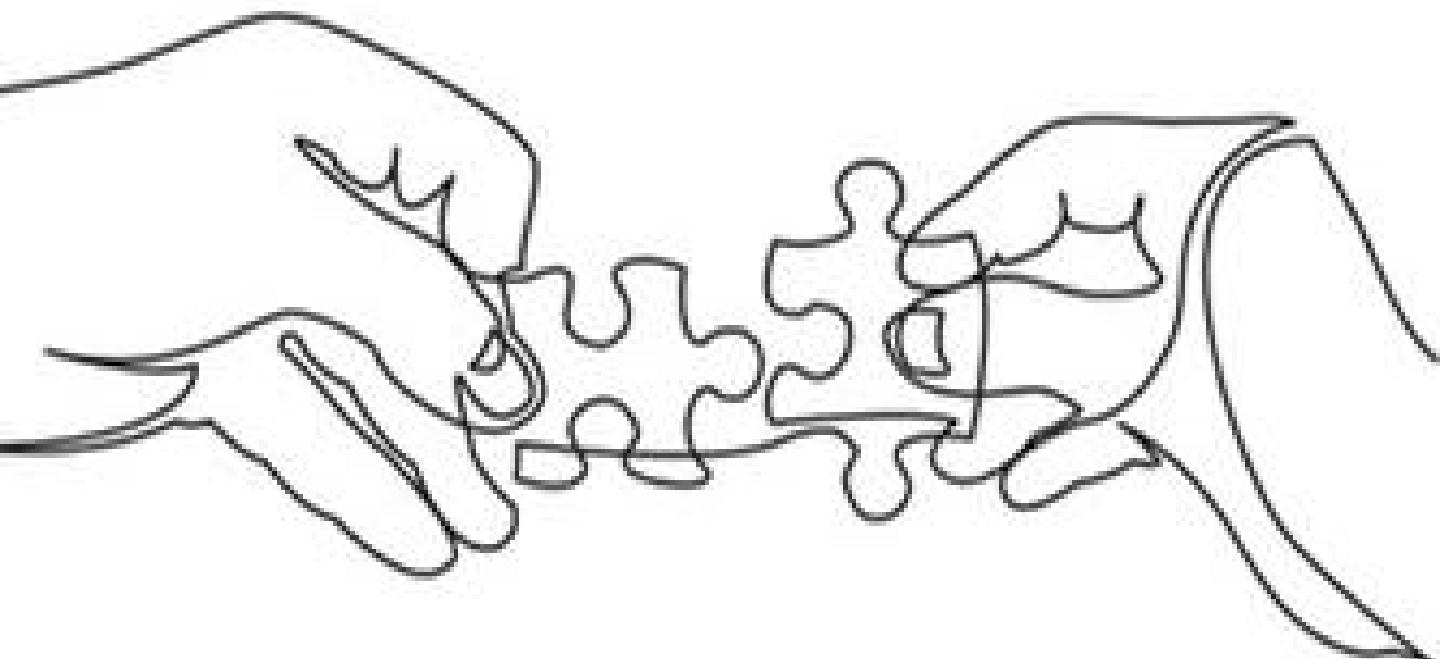


Information being published

DWP cannot publicly publish full IPR reports as its investigations can involve sensitive and personal information in relation to its customers. DWP has a legal duty to protect that information appropriately so that individuals are not identifiable, even when they are no longer alive. In the same way that customers may choose not to disclose all their personal circumstances to the department, they may also choose not to share information with those closest to them and that is a fact that must be respected.

DWP is publishing information from completed IPRs in a way that is as transparent as possible, whilst maintaining the confidentiality that is expected of it. This will show what DWP identified from completing IPRs on cases, the improvement activity that was agreed, and the outcome or ongoing progress made relating to that activity.

This publication provides information on IPRs completed in 2021/22.



Data on IPRs completed in 2021/22

Across 2021/22	Number
Total number of IPRs completed ¹	57
Of these, the number that were also subject to external scrutiny (such as SABs, SCRs, DHRs or Coroners) ²	15
IPRs completed by Service Line³	
Personal Independence Payment	36
Employment and Support Allowance	24
Universal Credit	24
Disability Living Allowance	6
Carer's Allowance	3
Child Maintenance Service	3
Income Support	2
Pension Credit	2
Attendance Allowance	1
Incapacity Benefit	1
Jobseeker's Allowance	1
State Pension	1

Notes

1 – IPR data included within this publication relates to IPRs completed in the 2021/22 year.

2 – It should be noted that cases could have become subject to external scrutiny at a later date.

3 – There were 104 primary service lines in relation to the 57 IPRs completed across 2021-22 due to some customers being in receipt of more than one benefit or service at the time of the event that has led to an IPR being conducted.

Data on learning identified from IPRs in 2021/22

Across 2021/22	Number
Number of IPRs completed where learning was identified ¹	53
Number of agreed activities in relation to the learning identified	256
Service lines relating to the agreed activities	Advanced Customer Support (ACS) Bereavement Services Carer's Allowance (CA) Child Maintenance Service (CMS) Complaints Contract Management Partner Delivery (CMPD) Counter Fraud and Compliance (CFCD) Debt Management Disability Living Allowance (DLA) Employment and Support Allowance (ESA) Jobseeker's Allowance (JSA) Multiple Service Lines ² Pension Credit (PC) Personal Independence Payment (PIP) Universal Credit (UC)

Notes

1 – This differs from the total number of IPRs completed in the 2021/22 year as not all cases had learning identified following the investigation.

2 – Where more than one service line was responsible for undertaking the agreed activity.

The learning identified from these IPRs, what the agreed activities were in relation to them, and what the learning outcomes were, are set out by DWP Service Line in the following sections.

Employment and Support Allowance learning from serious cases

Employment and Support Allowance (ESA) is a legacy benefit paid if you have a disability or health condition that affects how much you can work. It has been replaced by Universal Credit and New Style ESA (paid if you are sick and have sufficient National Insurance contributions).

Across 2021/22	Number ¹
Number of cases in which ESA learning was identified	28
Number of agreed activities in relation to the learning identified	57

Notes

1 – Includes cases where learning was identified across a number of benefits (published in the Cross-Benefits section).

Customer 1

Learning identified

There was a delay in re-referring customer for Work Capability Assessment (WCA) and the guidance on appointee action was not followed.

Agreed activity

- Work & Health (W&H) Decision Making to assure the Internal Process Review Group (IPRG) that sufficient measures are in place to reduce WCA referral rejection rates caused by administrative errors.
- ESA to assure IPRG they will raise awareness of appointee Operational Instructions, that colleagues are compliant and this action is embedded in the Quality Assurance Framework.

Learning outcomes

Processes and guidance were strengthened to support the WCA referral process, backed by quality checks and a centralised appointee team was introduced with awareness sessions held for colleagues.

Customer 2

Learning identified

The Council was not approached for them to consider being a corporate appointee

Agreed activity

- ESA to assure IPRG they will consider strengthening Operational Instructions to include consideration of appointees and corporate appointees if there is a suggestion of/or the customer is vulnerable.

Learning outcomes

Operational Instructions on appointees were updated for vulnerable customers.

Customer 3

Learning identified

The Six-Point Plan was not followed when required. The customer was signposted to wrong service, and it was not possible to make long term reasonable adjustments to customer's claim.

Agreed activity

- ESA to assure IPRG they will highlight to all colleagues the importance of using the Six-Point Plan in all instances of customers declaring suicidal intent.
- ESA to assure IPRG that colleagues are reminded to give the correct information when sign posting customers.
- ESA to assure IPRG that they will format a long-term plan for maintaining the adjustments in place on the customers' awards.

Learning outcomes

Communications were issued and awareness events held on the importance of following the Six-Point Plan and the signposting of customers. Assurance was given that appropriate measures were in place on the customer's claim.



Disability Living Allowance learning from serious cases

Disability Living Allowance (DLA) for adults is a legacy benefit, paid to help with extra living costs if you have both:

- a long-term physical or mental health condition or disability
- difficulty doing certain everyday tasks or getting around because of your condition

It has been replaced by Personal Independence Payment.

Across 2021/22	Number
Number of cases in which DLA learning was identified	1
Number of agreed activities in relation to the learning identified	1

Customer 1

Learning identified

The customer was not transferred to the correct team by telephony.

Agreed activity

- DLA to assure IPRG they will communicate up-to-date PIP telephony options to all staff, and this is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

A reminder was issued to colleagues and a handover process introduced to deal with incorrectly routed calls.



Child Maintenance Service (CMS) learning from serious cases

Child maintenance covers how a child's living costs will be paid when one of the parents does not live with the child. It's made when a parent is separated from the other parent or if they've never been in a relationship.

This is a financial arrangement between one parent and the other parent of the child.

Across 2021/22	Number
Number of cases in which CMS learning was identified	3
Number of agreed activities in relation to the learning identified	9

Customer 1

Learning identified

Six-Point Plan was not followed and there was no record of required paperwork being completed when customer threatened self-harm. Messages were sent to the customer after they passed away.

Agreed activity

- Child Maintenance Group (CMG) to assure IPRG that they will communicate to telephony agents various scenarios where the Six-Point Plan can be invoked.
- CMG to assure IPRG they will communicate Operational Instructions regarding the completion, processing and recording of forms where declarations of attempted suicide have been made and this action is embedded in the Quality Assurance Framework to improve compliance and recording.
- CMG to assure IPRG that they will communicate claim closure Operational Instructions to ensure that CMG Customer Self-Service Portal messages are cancelled, and this action is embedded in the Quality Assurance Framework to improve compliance.
- CMG to assure IPRG they will deliver complex needs refresher training including the use of the Six-Point Plan; to support learning and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Six-Point Plan guidance and training was updated and delivered to colleagues. A centralised team was created to manage bereavements and a system update implemented to correctly suppress letters when required.

Customer 2

Learning identified

Operational instructions on contacting Paying Parents were not followed and inaccurate information given to the Paying Parent. Receiving Parent was not directed to appropriate support organisations.

Agreed activity

- CMS to assure IPRG they will raise awareness of Operational Instructions regarding timescales for contacting Paying Parents by phone following the issue of the 'provisional calculation' letter, and that colleagues are compliant and quality assurance is embedded.
- CMS to assure IPRG they will raise awareness of communicating accurate information regarding contact timescales when speaking to Receiving Parents.
- CMS to assure IPRG they will explore resuming mental health and domestic abuse training for colleagues.

Learning outcomes

Reminders were issued to relevant colleagues on the importance of sharing accurate information on timescales and the process for contacting customers during a new claim and this was reinforced by quality checks. Mandatory training was introduced on identifying and supporting victims of domestic abuse.

Pension Credit learning from serious cases

Pension Credit (PC) gives you extra money to help with your living costs if you're over State Pension age and on a low income. Pension Credit can also help with housing costs such as ground rent or service charges.

Across 2021/22	Number ¹
Number of cases in which PC learning was identified	2
Number of agreed activities in relation to the learning identified	5

Notes

1 – Includes cases where learning was identified across a number of benefits (published in the Cross-Benefits section).

Customer 1

Learning identified

Action was not taken when post was returned undelivered and Operational Instructions on saving documents were not followed. Correct action was not taken when customer chased up a request for a Mandatory Reconsideration.

Agreed activity

- Retirement Services (RS) to assure IPRG that Operational Instructions for the actions on receipt of undelivered post are communicated to colleagues.
- RS and CMPD to assure IPRG that PC will raise awareness of correspondence/Document Repository System Operational Instructions and that colleagues are compliant and quality assurance is embedded.
- RS and CMPD to assure IPRG that PC will raise awareness of telephony agent's referral proforma Operational Instructions and that colleagues are compliant and quality assurance is embedded.

Learning outcomes

Reminders were communicated to colleagues regarding the guidance on undelivered post, saving documents electronically and use of the Mandatory Reconsideration referral proforma.



Universal Credit learning from serious cases

Universal Credit (UC) is a primary benefit for individuals below State Pension age who have low income, are unemployed, or are unable to work.

Across 2021/22	Number ¹
Number of cases in which UC learning was identified	23
Number of agreed activities in relation to the learning identified	83

Notes

1 – Includes cases where learning was identified across a number of benefits (published in the Cross-Benefits section).

Customer 1

Learning identified

Guidance was not followed when customer failed to attend appointments and the UC claim was closed without prior discussion with the team leader.

Agreed activity

- UC to assure IPRG consideration will be given to additional awareness raising with work coaches, to support understanding of when a home visit may be required following non-attendance at Work Search Reviews.
- UC to consider if colleagues are compliant with Operational Instructions regarding non-attendance at Work Search Reviews and this area is embedded in the Quality Assurance Framework.

Learning outcomes

Operational Instructions were improved to identify Additional Supportive actions to take when complex needs are identified relating to non-attendance.

Customer 2

Learning identified

System notes were not checked when booking an appointment for the customer.

Agreed activity

- UC to assure IPRG they will communicate a reminder to local leaders of the importance of previewing and pinning notes to cases to ensure that vulnerable customers are identified, and appropriate support is provided. UC to also look into the feasibility of adding hospital admission details to the claim disclosure summary.

Learning outcomes

Communications were issued to all staff regarding the importance of pinned notes.

Customer 3

Learning identified

No action taken when customer stated they wanted to escalate their complaints. Customer had no digital access and was not advised of alternate methods to provide information. Customer's benefit eligibility was not properly considered and their circumstances not shared, so reasonable adjustments could not be considered.

Agreed activity

- UC to assure IPRG they will consider if current Operational Instructions for the identification and routing of complaints is sufficient.
- UC to assure IPRG they will communicate Operational Instructions on change of circumstance reporting methods and ensure the issue, and the need to monitor, is reflected in new iterations of quality checks.
- UC to assure IPRG they will explore strengthening Operational Instructions on 'Change of Circumstances Advances' to ensure eligibility for an increase in entitlement has been established.
- UC and Contracted Health to assure IPRG they will explore a free text option on the Medical Services Referral System (MSRS) to support information sharing between DWP and Medical Services.

Learning outcomes

Reminders about how to handle customer complaints was shared across Service Delivery colleagues alongside communications on pinned notes, recording complex needs and eligibility checks for advances.

On review a free text option on MSRS was available and no further action was required.

Customer 4

Learning identified

Incorrect reductions were applied to customer's benefit award. Claimant Commitment not tailored to customer's circumstances, and customer not signposted to appropriate support. WCA referral process was not followed correctly, and no response sent to a journal message. An incorrect arrears payment was issued following a decision. There are inconsistencies in Operational Instructions around Recoverable Hardship Payments. A Mandatory Reconsideration request was rejected as outside the thirteen-month time limit.

Agreed activity

- UC to assure IPRG they will communicate Operational Instructions for decision makers regarding failing to participate with Work Programme providers and embed in the Quality Assurance Framework to improve compliance.
- UC to assure IPRG that they will communicate Operational Instructions regarding tailoring the Claimant Commitment for customers with health conditions and disabilities and embed in the Quality Assurance Framework to improve compliance.
- UC to assure IPRG they will communicate Operational Instructions regarding personal budgeting support and embed in the Quality Assurance Framework to improve compliance.
- UC to assure IPRG Operational Instructions regarding the WCA referral process are reinforced and embed in the Quality Assurance Framework to improve compliance.
- UC to respond to journal messages in a timeous manner in line with the case management approach and consider guidance for team leaders.
- UC (Live Service) to explore the causes of the incorrect arrears payment calculation to determine whether the error was caused by a manual input or fault in the automated process.
- UC and Debt Management to assure IPRG that instructions for affordability decisions regarding Recoverable Hardship Payments are clarified to ensure responsibilities within product lines are clear.
- Disputes Resolution Service (DRS) to consider the impact of the 13-month time limit for requesting a Mandatory Reconsideration and consider raising awareness of anytime revisions.

Learning outcomes

All agreed activities were completed; guidance communicated to colleagues on importance of tailored Claimant Commitments and personal budgeting support. Operational Instructions updated to support WCA referral process and work undertaken to improve replies to journal messages. Improvements implemented to support customers with affordability of loan repayments and instructions for anytime revisions put in place.

Mandating to the Work Programme has ceased and UC Live Service has closed, so no outcome was required for these activities.

Customer 5

Learning identified

Customer had no internet and could not access their account and alternative methods of communication were not considered, based on customer's needs. Telephone appointments were arranged after customer's number was disconnected and a case conference was not undertaken before suspending customer's UC payments. Action was then not taken to lift a payment suspension when required. Arrears of benefit were unpaid following the customer's death.

Agreed activity

- UC to assure IPRG that they will communicate Operational Instructions for supporting customers with complex needs to access their account.
- UC Retrospective Verification Team to assure IPRG that Operational Instructions are communicated to ensure customers' complex needs are identified and are not disadvantaged when asked to provide additional information or notified of appointments, and that these processes are embedded in the Quality Assurance Framework to improve compliance.
- UC Retrospective Verification Team to assure IPRG that alternative contact methods are considered for customers without current telephone details.
- UC Retrospective Verification Team to assure IPRG they will strengthen the Operational Instructions for identifying and considering customer vulnerabilities before UC payments are suspended and highlight the importance of following these instructions to colleagues.
- UC Retrospective Verification Team to assure IPRG they will communicate Operational Instructions regarding lifting of UC suspensions and that this action is embedded in the Quality Assurance Framework to improve compliance.
- UC to assure IPRG that they will explore a process for establishing a death arrears payee and that this is reflected in the UC operational instructions.

Learning outcomes

The agreed activities were all completed; with reminders issued on the options available to customers who had issues accessing their UC account and those requiring alternate contact methods. Training was undertaken to help staff identify customers with vulnerabilities or complex needs to support payment decisions, and work taken forward to improve the identification of the next of kin.

Customer 6

Learning identified

Customer was asked to verify their identity, despite having done so. Customer's vulnerability not considered when payments were stopped, and the customer was not notified an overpayment of benefit had been cancelled or notified of a change to payment dates. Customer's vulnerability was not considered when notified of an overpayment.

Agreed activity

- UC Retrospective Verification Team to assure IPRG they will consider undertaking a review of the descoping criteria to ensure that a customer's identity has not been previously verified and this issue and the need to monitor, is reflected in new iterations of quality checks.
- UC Retrospective Verification Team to assure IPRG they will strengthen the Operational Instructions for identifying and considering customer vulnerabilities before UC payments are suspended and highlight the importance of following these instructions to colleagues.
- UC and Debt Management to consider strengthening Operational Instructions to include formal notification when overpayments are cancelled.
- UC to assure IPRG they will consider the notification process for advising customers of a change to their payment dates following the merging of two claims.
- UC to assure IPRG they will consider the process for notifying overpayments to vulnerable customers.

Learning outcomes

Learning was delivered on checking the customer history prior to contact, reminders issued on the suspension of payments for vulnerable customers and guidance strengthened around overpayment notifications.

On review, no further activity was required connected to the cancelling of overpayments and changes to payment dates.

Customer 7

Learning identified

Customer received payments they were not eligible for. Customer's Claimant Commitment not reviewed when required and action not taken to establish customer's circumstances, leading to payment errors. Relevant information not recorded on customer's account and important safety information not shared with local visiting team. No action taken to establish if customer could access journal messages. A referral not made when customer may have been at risk. Customer's complaint not registered.

Agreed activity

- UC to assure IPRG they will communicate Budgeting Advance eligibility Operational Instructions to all staff including outsourced telephony agents and explore system improvements to prompt user consideration of entitlement.
- UC to assure IPRG they will communicate Operational Instructions for customers to ensure they reflect the customer's health journey and this issue and the need to monitor is reflected in new iterations of quality checks.
- UC to assure IPRG they will communicate Operational Instructions to outsourced telephony for establishing living arrangements when a customer has no fixed address to ensure payment accuracy and appropriate customer support is provided.
- UC to assure IPRG they will communicate Operational Instructions for the standards of record keeping on a customer's account, to ensure all actions are captured and appropriate support for customers with complex needs is provided.
- UC to assure IPRG they will consider updating Operational Instructions to ensure information received from partner organisations regarding customer addresses are shared with the local visiting team.
- UC to assure IPRG that they will communicate Operational Instructions for supporting customers with complex needs to access their account.
- UC to work with ACSSLs to assure IPRG they will consider communications to support staff in the identification of financial abuse and the appropriate support available.
- UC to assure IPRG they will consider if current Operational Instructions for the identification and routing of complaints is sufficient.

Learning Outcomes

All agreed activities completed; telephony prompts regarding Budgeting Advances updated and awareness sessions on tailoring Claimant Commitments and homelessness completed. Importance of accurate notes to record complex needs emphasised and process for ensuring Visiting Officers have access to all relevant information implemented. Reminders issued to support customers access their UC account; domestic abuse guidance updated and shared, customer complaints guidance issued.

Cross-Benefit learning from serious cases

Customers can claim more than one benefit or use more than one DWP service, and when an IPR is conducted it looks at all the services that a customer used. This means that some IPRs will identify learning across these different service lines.

The following table provides details of those additional service lines or service represented in this section.

Across 2021/22	Service Line or Service and Number
Number of cases in which learning was identified	Advanced Customer Support – 3 Bereavement Services – 1 Carer's Allowance – 4 Complaints – 6 Contract Management Partner Delivery – 8 Counter Fraud and Compliance – 4 Debt Management – 2 Jobseeker's Allowance – 3 Multiple Service Lines – 3 Personal Independence Payment – 25
Number of agreed activities in relation to the learning identified	Advanced Customer Support – 3 Bereavement Services – 1 Carer's Allowance – 5 Complaints – 9 Contract Management Partner Delivery – 9 Counter Fraud and Compliance – 12 Debt Management – 3 Jobseeker's Allowance – 5 Multiple Service Lines – 4 Personal Independence Payment – 50

Customer 1

Learning identified

Customer not given sufficient opportunity to provide additional information before a decision was made and the customer's request for a Mandatory Reconsideration was not accepted. An email from the Coroner was not forwarded to the correct team.

Agreed activity

- ESA to assure IPRG that Operational Instructions for attempting and recording Decision Assurance Calls are communicated to all decision makers.
- IPRG to be assured by ESA, that telephony agents are compliant with Operational Instructions relating to verbal Mandatory Reconsideration requests and follow a once and done approach when taking evidence by telephone.
- IPR team to assure IPRG that they will raise awareness of the Coroner's Focal Point and the actions required to escalate a case.

Learning outcomes

The Decision Assurance Call desk aid was updated and shared and a campaign undertaken to highlight complex customer scenarios, supported by an updated quality assurance process. Reminders were issued regarding the Coroner's Focal Point inbox.

Customer 2

Learning identified

Evidence sent in by customer was not passed to relevant team and insufficient notes were recorded on system. PIP decision was recorded incorrectly.

Agreed activity

- ESA to assure IPRG they will communicate Operational Instructions regarding actions to be taken on the receipt of further evidence, and this is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG that reported changes from customers are accurately recorded on the system notes and this is embedded in the Quality Assurance Framework to improve compliance.
- PIP to assure IPRG they will highlight to Case Managers the importance of recording accurate decision award end dates and this is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Awareness sessions were held and reminders issued on referring evidence to decision makers and recording accurate system notes and award dates.

Customer 3

Learning identified

A requested callback was not made. Customer's representative not signposted correctly to report their death. Customer's complaint not referred to DWP Complaints Team, and a complaints response was not of the required standard. A consolatory payment was incorrectly made to customer's next of kin.

Agreed activity

- UC to assure IPRG that responses to customer call back requests will be made in the manner and timeframes agreed.
- Debt Management to assure IPRG, that Operational Instructions to signpost third parties to the Bereavement Service when notifying of a customer's death are communicated to colleagues.
- DRS to assure IPRG that all complaints are identified and routed timeously to DWP Complaints Team.
- National Complaints Team to assure IPRG that quality assurance processes have sufficient rigour to ensure that factual inaccuracies are identified before responses are issued.
- National Complaints Team to assure IPRG that they will consider if Operational Instructions for the eligibility of consolatory payments are appropriate.

Learning outcomes

A new call handover process was introduced to improve clearances. Escalations and signposting actions when a customer dies were updated in guidance. A dedicated service line correspondence team route complaints to a centralised team who use improved quality standards to check responses. Consolatory payments guidance was updated and published.

Customer 4

Learning identified

Operational Instructions were not followed when new claim received. Customer's complex needs not considered when making a large payment. Guidance was not followed when withdrawing customer from health journey. Correct appointee process guidance was not followed. Operational Instructions were not followed regarding entitlement to Severe Disability Premium.

Agreed activity

- CA to assure IPRG that Operational Instructions regarding caring arrangements for a disabled person with a corporate or personal acting body are communicated to colleagues.
- UC to assure IPRG that colleagues are sufficiently trained to identify and provide appropriate support or signposting to customers with complex needs.
- IPRG to be assured by W&H Decision Making that reasons provided by customers for non-attendance at WCAs are considered by a decision maker.
- PIP (Tier 1) to consider whether the easement to dispute appointee Operational Instructions have been fully communicated, understood and that teams are compliant with the process.
- UC Transformation and Delivery to assure IPRG that Operational Instructions regarding caring arrangement verification are fully communicated to colleagues to ensure that the Severe Disability Premium is paid correctly.

Learning outcomes

Communications were issued to all relevant colleagues on appointee actions, the WCA appointment process and caring arrangement verification to support payment accuracy. In addition, the District Provision Tool was refreshed and cascaded to allow staff to better support customers with complex needs.

Customer 5

Learning identified

Steps not taken to identify a new appointee when required. Decision maker did not follow guidance before closing customer's ESA claim. Mandatory Reconsideration notice issued by PIP DRS contained factual inaccuracies and guidance was not followed when reported customer's health was deteriorating. New medical information was not passed to Assessment Provider and customer's change of circumstances not clearly recorded on the system. Copy of a decision not saved as required.

Agreed activity

- PIP to assure IPRG they will communicate Operational Instructions for appointees, and this action is embedded in the Quality Assurance Framework to improve compliance.
- W&H Decision Making to assure IPRG they will communicate Operational Instructions for decision making on non-attendance at medical assessments and this action is embedded in the Quality Assurance Framework to improve compliance.
- PIP DRS to assure IPRG they will communicate the importance of correspondence accuracy and that this action is embedded in the Quality Assurance Framework to improve compliance.
- PIP to assure IPRG they will communicate Operational Instructions for reported changes in health conditions, and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG they will communicate Operational Instructions regarding the reporting of new information to Assessment Providers, and this action is embedded in the Quality Assurance Framework to improve compliance.
- PIP to assure IPRG that reported changes from customers are accurately and adequately recorded on the system notes.
- W&H Decision Making to assure IPRG they will communicate Operational Instructions regarding the retention of decision documents, and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

All activities completed, instructions and guidance issued to relevant colleagues covering appointee actions, failure to attend assessments and accurate correspondence, compliance supported through quality checking process. Guidance reviewed and strengthened relating to deterioration of conditions and importance of accurate recording and retention of information highlighted.

Customer 6

Learning identified

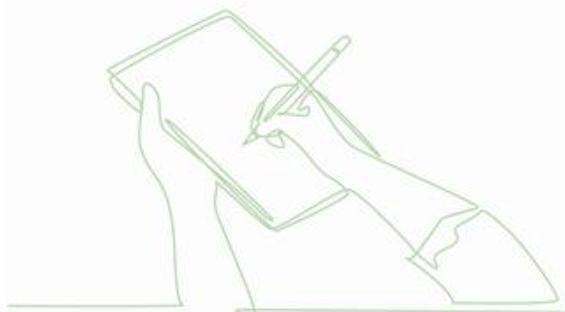
There were delays in WCA referral process and case controls were not set when a change of circumstance was reported. An inappropriate email address was given to the appointee.

Agreed activity

- WCA Decision Making to assure IPRG that Operational Instructions for manual ESA WCA referrals are communicated and this issue and the need to monitor are considered for inclusion in new iterations of quality checks.
- ESA to assure IPRG they will communicate change of circumstance Operational Instructions to highlight when case controls should be set and this issue and the need to monitor is reflected in new iterations of quality checks.
- ESA to assure IPRG they will communicate Operational Instructions for 'Gaps in Medical Evidence' and the need to monitor is reflected in new iterations of quality checks.
- PIP to assure IPRG they will provide coaching on the relevant customer communication methods to minimise delays.

Learning outcomes

Guidance on manual WCA referrals and change of circumstances was refreshed and subject to quality checks and instructions on medical evidence was re-issued as a reminder. Coaching was provided to support appropriate communications with customers.



Customer 7

Learning identified

Insufficient evidence gathered to ensure accurate payments were made. Assessment Provider did not update customers telephone number, resulting in missed telephone assessment. Additional Support was not offered to customer, based on their circumstances. Customer received payments not eligible for and there was a delay in paying benefit arrears due.

Agreed activity

- ESA to assure IPRG that Operational Instructions to establish living arrangements when a customer has no fixed address are communicated to all staff to ensure payment accuracy and appropriate customer support.
- PIP Contracted Health to assure IPRG that a reminder is communicated to Assessment Provider staff to update all tasks relating to customer contact details to prevent delays in the assessment process.
- UC to assure IPRG that Operational Instructions to establish living arrangements when a customer has no fixed address are communicated to all staff to ensure payment accuracy and appropriate customer support.
- UC to assure IPRG they will communicate Budgeting Advance eligibility Operational Instructions to all staff including outsourced telephony agents and explore system improvements to prompt user consideration of entitlement.
- UC to assure IPRG they will reconsider the priority of clearing under/overpayment tasks generated when a Limited Capability for Work and Work-Related Activity decision is made to ensure payment accuracy.

Learning outcomes

Operational instructions to support the correct payment of Severe Disability Premium were strengthened and steps taken to reduce missed telephone calls. Reminders were issued to relevant staff regarding support for those at risk of homelessness and Budgeting Advance eligibility and upskilling events undertaken to support the clearance of outstanding system tasks.

Customer 8

Learning identified

Customer not contacted before a decision made. Six-Point Plan not followed when customer wrote in alleging self-harm and Mandatory Reconsideration not registered when decision disputed. No guidance on recording declarations of mental health conditions, no action taken with customer's requests for backdating or to provide requested signposting. Letter issued to customer was not of required standard and customer's complex needs not considered when closing claim. An arrears payment was incorrectly calculated and issued.

Agreed activity

- W&H Decision Making to assure IPRG they will communicate Operational Instructions for decision making on non-attendance at medical assessments and this action is embedded in the Quality Assurance Framework to improve compliance.
- PIP DRS to assure IPRG that they will communicate the Six-Point Plan Operational Instructions, that this action is embedded in the Quality Assurance Framework.
- PIP and DRS to assure IPRG that they will communicate Mandatory Reconsideration Operational Instructions to telephony agents, and this action is embedded in the Quality Assurance Framework to improve compliance.
- UC to assure IPRG that they will review Operational Instructions to include details of the Mental Health indicator, to support accurate WCA referrals.
- UC to assure IPRG that colleagues will signpost customers, when requested, to appropriate Additional Support providers.
- UC to assure IPRG that they will communicate Operational Instructions on the backdating of claims and this action is embedded in the Quality Assurance Framework.
- UC to assure IPRG where there are manual changes to UC customer correspondence, they adhere to Departmental communications standards.
- UC to assure IPRG that customers' complex needs are identified and considered before UC claims are closed and that these processes are embedded in the Quality Assurance Framework to improve compliance.
- UC to assure IPRG that quality assurance processes have sufficient rigour to ensure that incorrect arrears payments are identified prior to issue.

Learning outcomes

All agreed activities were cleared; reminders issued on the Mandatory Reconsideration process and the need to obtain reasons for non-attendance at assessments. Six-Point Plan guidance was updated and communicated to staff. Operational Instructions were updated on use of the mental health indicator, additional support for vulnerable customers and pre-claim closure checks introduced. The backdating policy was subject to a review, and a reminder was issued on Departmental Communication Standards.

It was identified that no additional action needed in connection to the additional arrears issued to the customer.

Customer 9

Learning identified

Benefit Cap was not applied to customer's payment. No action was taken to change customer's housing payments and money was deducted from customer's benefit in error. An incorrect deduction was not refunded to customer. Operational Instructions on telephone claims not followed.

Agreed activity

- UC to assure IPRG they will consider the process in place to determine if the Benefit Cap should be applied.
- UC to assure IPRG they will highlight the importance of following Operational Instructions for 'claimants subject to the benefit cap with a Managed Payment to Landlord'.
- CFCD to assure IPRG they will communicate Operational Instructions regarding suspension of recovery from prison leavers and to ensure the issue, and the need to monitor, is reflected in new iterations of Debt Management quality checks.
- CFCD to assure IPRG they will highlight the importance of completing actions agreed with customers.
- UC to assure IPRG they will communicate Operational Instructions from the 'Spotlight on: Claims by phone' to ensure that telephone-based claimants receive all appropriate notifications.

Learning outcomes

A system update was completed to prevent incorrect Benefit Cap exemptions and guidance reminders were issued on managing housing payments, suspension on debt recovery for prison leavers, completing agreed actions and communicating with telephone claim customers.

Customer 10

Learning identified

A call reporting customer's death was not transferred to correct team and reported changes not accurately recorded on customer's claim. An automatic notification was not received following customer's death and correct action not taken on notification of customer's death. Prompt action was not taken to refer an overpayment to Debt Management.

Agreed activity

- ESA to assure IPRG that Operational Instructions are followed to transfer calls to the Bereavement Service when notification of a customer's death is received.
- ESA to assure IPRG that customer's reported changes are accurately recorded on the system notes and ensure the issue, and the need to monitor is reflected in new iterations of quality checks.
- ESA and PIP using wider stakeholders (in particular, Service Planning and Delivery (SPD) and Digital) to assure IPRG they will investigate the cause of the system notification broadcast failures.
- ESA to assure IPRG that the correct process is promptly followed on receipt of information that a customer has died to reduce the likelihood of incorrect payments and ensure the issue and the need to monitor is reflected in new iterations of quality checks.
- PIP to assure IPRG that Operational Instructions for referring overpayments to Debt Management are communicated and ensure the issue and the need to monitor is reflected in new iterations of quality checks.

Learning outcomes

A series of learning events were held for telephony colleagues, to promote accurate note taking and correct actions to take upon receipt of a notification of death, including transferring of calls and ensuring payment accuracy. Operational Instructions on the debt referral process were refreshed and shared and assurance received that no issues with system notifications were identified.

Customer 11

Learning identified

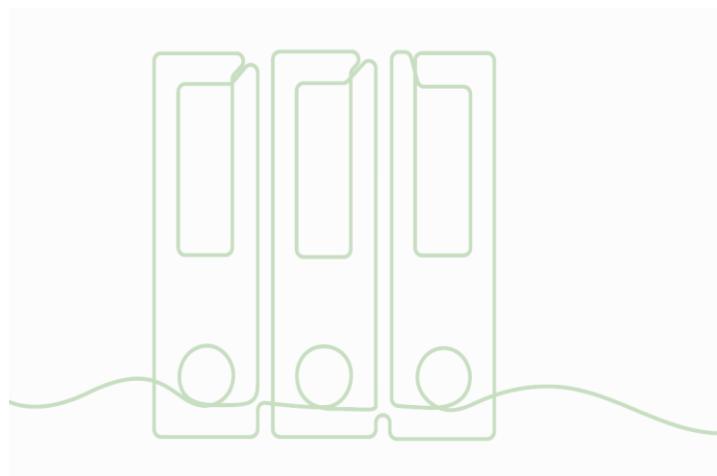
Appointee and Corporate Personal Acting Body details were not set up correctly. ESA did not act on information received when making a decision. Correct action was not taken when customer was admitted to hospital.

Agreed activity

- PIP Tier 1 and ESA to assure IPRG that they will raise awareness of appointee and Corporate Personal Acting Body Operational Instructions, that colleagues are compliant and quality assurance is embedded.
- PIP Tier 1 and ESA to assure IPRG that they will raise awareness of the Operational Instructions for the set-up of an appointee and Corporate Personal Acting Body, that colleagues are compliant and quality assurance is embedded to ensure accurate broadcast to Customer Information System.
- ESA to assure IPRG that they will raise awareness of the “verify capital” instructions, that colleagues are compliant and quality assurance is embedded to support timely action in line with Operational Instructions.
- PIP to assure IPRG they will raise awareness of “The Under 18 Rule” when payments should continue if a customer is hospitalised.

Learning outcomes

Awareness sessions on appointees were delivered to colleagues and operational instructions strengthened and cascaded to improve payment accuracy, supported by quality assurance checks.



Customer 12

Learning identified

Customer given incorrect advice when WCA form was not returned. Appointee action not taken when required. Customer's call to chase up Mandatory Reconsideration not followed up and a handover not sent to decision makers when customer called to chase up their claim. A request for medical evidence was sent to wrong GP. There were delays dealing with Mandatory Reconsideration request.

Agreed activity

- IPRG to be assured that ESA colleagues are aware of the correct process to follow when a Capability for Work questionnaire is not received from a customer, and the mental health indicator is recorded on MSRS.
- PIP to assure IPRG the identification of an appointee Operational Instructions has been fully communicated, understood and teams are compliant with the process.
- IPRG to be assured by ESA (Telephony) that telephony agents are aware of the correct process to be followed, when customers progress chase Mandatory Reconsiderations.
- ESA to assure IPRG that telephony handoff instructions relating to decision making are fully communicated, understood and colleagues are compliant with the process.
- CMPD to assure IPRG that Assessment Provider guidance will be reviewed to consider including the impact of the GP change process.
- IPRG to be assured by DRS they will explore adding timescales to Operational Instructions for referring mandatory reconsideration requests to the Dispute Resolution Team.

Learning outcomes

All the agreed activities were undertaken, with the recording of customer needs and telephony handovers incorporated into the quality checking process and awareness sessions delivered on appointee actions. Operational Instructions have been updated to include timescales for the referring of Mandatory Reconsiderations and systems are in place to prevent delays to the health assessment process.

Customer 13

Learning identified

Agents call handling techniques not of required standard. Customer did not receive a phone call when appeal was lapsed. No action taken to register customer's complaint. Appropriate follow up action not taken on customer's claim and action not taken to identify outstanding arrears. Steps not taken to confirm if customer was entitled to Carer's Element. An award notification contained conflicting information. Lack of consistency in interpretation of claim evidence. Appointee details not shared between service lines. Healthcare Provider was not aware of customer's appointee.

Agreed activity

- PIP to assure IPRG they will explore opportunities for improving compassionate call handling techniques for telephony agents.
- PIP DRS to assure IPRG they will consider strengthening the guidance for contacting vulnerable customers following the lapsing of an appeal when an award of enhanced rate of benefit is made.
- PIP to assure IPRG they will communicate Operational Instructions regarding the identification and routing of customer complaints and this issue, and the need to monitor is reflected in new iterations of quality checks.
- PIP DRS to assure IPRG, that Operational Instructions are communicated regarding the setting and actioning of tasks and this issue, and the need to monitor is reflected in new iterations of quality checks.
- PIP to assure IPRG they will consider what functionality is available to identify cases with outstanding arrears payments.
- UC to assure IPRG they will work with CA to explore options for ensuring customers receive Carer's Element, where appropriate, following an award of CA.
- IPRG to be assured that CA will consider the language of award notifications to improve clarity.
- PIP and PIP DRS to assure IPRG they will consider options available for reducing inconsistent interpretation of evidence.
- UC to assure IPRG they will consider options available for sharing appointee details with PIP.
- CMPD to assure IPRG they will consider if the processes in place for informing Healthcare Professionals of appointees' information are sufficient and robust.
- CMPD to assure IPRG they will consider if the guidance in place for the treatment of third parties present at medical assessments is sufficient and appropriate.

Customer 13 continued

Learning outcomes

All agreed activities were completed; with care and compassion techniques introduced into call handling and subject to quality checks and vulnerable customer guidance was updated. Reminders were issued regarding the complaints process; guidance issued on completing system tasks and assurance received of the process in place to identify cases with outstanding PIP arrears. Work was undertaken to ensure prompt payment of Carer's Element and to improve notifications and extensive work has taken place to improve the consistency of Health Assessment related decision making. Additionally, improvements were made to the DWP appointee process and assurance received that Healthcare Professionals are aware of steps to take relating to appointees.

Customer 14

Learning identified

Relevant documents were not passed to Assessment Provider. Incorrect action taken on customers claim when reinstated and correct action not taken when bank returned a payment following customer's death. Guidance was not followed to establish next of kin details.

Agreed activity

- W&H Decision Making to assure IPRG that all relevant case documents during the ESA reassessment process are sent clerically to the Assessment Provider in line with Operational Instructions to avoid delays.
- ESA to assure IPRG that Operational Instructions regarding linking of claims are followed and ensure the issue, and the need to monitor, is reflected in new iterations of ESA quality checks.
- ESA to assure IPRG the process for identifying and locating a next of kin to enable benefit arrears to be paid is sufficient and to ensure the issue, and the need to monitor, is reflected in new iterations of ESA quality checks.
- PIP to assure IPRG the process for identifying and locating a next of kin to enable benefit arrears to be paid is sufficient and to ensure the issue, and the need to monitor, is reflected in new iterations of quality checks.

Learning outcomes

Improvements were made to support customers through the WCA journey and instructions on linking benefit claims were updated. Guidance on locating next of kin was updated on both service lines.

Customer 15

Learning identified

Guidance was not followed when closing customer's claim and customer's UC claim could not be reopened. Customer's date of death not recorded.

Agreed activity

- UC to assure IPRG they will consider strengthening the claim closure guidance for customers with complex needs who do not accept their Claimant Commitments and that these processes are embedded in the Quality Assurance Framework to improve compliance.
- UC to assure IPRG that they will consider if current criteria for reopening closed claims are appropriate and ensure they are supported by Operational Instructions.
- PIP to assure IPRG that they will communicate Operational Instructions for actions to be taken on receipt of an unverified date of death and that these processes are embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Claim closure guidance was updated and delivered to relevant staff and the policy on reopening claims was reviewed. Operational Instructions relating to the death of a customer were reviewed and updated.

Customer 16

Learning identified

Customer was given incorrect information after benefit claim ended. Correct process was not followed after customer closed their claim.

Agreed activity

- JSA to assure IPRG they will communicate the need to review cases prior to initiating customer contact to ensure that correct information is provided, and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG they will communicate Operational Instructions regarding the correct gathering of information prior to claim closure, and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Colleagues were reminded of the importance of recording accurate system notes and awareness sessions delivered to raise awareness of stopping payments guidance.

Customer 17

Learning identified

No contact was made with customer to confirm their circumstances. Correct action not taken when customer declared their health conditions and a journal message was not responded to. Customer was not contacted to advise award had been revised.

Agreed activity

- PIP DRS to assure IPRG they will consider providing Operational Instructions to decision makers on the impact of CA awards.
- UC to assure IPRG they will consider if front line colleagues are sufficiently trained to identify customers reporting changes in their health conditions and what action should be taken.
- UC to assure IPRG they will highlight the importance of responding to journal messages in line with the case management approach.
- PIP DRS to assure IPRG they will consider the guidance for contacting vulnerable customers following the lapsing of an appeal when an award of enhanced rate of benefit is made

Learning outcomes

Links to CA instructions were shared with relevant colleagues and new guidance was developed and communicated regarding appeal actions. Upskilling was completed on understanding customer's circumstances and making quality WCA referrals and journal messaging standards were improved.

Customer 18

Learning identified

PIP did not contact customer when an unauthorised third party made written contact on their behalf. Guidance not followed when customer returned an incomplete Severe Disability Premium claim form. PIP did not forward complaints to Assessment Provider about Healthcare Provider's conduct.

Agreed activity

- PIP to assure IPRG they will communicate Operational Instructions regarding unauthorised third-party communication and raise staff awareness of the need to consider appointee action, and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG they will communicate Operational Instructions regarding the Severe Disability Premium claim form, and this action is embedded in the Quality Assurance Framework to improve compliance.
- PIP to assure IPRG they will communicate Operational Instructions regarding the identification and routing of customer complaints, and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Awareness sessions were held to upskill colleagues on appointee actions and Operational Instructions strengthened to improve payment accuracy, supported by quality checks. Guidance on the complaints process was cascaded to all relevant colleagues.



Customer 19

Learning identified

Operational Instructions on saving documents not followed. Guidance on reported threats of suicide from third parties not followed. An overpayment was incorrectly calculated.

Agreed activity

- CFCD to assure IPRG that they will communicate Operational Instructions for the retention of documents to all colleagues.
- PIP DRS to assure IPRG they will communicate Operational Instructions for actions to be taken on reported threats of suicide from third parties.
- ESA to assure IPRG they will communicate the importance of accuracy when calculating an overpayment of Severe Disability Premium and this issue and the need to monitor, is reflected in new iterations of ESA quality checks.

Learning outcomes

A revised process and guidance on document retention was developed and shared, and colleagues were issued revised guidance on the Six-Point Plan process. Accurate payments of Severe Disability Premium were targeted within the quality checking process.

Customer 20

Learning identified

Revised award not input when customer was moved from Work-Related Activity Group to Support Group. Benefit arrears were paid to wrong person following customers death.

Agreed activity

- ESA to assure IPRG they will communicate Operational Instructions to ensure WCA decision makers follow the correct processes when a decision on a customer's Work Group is revised.
- PIP DRS to assure IPRG they will communicate Death Arrears Payee Operational Instructions and ensure the issue is monitored to consider the need to reflect in new iterations of quality checks.

Learning outcomes

Guidance on the process to follow when a Work Group decision was updated, was revised and supported by quality checks and Death Arrears Payee instructions reviewed.

Customer 21

Learning identified

Guidance on considering if an appointee was required not followed. Notification of customer's admission to prison not received by UC. Claim was closed without establishing why customer didn't attend appointment. A form was sent to customer's prison address in error. Action not taken to consider if customer needed an appointee. Notification of customer's admission to prison not received by ESA. Inappropriate system generated messages were sent to customer and customer was sent a journal message while in prison. A system was not updated with details of customer's death. Consent not obtained for third party to act on customer's behalf. Notification of customer's death not shared with all service lines. Mandatory Reconsideration notice letter not sent to next of kin. Lack of consistency in interpretation of claim evidence. Medical assessment report was not of required standard.

Agreed activity

- W&H Decision Making to assure IPRG they will communicate appointee Operational Instructions and ensure the issue and the need to monitor is considered and reflected in new iterations of quality checks.
- SPD to assure IPRG robust processes are in place to identify customers admitted to prison in a timely way and to notify relevant benefits.
- UC to assure IPRG that local leaders will utilise learning from cases to support improvement action communications and strengthen compliance.
- PIP to assure IPRG they will consider strengthening Operational Instructions to include reissuing Award Review award forms following imprisonment.
- UC to assure IPRG they will consider strengthening Operational Instructions to include consideration of appointees and corporate appointees if there is a suggestion of, or the customer does not understand, the claims process.
- UC Service Design and Transformation to liaise with SPD to assure IPRG robust processes are in place to identify customers admitted to prison timeously and notify relevant benefit areas to reduce the amount of non-recoverable overpayments due to late notification of imprisonment.
- UC to assure IPRG they will explore the bulk journal message set-up to establish if there are options to amend this for when a customer goes into prison or where a customer has died.
- UC to assure IPRG that local leaders will remind all colleagues of the importance of checking system notes prior to sending journal messages.
- UC to assure IPRG that they will consider a tactical solution to prompt UC agents to update MSRS following a change of circumstances for customers on the health journey.

Customer 21 continued

Agreed activity continued

- PIP and PIP DRS to assure IPRG they will communicate Operational Instructions regarding unauthorised third-party communication and ensure the issue, and the need to monitor, is reflected in new iterations of PIP quality checks.
- RS Service Transformation to assure IPRG that they will explore whether existing robotics can be extended to working age customers.
- PIP DRS to assure IPRG they will communicate Operational Instructions for notifying customer's next of kin or representatives of Mandatory Reconsideration outcomes.
- PIP and PIP DRS to assure IPRG they will consider options available for reducing inconsistent interpretation of evidence.
- CMPD to assure IPRG they will arrange a collaborative lesson learned session to review evidence and resultant assessment with the owning Assessment Providers, their clinical leads and the Department's own policy doctors to ensure full discussion and learning.

Learning outcomes

The agreed activities were all completed with Operational Instructions regarding appointees reviewed and cascaded. Prisoner guidance and processes relating to all issues, was reviewed and updated as needed and shared across all relevant service lines. This included notification of admission and release and the supporting of vulnerable customers. Work was undertaken to improve the sending of journal messages and supporting customers who were on the health journey and steps taken to improve the notification of death process and the notification of Mandatory Reconsiderations to the next of kin. Finally, extensive work has taken place to improve the consistency of Health Assessments and related decision making.

Customer 22

Learning identified

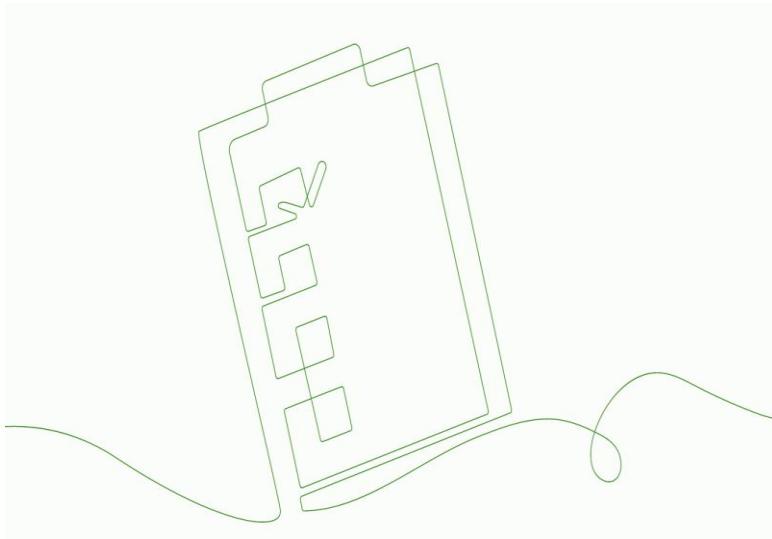
Appropriate action not taken when reviewing supporting medical evidence. No review made of customer's award. WCA referral made in error and the appointee review process was not followed.

Agreed activity

- Health Assessment to assure IPRG that Healthcare Assessment Provider guidance will be reviewed to impact appropriateness of supporting medical information.
- SPD with CA to assure IPRG there is a mechanism in place to consider the appropriateness of a CA award at new claim stage and at regular review points.
- ESA with WCA decision makers to assure IPRG that system notes are checked before referrals are made to the Assessment Provider.
- ESA to assure IPRG that they will raise awareness of appointee Operational Instructions, that colleagues are compliant and Quality Assurance is embedded.

Learning outcomes

Assurance was received that both the Assessment Providers guidance and CA guidance was appropriate, and the appointee instructions were communicated to colleagues. The checking of system notes for decision makers and of appointee actions was included in the quality assurance process.



Customer 23

Learning identified

Instructions on suspending benefit payments not followed and enquiry letters sent to customer not saved. Guidance on writing to next of kin not followed and customer's claim not closed correctly. Customer's mental health condition not recorded correctly.

Agreed activity

- CFCD to assure IPRG they will highlight the importance of following stopping payments Operational Instructions prior to suspending payments of benefit and ensure the issue, and the need to monitor, is reflected in new iterations of quality checks.
- ACS Strategy to assure IPRG they will undertake a DWP wide communication refresh of the stopping payments guidance.
- CFCD to assure IPRG that they will consider introducing specific instructions for the retention of enquiry letters.
- ESA to assure IPRG they will communicate Operational Instructions for identifying and locating a next of kin and ensure the issue, and the need to monitor, is reflected in new iterations of quality checks.
- ESA to assure IPRG they will highlight the importance of correct claim closure actions to colleagues to prevent delays in calculating arrears of benefit.
- W&H Decision Making to assure IPRG they will communicate Incapacity Reference Guide and mental health indicator Operational Instructions, and ensure the issue, and the need to monitor, is reflected in new iterations of quality checks.

Learning outcomes

Reminders on Stopping Payments guidance were shared across all service delivery colleagues and work was undertaken on the document retention process. Awareness products were delivered on the death notification and benefit arrears processes and compliance with the recording of the mental health indicator supported by quality checking.

Customer 24

Learning identified

ESA did not review customer's entitlement to additional premiums. Appropriate action not taken when appeal letter received and missed opportunities to contact customer, following decision to reduce PIP award. When responding to complaint, was a missed opportunity to request a review of the claim.

Agreed activity

- ESA to assure IPRG, where a change in circumstances is notified that could affect a customer's benefit award, case controls are set in line with Operational Instructions, to ensure follow up actions are taken, and this action is embedded in the Quality Assurance Framework to improve compliance.
- PIP DRS to assure IPRG, that Operational Instructions are communicated to case managers regarding the setting and actioning of tasks on the PIP Customer System, and this action is embedded in the Quality Assurance Framework to improve compliance.
- PIP DRS to assure IPRG, that outbound reconsideration calls are being conducted by decision makers following a change of award and this action is embedded in the Quality Assurance Framework to improve compliance.
- National Complaints Team to assure the IPRG, that all relevant systems are scrutinised and responses answer all elements of enquiries, and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Guidance on setting tasks and completing follow up actions and the Mandatory Reconsideration process was updated and shared with the appropriate teams, supported by quality checks where appropriate. Changes were implemented within the complaints team to improve consistency and accuracy.

Customer 25

Learning identified

Correct process not followed following an allegation of fraud. Appropriate form not sent to customer. Customer not advised they could be accompanied to attend an appointment, and a handwritten statement did not meet quality standards. Operational instructions on saving documents not followed. Benefit payments not suspended when required. Information on new address not shared between teams. A complaint response did not meet required standard. Inadequate notes were recorded on system.

Agreed activity

- RS to assure IPRG that PC will communicate Operational Instructions regarding the routing of alleged fraud referrals to telephony agents and this action is embedded in the Quality Assurance Framework to improve compliance.
- RS to assure IPRG that PC will raise awareness of the Operational Instructions for the completion of Customer Account Management (CAM) system tasks and this action is embedded in the Quality Assurance Framework to improve compliance.
- CFCD to assure IPRG that they will consider the wording of the 'We Are Reviewing Your Benefits and Circumstances' letter to highlight customers' option to be accompanied at interview.
- CFCD to assure IPRG that statements taken from customers will be recorded digitally where possible and will raise awareness of the quality standards for handwritten statements.
- CFCD to assure IPRG that they will consider introducing specific guidance for the retention of enquiry letters to Operational Instructions.
- CFCD to assure IPRG that they will communicate Operational Instructions relating to suspension of benefit to Compliance Officers and this action is embedded in the Quality Assurance Framework to improve compliance.
- CFCD to assure IPRG they will communicate Operational Instructions relating to changes of address and this action is embedded in the Quality Assurance Framework to improve compliance.
- National Complaints Team to assure IPRG they will communicate Operational Instructions regarding multi benefit complaints and this action is embedded in the Quality Assurance Framework to improve compliance.
- CFCD to assure IPRG they will communicate the importance of completing accurate system notes and this action is embedded in the Quality Assurance Framework to improve compliance.

Customer 25 continued

Learning outcomes

All the agreed activity was completed, guidance on fraud referrals has been communicated to colleagues, completion of CAM tasks are included in the Quality Assurance Framework and the interview notification letter updated. An interactive statement form has been introduced, the guidance on the retention of letters reviewed and Operational Instructions on the suspension of claims updated. The checking of changes of address, multi-benefit complaints and the accuracy of system notes are subject to quality checks.

Customer 26

Learning identified

Severe Disability Premium was paid in error. Customer asked to provide reasons for not attending cancelled appointments. Customer's reasons for disputing a decision not properly explored and HM Courts and Tribunals Service (HMCTS) not notified that customer had died.

Agreed activity

- ESA to assure IPRG they will explore if the processes in place for verification of Severe Disability Premium are sufficient.
- CMPD to assure IPRG that processes in place to book alternative appointments following the cancellation of a WCA are sufficiently robust to prevent the incorrect closure of assessment referrals.
- PIP DRS to assure IPRG they will highlight the importance of exploring the specific issues raised within a customer's Mandatory Reconsideration request and acknowledging the issues when notifying decisions to customers and ensure the issue and the need to monitor, is reflected in new iterations of PIP quality checks.
- PIP DRS to assure IPRG they will consider the visibility of and communicate Operational Instructions for actions to be taken on the death of a customer during the appeal process.

Learning outcomes

Guidance on the award of benefit premiums was updated and included in quality checks and the process for rebooking cancelled WCA appointments was reviewed. Holistic and empowered decision making has been introduced to improve the standards of decisions and additional steps introduced to improve the appeal administration process.

Customer 27

Learning identified

Correct action not taken on customer's admission to hospital and incorrect information given to customer during a telephone call. Complaints response not of required standard, telephone contact with customer not recorded correctly and concerns around customer's health not escalated. Incorrect details uploaded onto system. An overpayment was not referred to Debt Management.

Agreed activity

- ESA to assure IPRG that Work Available Reports are promptly actioned, particularly where there may be an entitlement to the Severe Disability Premium.
- ESA to assure IPRG that telephony agents have the necessary technical skills to explore records queries raised by customers to allow them to identify and support customer enquiries.
- National Complaints Team to assure the IPRG, that all relevant systems are scrutinised and responses answer all elements of enquiries, and this action is embedded in the Quality Assurance Framework to improve compliance.
- National Complaints Team to assure the IPRG that they will communicate Operational Instructions for the correct recording of telephone contact with customers and their representatives, and this action is embedded in the Quality Assurance Framework to improve compliance.
- National Complaints Team to assure IPRG that Gateway receiving agents, Complaints Managers and Handlers are sufficiently trained and have the necessary tools to allow them to identify vulnerable customers and take appropriate action to escalate concerns.
- PIP to assure IPRG that they will consider if Operational Instructions sufficiently cover actions to be taken if there is a doubt regarding a customer's death.
- ESA to assure IPRG that they will communicate overpayment referral Operational Instructions to colleagues, and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Agreed activities were completed; payments of Severe Disability Premium made a priority task and learning events held to support telephony agents with complex cases.

Improvements made to complaints process, introducing a simplified end to end process and a strengthened Quality Assurance Framework, with training delivered to enable better identification and support of vulnerable customers. Additionally, guidance on confirming a customer's death was updated and overpayment referral instructions cascaded and embedded in the quality process.

Customer 28

Learning identified

Customer not offered verbal explanation of a decision or signposted to alternative benefits when required. Complaint letter not passed to appropriate team. Information on customer's date of death and next of kin details not obtained.

Agreed activity

- New Style JSA to assure IPRG that they will communicate Operational Instructions regarding verbal explanations of decisions to colleagues and ensure the issue, and the need to monitor, is reflected in new iterations of JSA quality checks.
- New Style JSA to assure IPRG that they will consider strengthening Operational Instructions to signpost customers that make consecutive unsuccessful claims.
- Advanced Customer Support to assure IPRG they will highlight to the Operational Support Team and ACSSLs the importance of identifying and routing customer complaints.
- UC to assure IPRG that they will explore a process for establishing a death arrears payee and that this is reflected in the UC Operational Instructions.

Learning outcomes

Guidance on requests for verbal explanations was updated, and disallowance letters were updated to signpost customers to apply for UC. A reminder was issued on the correct process for routing customer complaints and the next of kin identification process was reviewed.

Customer 29

Learning identified

No notes recorded to show Unacceptable Customer Behaviour control measures were reviewed. Not investigated whether customer was living as part of a couple when required. Customer's appointment not recorded properly on system. Additional medical evidence received not recorded correctly. Copy of Tribunal evidence not requested from HMCTS.

Agreed activity

- ESA to work with DWP Health & Safety to assure IPRG that systems are in place to review Unacceptable Customer Behaviour control measures in line with Operational Instructions and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG they will communicate membership of the household Operational Instructions, to ensure payment accuracy of adults in the same household, and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA Contracted Health to assure IPRG that clerical systems to book appointments during the Coronavirus pandemic are transferred onto the main system.
- W&H Decision Making to assure IPRG that all relevant case documents during the ESA reassessment process are sent clerically to the Assessment Provider in line with Operational Instructions to avoid delays.
- Digital Group to provide an update to IPRG on work being progressed with HMCTS regarding evidence provided during tribunals where decisions are overturned at appeal.

Learning outcomes

Events were held to raise awareness of the Unacceptable Customer Behaviour process and the review process, including the sharing of information with assessment providers to prevent delays. Operational Instructions were strengthened for colleagues to follow in complex customer scenarios and work undertaken to improve the appeal notification process.

Assessment providers have reverted to the electronic booking system post Covid, and no further action was required.

Customer 30

Learning identified

There was a delay to customer's WCA referral and customer's address not updated. WCA referrals were made after customer had passed away. Action not taken to register a complaint. An overpayment was not referred to Debt Management.

Agreed activity

- UC to assure IPRG that Operational Instructions regarding the completion of the WCA to-do process are highlighted to improve compliance.
- UC to assure IPRG that they will consider a tactical solution to prompt UC agents to update MSRS following a change of circumstances for customers on the health journey.
- UC to assure IPRG they will highlight to all colleagues the importance of checking system notes prior to making referrals to the Assessment Providers.
- UC to assure IPRG they will consider if current Operational Instructions for the identification and routing of complaints is sufficient.
- ACS to assure IPRG they will highlight to the ACS Operational Support Team and ACSSLs the importance of identifying and routing customer complaints.
- UC to assure IPRG that they will communicate overpayment referral Operational Instructions to colleagues and ensure the issue, and the need to monitor, is reflected in new iterations of UC quality checks.

Learning outcomes

Refresher training on all areas of making quality WCA referrals was undertaken, including the checking of notes and consideration was given to automatic linking of systems. Communications on handling customer complaints was shared with relevant colleagues and learning products on overpayment actions are available to support accurate referrals.

Customer 31

Learning identified

Address information provided by customer not reviewed correctly and no action taken to register a Mandatory Reconsideration when customer disputed a decision. Responses not issued to journal messages. Inadequate system notes recorded and guidance on verifying next of kin not followed. An incorrect date of death not amended after receiving Death Certificate and an award decision notification not issued when required.

Agreed activity

- UC to assure IPRG they will consider the Operational Instructions for the registration and use of correspondence addresses for customers.
- UC to assure IPRG they will highlight the importance of following the correct process when a Mandatory Reconsideration is requested or identified
- UC to assure IPRG they will explore the use of No Reply Needed markings in response to journal messaging from customers to determine if inappropriate use is occurring.
- PIP to assure IPRG they will highlight the importance of recording accurate notes of information received from customers or their representatives during telephone calls.
- PIP DRS to assure IPRG they will communicate Operational Instructions for Mandatory Reconsideration requests received from third parties following a customer's death.
- PIP DRS to assure IPRG they will communicate a reminder to all colleagues that on receipt of verified date of death information, they cross reference and check details held to ensure Quality Assurance processes are sufficient to prevent errors.
- PIP DRS to assure IPRG they will communicate Operational Instructions for notifying customer's next of kin or representatives of Mandatory Reconsideration outcomes.

Learning outcomes

Appropriate consideration was given to the use of correspondence addresses for customers and communications issued on Explicit Consent and appointees. A review was undertaken on responses to journal messages and reminders issued on the importance of accurate system notes and the Mandatory Reconsideration Notice process for deceased customers.

Customer 32

Learning identified

Severe Disability Premium was not included when customer awarded ESA. Information not shared between different service lines when required and customer's Corporate Acting Body not written to, to confirm a change in circumstances. Correct appointee action was not taken on customer's PIP claim.

Agreed activity

- ESA to assure IPRG that improvement activities regarding qualifying benefit processes for Severe Disability Premium are sufficiently robust.
- IPRG to be assured that CA have explored the potential for inconsistency in the notification of award process to other benefit lines.
- CA to assure IPRG that Operational Instructions regarding caring arrangements for a disabled person with a corporate or personal acting body are communicated to CA colleagues.
- PIP (Tier 1) to consider whether the easement to dispute appointee Operational Instructions have been fully communicated, understood and that teams are compliant with the process.

Learning outcomes

All activities were cleared. Operational Instructions on payment accuracy were strengthened and supported by quality checks and awareness sessions held to raise colleague awareness on appointee actions. Data sharing between service lines was reviewed and assured.

Customer 33

Learning identified

An opportunity was missed to register a Mandatory Reconsideration over the telephone. Information not shared automatically between different service lines. All available evidence not considered when making an overpayment decision and Operational Instructions not followed when considering whether control measures should be added to the claim. Incorrect information given about delay in arranging a medical assessment and incorrect signposting to Assessment Provider. Correspondence contained inaccuracies and omitted information. “Tell Us Once” service does not electronically share data with DWP systems. Customer's debt not waived.

Agreed activity

- PIP and DRS to assure IPRG that they will communicate Mandatory Reconsideration Operational Instructions to telephony agents, and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA and PIP using wider stakeholders (in particular SPD and Digital) to assure IPRG they will investigate the cause of the system notification broadcast failures.
- ESA to assure IPRG that they will communicate the recording of overpayment Operational Instructions to decision makers, and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG that they will communicate Unacceptable Customer Behaviour control measures from third party Operational Instructions, and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG that they will communicate WCA Operational Instructions to enable correct signposting, and this action is embedded in the Quality Assurance Framework to improve compliance.
- National Complaints Team to assure IPRG that Quality Assurance processes have sufficient rigour to ensure that factual inaccuracies are identified before responses are issued.
- Service Excellence Relationship to assure IPRG that they will explore an electronic interface between “Tell Us Once” and the Customer Information System.
- Debt Management to assure IPRG that they will communicate debt waiver Operational Instructions, and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

All agreed activities were completed; Mandatory Reconsideration guidance was updated and shared with teams and checks undertaken to prevent system notification failures. Amendments to Operational Instructions on overpayments, unacceptable customer behaviour and the WCA process were supported by learning events, and a quality assurance process was introduced to improve complaint responses. In addition, an electronic interface was initiated to share date of death details.

Customer 34

Learning identified

Mandatory Reconsideration request not recorded, and customer's evidence not taken over the telephone. Guidance on contacting customer not followed and appropriate support not offered to customer when required.

Agreed activity

- ESA to assure IPRG, that they will issue a reminder to telephony staff of the correct process to follow when a Mandatory Reconsideration is requested.
- ESA to assure IPRG they will consider aligning Operational Instructions for Telephony Agents with WCA Outcomes guidance to ensure a consistent approach is delivered.
- W&H Service to assure IPRG they will communicate Operational Instructions on Extended Periods of Sickness and ensure the issue, and the need to monitor, is reflected in new iterations of quality checks.
- W&H Services to assure IPRG they will communicate Operational Instructions regarding non-attendance at Work Search Reviews and ensure the issue, and the need to monitor, is reflected in new iterations of quality checks.

Learning outcomes

Telephony guidance was reviewed and updated and assurance received that extended periods of sickness are subject to quality checking. Reminders were issued of the steps to take following non-attendance at appointments.

Customer 35

Learning identified

There was a delay in obtaining medical evidence from GP. Customer overpaid in error, when claim was backdated and an uploaded letter did not provide clear explanation, causing confusion. Correct procedure on re-opening WCA referrals was not followed.

Agreed activity

- CMPD to assure IPRG they will explore potential improvements to the existing timescales.
- UC to assure IPRG they will consider if local intervention action is appropriate or further upskilling is required on the backdating of claims.
- UC to assure IPRG they will communicate Operational Instructions on uploading notification letters regarding backdating and explore the need to strengthen wording with regards to Assessment Period changes.
- CMPD to assure IPRG that, where an assessment is suspended by the Healthcare Professional due to the customer's behaviours and/or medical condition, correct procedure will be communicated on management of referrals on MSRS.

Learning outcomes

Work was undertaken to review the process of obtaining medical information from GPs and the process for backdating claims, with steps in place to ensure appropriate explanations within notification letters.

It was confirmed that the correct action was taken during the suspended medical assessment, and no further action was required.

Customer 36

Learning identified

Medical evidence provided was not linked to customer's account. Opportunities were missed to signpost customer to Additional Support. Customer's child maintenance liability assessed from incorrect date and details of customer's death was not shared between service lines.

Agreed activity

- CMPD to assure IPRG that processes in place for linking further medical evidence to ongoing assessment referrals are sufficient.
- UC to assure IPRG they will consider if guidance for customers reporting mental health issues via journal is sufficient to prompt further discussion and explore if Additional Support is required.
- CMG to assure IPRG they will communicate Operational Instructions on the setting of liability dates for customers claiming UC and declaring earnings.
- CMG to assure IPRG they will consider revising the Stop Deduction of child maintenance notifications to include non-verified details of customers death.

Learning outcomes

System changes were implemented to support the linking of medical evidence and improvements introduced on the monitoring of journal messages to identifying customers who may need Additional Support. Changes were made to the management of changes to Paying Parent's UC awards and the handling of death notifications.

Customer 37

Learning identified

Customer's change of address not saved on system and Operational Instructions on setting reminders not followed. Appropriate action not taken on customer's claim and a lack of consistency in interpretation of claim evidence. Relevant award information not shared between service lines. An underpayment on the claim was not identified.

Agreed activity

- ESA to assure IPRG that they will highlight the importance of following data retention processes and that this issue and the need to monitor, is reflected in new iterations of ESA quality checks.
- ESA to assure IPRG they will consider if the Operational Instructions for the setting of Case Controls is sufficient and robust.
- PIP DRS to assure IPRG that Operational Instructions are communicated regarding the setting and actioning of tasks and that this issue and the need to monitor, is reflected in new iterations of quality checks.
- PIP and PIP DRS to assure IPRG they will consider options available for reducing inconsistent interpretation of evidence.
- PIP and PIP DRS to assure IPRG they will consider options available for notifying other product lines when making retrospective awards of benefit on closed claims.
- National Complaints Team to assure IPRG that Quality Assurance processes have sufficient rigour to ensure that potential underpayments are identified before responses are issued.

Learning outcomes

Clear reminders on the importance of accurate system notes and the setting of case controls were sent to colleagues across the relevant teams with quality checks used to support compliance. Work was completed to improve collaboration between service lines and improve standards of decision making and checks undertaken to ensure the sharing of information between systems. Improvements to the complaints process were supported by quality checks.

Customer 38

Learning identified

No contact made to obtain outstanding medical evidence. Correct process not followed when Lasting Power of Attorney details received. Customer not advised should register an appeal, incomplete appeal outcome letter issued to customer. Action to determine if customer required an appointee not taken. Records not updated with information received from HMCTS. Action not taken to establish if relative held Explicit Consent.

Agreed activity

- PIP DRS to assure IPRG they will communicate Operational Instructions for the completion of Mandatory Reconsiderations when further medical evidence is outstanding.
- PIP DRS to assure IPRG they will communicate Operational Instructions on actions to be taken when a Lasting Power of Attorney is received for a customer and this issue, and the need to monitor, is reflected in new iterations of quality checks.
- UC DRS to assure IPRG they will communicate Operational Instructions on actions to be taken when a Lasting Power of Attorney is received for a customer and this issue, and the need to monitor, is reflected in new iterations of quality checks.
- PIP DRS to assure IPRG they will consider strengthening the guidance on actions to be taken on the receipt of additional Mandatory Reconsideration requests.
- PIP DRS to assure IPRG they will consider if Quality Assurance processes have sufficient rigour to ensure that factual inaccuracies in written communication are identified prior to issue.
- UC to assure IPRG they will consider strengthening Operational Instructions to include consideration of appointees and corporate appointees if there is a suggestion of or the customer does not understand the claims process.
- UC DRS to assure IPRG they will communicate Operational Instructions for the updating of 'record an appeal' to-do on receipt of Directions Notices.
- UC to assure IPRG they will consider implementing Alternative Enquiry procedures for contact received from third parties.

Learning outcomes

All agreed activity was completed; Mandatory Reconsideration guidance was updated, shared and instructions on the Lasting Power of Attorney and appointee processes were communicated to relevant colleagues. The Quality Assurance Framework was used to support the reduction in errors; guidance was updated on steps to take during the appeal process and consideration was given to changes to the Alternative Enquiry process.

Customer 39

Learning identified

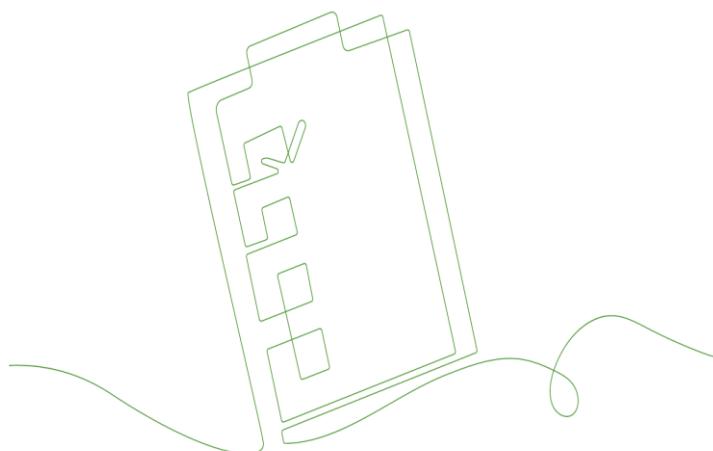
Customer's claim was incorrectly suspended, no action taken after a call back was requested and the customer's case not escalated when needed. Responses were not issued to journal messages.

Agreed activity

- CFCD to assure IPRG they will consider strengthening guidance on the correct procedures to follow on suspended claims.
- CFCD to assure IPRG they will communicate guidance to the Risk Review Team on the correct procedures to follow when handovers are received.
- CFCD colleagues to work with SPD and UC Design to develop a single in-box for customer escalations and ensure this is done alongside clear communications to remove the confusion about the correct in-box to use when a customer's case needs escalating.
- UC and Risk Review Team leads to explore working together to resolve confusion around roles, responsibilities and actions to be taken on journal responses for Risk Review Team cases.

Learning outcomes

Guidance on suspending claims was issued to relevant teams, and improved systems were introduced to support customer call-backs being made in a timely manner. Clear escalation routes were implemented and improvements made to the process for responding to journal messages.



Signposting and support

If you have been affected by any of the topics covered within this publication, there is information and support available online:

Check benefits and financial support you can get – [Check benefits and financial support you can get - GOV.UK](#)

Benefits (Scotland only) – [Benefits - mygov.scot](#)

Challenge and appeal a benefit decision – [Challenge and appeal a benefit decision: step by step - GOV.UK](#)

Get extra help and support to manage your DWP benefits or pension – [Get extra help and support to manage your benefits or pension - GOV.UK](#)

Debt Advice - [Get free debt advice - GOV.UK](#)

Bereavement help and support – [What to do after someone dies: Bereavement help and support - GOV.UK](#)

Tell Us Once [What to do after someone dies: Tell Us Once - GOV.UK](#)

Homelessness – [Help if you're homeless or about to become homeless - GOV.UK](#)

Domestic Abuse – [Domestic abuse: how to get help - GOV.UK](#)

Mental Health –

England – [Mental health – NHS](#)

Scotland – [Mental health | NHS inform](#)

Wales – [NHS 111 Wales - Health A-Z : Mental Health and Wellbeing](#)

Suicidal thoughts –

England – [Help for suicidal thoughts - NHS](#)

Scotland – [Getting help with your suicidal thoughts | Suicide | NHS inform](#)

Wales – [NHS 111 Wales - Health A-Z : Suicidal thoughts](#)

Glossary

This glossary helps explain the terms used throughout this publication

Advanced Customer Support Senior Leader (ACSSL)	An ACSSL coaches and engages with colleagues across DWP services to help support the most vulnerable customers.
Appointee	An individual or organisation authorised to act on behalf of a person who is unable to manage their own benefits, often due to age, illness, or disability.
Assessment Provider	An organisation contracted on behalf of DWP to conduct health assessments for customers.
Award Review Form (AR1)	A form used to help review if a customer is getting the right amount of PIP.
Benefit Cap	A limit on the total amount of benefit a customer receives.
Budgeting Advance	Provides UC customers access to an interest free payment for one-off items, designed to help customers with irregular expenses.
Carer's Element	May be awarded to UC customers who have regular or substantial caring responsibilities of at least 35 hours per week.
Case Control	A reminder set on a case, which sends a prompt to an agent when the date is reached.
Change of Circumstances Advance	Can be requested when a change is reported which results in a significant increase in UC entitlement.
Child Maintenance Group (CMG)	Now known as Child Maintenance Services (CMS). CMS helps ensure that children receive financial support from both parents, even if they are not living together.
Claimant Commitment	An agreement between the customer and DWP outlining the responsibilities and activities the customer must undertake to receive Universal Credit.
CMG Customer self-service Portal	An online customer account for reporting changes.
Consolatory Payment	Financial redress considered if DWP provided a poor service.
Contracted Health	The team that manages the contracts with Assessment Providers.
Coroner's Focal Point	A single point of entry for Coroner communications with DWP.
Corporate Personal Acting Body	An organisation appointed to act on behalf of the customer.
Customer Account Management System (CAM)	A computer system used by Service Lines.
Customer Information Service	A system that stores basic identifying information, such as name, address and date of birth.

Debt Management	The part of DWP that is responsible for agreeing a payment plan with a customer to collect debt that is owed.
Decision Assurance Call	Call made to customers when a benefit award is being reduced.
Departmental Communications Standards	The process that ensures customers can understand and engage with DWP communications.
District Provision Tool	Provides colleagues access to the full range of services that can help support customers.
Document Repository System	The computer system that held post that was electronically scanned.
Document Retention Policy	Ensures customer documents held on file are relevant, up to date and only kept for as long as there is a business need.
Healthcare Professional	A trained professional who undertakes health assessments on behalf of DWP.
HM Courts and Tribunals Service (HMCTS)	Responsible for administering criminal, civil and family courts and Tribunals in England and Wales.
Holistic and empowered decision making	A process giving colleagues more time to make decisions about claims, find out information, listen to customers and help them understand decisions.
Internal Process Review Group (IPRG)	A group made up of DWP colleagues from all service lines, who review the key findings and agree the activity needed to resolve them.
Journal Message	Used to exchange information and updates between a customer and their work coach or agent regarding a customer's UC account.
Managed Payment to landlord	Payment of rent direct to a landlord when a customer is in arrears with their rent.
Mandatory Reconsideration	The process that allows customers to challenge a decision.
Medical Services Referral System (MSRS)	A system to register and monitor electronic WCA referrals.
Outbound Reconsideration Call	A call to the customer in all cases where, based on the evidence held, DWP will not be awarding the maximum award.
Paying Parent	The parent who doesn't have the child living with them most of the time and is legally obligated to financially support the child.
Personal Budgeting Support	Provides signposting support to customers on UC with managing their budget.
PIP Tier 1	Responsible for the customer journey from making a claim to the award decision.
Pinned Notes	Allows agents to attach important claim notes to customer's overview page.
Quality Assurance Framework	The quality checking process used across the Department to improve service delivery, and target improvements to the quality of service delivered to customers.

Recoverable Hardship Payments	Repayable financial support for a customer who is benefit sanctioned or has a fraud penalty.
Service Planning and Delivery (SPD)	The team responsible for modernising DWP services.
Service Design and Transformation	The team responsible for designing and implementing DWP services.
Severe Disability Premium	An additional amount paid if certain claim criteria were met.
Six-Point Plan	DWPs response to instances where customers make an intent to take their own life or harm themselves.
Support Group	If you're entitled to ESA, you will be placed in the support group if you cannot work now, and you are not expected to prepare for work in the future.
Tell Us Once	A service that lets you report a death to most government organisations in one go.
To-Do	Refers to a specific task or action that a Universal Credit agent is required to complete.
UC Retrospective Verification Team	A team revisiting claims accepted under Covid 19 regulations to apply claim verification standards.
UC Spotlight	Provides the most recent updates and changes to UC policies and guidance.
Vulnerable Customer Champion	Provides Additional Support to customers and colleagues.
Work and Health (W&H)	Area of DWP that administers a range of working age, disability and ill health benefits.
Work Available Report	A report produced daily that lists cases that require action.
Work Capability Assessment (WCA)	The assessment used by ESA and UC to assess a customer's capability to work when they have declared they have a health condition.
Work Programme Provider	An organisation that was contracted on behalf of DWP to support long term unemployed customers into sustained employment.
Work Related Activity Group	If you're entitled to ESA, you will be placed in this group if you cannot work now but can prepare to work in the future.
Work Search Review	Ensures customers are looking for work and what they plan to do for the period leading up to their next review.



Department for Work & Pensions

Published by the Department for Work and Pensions
Date: 29 January 2026
www.gov.uk