



Department
for Work &
Pensions



Advanced Customer Support

Learning and improving from serious cases 2020/21

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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 2020/21

There is no exhaustive list, but they could be commissioned in any case where it was considered that objective scrutiny would be beneficial. Examples are:

Alleged suicide or attempted suicide

Where information is received that a DWP customer has attempted suicide or died by suicide, and it is alleged DWP activity may have contributed to this. In these circumstances, an IPR is mandatory. This is irrespective of whether a complaint has been made, or a suicide is formally confirmed.

Vulnerable customers

IPRs are an ideal way to analyse complaints made by customer that are identified as being vulnerable or customers who have additional needs.

Complex issues

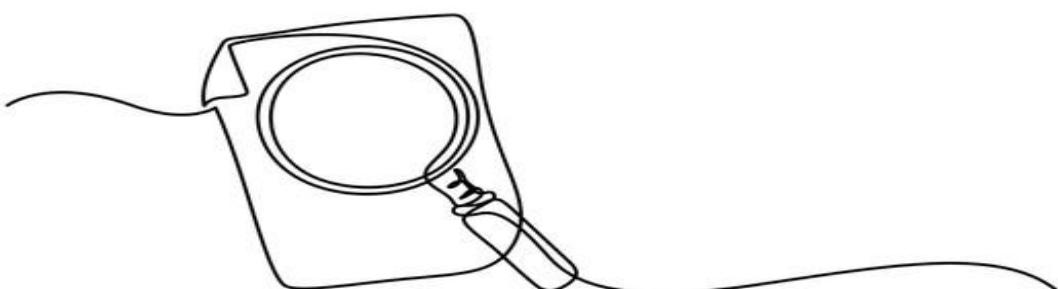
These types of cases may benefit from an IPR. The evidence used to come to a decision can be re-examined to ensure all the issues raised by the customer have been fully addressed.

Unusually persistent or vexatious customers

Customers that have been identified under this category may also benefit from an IPR. It allows an opportunity to quality assure our processes and communications to ensure these have not exacerbated the customer's behaviour.

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, 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](https://www.gov.uk/government/collections/complaints-procedure)

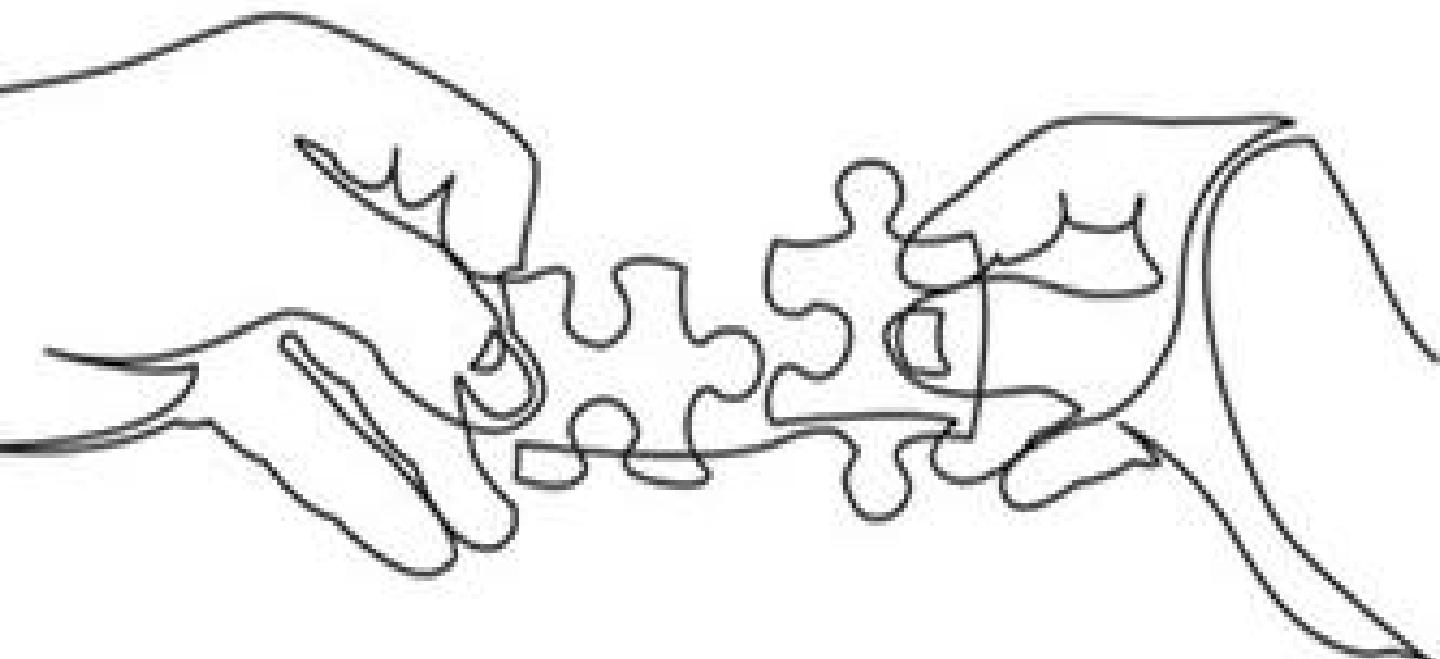


Information being published

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 2020/21.



Data on IPRs completed in 2020/21

Across 2020/21	Number
Total number of IPRs completed ¹	40
Of these, the number that were also subject to external scrutiny (such as SABs, SCRs, DHRs or Coroners) ²	9
IPRs completed by Service Line³	
Personal Independence Payment	26
Employment and Support Allowance	17
Universal Credit	13
Pension Credit	7
Disability Living Allowance	5
State Pension	4
Carer's Allowance	2
Child Maintenance Group	2
Income Support	2
Jobseeker's Allowance	2
Attendance Allowance	1

Notes

1 – IPR data included within this publication relates to IPRs completed in the 2020/21 year.

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

3 – There were 81 primary service lines in relation to the 40 IPRs completed across 2020/21 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 2020/21

Across 2020/21	Number
Number of IPRs completed where learning was identified ¹	38
Number of agreed activities in relation to the learning identified	129
Service lines relating to the agreed activities	Carer's Allowance (CA) Child Maintenance Group (CMG) Complaints Contract Management Partner Delivery (CMPD) Counter Fraud and Compliance (CFCD) Employment and Support Allowance (ESA) Incapacity Benefit (IB) Multiple Service Lines ² Pension Credit (PC) Personal Independence Payment (PIP) State Pension (SP) Universal Credit (UC) Visiting Service

Notes

1 – This differs from the total number of IPRs completed in the 2020/21 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 2020/21	Number ¹
Number of cases in which ESA learning was identified	17
Number of agreed activities in relation to the learning identified	28

Notes

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

Customer 1

Learning identified

Customer requested an interpreter due to language barriers, but no records show this service was offered. Customer was incorrectly advised the mandatory reconsideration request was out of time and arrears of ESA due to customer were not paid.

Agreed activity

- ESA to assure the Internal Process Review Group (IPRG) that telephony agents are sufficiently trained and have the necessary tools to allow them to identify and support customer needs.
- ESA to assure IPRG that Additional Support measures are in place where under/overpayments are identified for customers with complex needs.
- ESA to assure IPRG that policies and procedures to support customers with complex needs, are adequately implemented and complied with across the product line.
- ESA to assure IPRG that there is an understanding and awareness of holistic decision making across the product line.

Learning outcomes

Upskilling was delivered and guidance/instructions reviewed and updated on supporting customers with additional or complex needs, including around large payments. Holistic and empowered decision making was introduced to support quality decision making.

Customer 2

Learning identified

Customer was not referred for a home visit before their claim was closed.

Agreed activity

- ESA to assure IPRG that they will communicate Operational Instructions regarding referrals for home visits, and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Guidance on actions required for customers requiring a home visit were communicated to relevant staff.

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 2020/21	Number
Number of cases in which CMS learning was identified	1
Number of agreed activities in relation to the learning identified	8

Customer 1

Learning identified

Paying Parent's income was recorded incorrectly and errors were made when reviewing their income. Correct process for issuing a clerical letter not followed and a Deduction from Earnings Order incorrectly issued. Paying Parent given inaccurate information on the earnings used to calculate payments. Letters were sent to wrong address and correct address not confirmed. A letter sent to Paying Parent was unclear and lacking in detail.

Agreed activity

- ▶ Child Maintenance Group (CMG) to assure IPRG the quality assurance process in place for income calculations has sufficient rigour to ensure all income types are accurately recorded.
- ▶ Letters sent to customers regarding income figures contained errors. CMG to assure IPRG that there is a rigorous process ensuring these letters contain accurate information for customers.
- ▶ CMG to assure IPRG that when letters to customers are not automatically generated, colleagues follow the correct process for issuing clerical replacements.
- ▶ IPRG to be assured by CMG that colleagues are aware of the criteria for Deduction of Earnings Orders usage.
- ▶ IPRG to be assured by CMG that applications for income variations are acted upon timeously.
- ▶ IPRG to be assured by CMG that post returned undelivered is identified to customers and offered for re-issue once confirmed addresses have been established.
- ▶ CMG to assure IPRG that Operational Instructions are followed to ascertain Paying Parents address when post is returned undelivered.
- ▶ IPRG to be assured by Customer Communications Team that the improvements made to system generated letter CMSL4098 are applied to the clerical version.

Learning outcomes

All agreed activities were completed, instructions and guidance were reviewed and updated with learning products and supportive tools introduced to help colleagues. Quality checks were updated and implemented and system enhancements introduced regarding returned mail. Clerical and system letters have been checked and amended.

Personal Independence Payment learning from serious cases

Personal Independence Payment (PIP) can 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

You can get PIP even if you're working, have savings or are getting most other benefits.

Across 2020/21	Number ¹
Number of cases in which PIP learning was identified	20
Number of agreed activities in relation to the learning identified	34

Notes

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

Customer 1

Learning identified

The PIP health assessment was not of the required standard.

Agreed activity

- PIP Contracted Health to assure IPRG that Assessment Provider reports are robust and meet the agreed quality and to review the standards to ensure appropriateness.

Learning outcomes

The quality of PIP telephone assessments was audited and assured.

Customer 2

Learning identified

There were delays responding to the next of kin.

Agreed activity

- PIP to assure IPRG the process for identifying and locating a next of kin to enable benefit arrears to be paid is sufficient and embedded in the Quality Assurance Framework.

Learning outcomes

The appropriate guidance was reviewed and updated.

Customer 3

Learning identified

The decision was delayed due to high volumes of work.

Agreed activity

- PIP to assure IPRG they will consider establishing timescales for decision making within Operational Instructions.

Learning outcomes

Response times were adversely impacted by Covid and further action was not required.

Customer 4

Learning identified

Wording on the PIP review form was unclear regarding reporting existing conditions, and not all available evidence was used or notes recorded when a decision made.

Agreed activity

- PIP to assure IPRG they will consider the wording of the Award Review 'how your disability affects you' form.
- PIP to assure IPRG that decision makers will use and record all available sources of evidence during the decision-making process.

Learning outcomes

The appropriate form was reviewed, and holistic and empowered decision making was introduced to support quality decision making.

Customer 5

Learning identified

Customer's complaint was not handled correctly. All the available evidence was not considered when a decision made on the claim.

Agreed activity

- IPRG to be assured that PIP telephony agents fully understand signposting protocols for complaints, in order that complaints are resolved by PIP or the Assessment Provider as appropriate.
- PIP to assure IPRG that decision makers are process compliant by considering all available medical evidence to support accurate awards of benefit.

Learning outcomes

Responsibility for resolving complaints about healthcare consultation reports was transferred to Assessment Providers. Holistic and empowered decision making was introduced to support quality decisions.

Customer 6

Learning identified

Customer was not advised to make a new claim when needed and not all available information was used when a decision was made.

Agreed activity

- PIP to assure IPRG they will communicate Operational Instructions for the receipt of changes or deterioration to customers' conditions reported by telephone and these actions are embedded in the quality framework to improve compliance.
- PIP to assure IPRG that holistic and empowered decision making is in place and utilised across initial decision making and Mandatory Reconsideration decisions.

Learning outcomes

Guidance on the correct actions to take when a change is reported was reviewed and assured. Holistic and empowered decision making was introduced to support quality decision making.

Customer 7

Learning identified

The visiting referral for help to complete the PIP claim form was delayed. Customer was not signposted to the Assessment Provider when they raised a complaint with their assessment.

Agreed activity

- PIP to assure IPRG that, where priority tasks are reviewed, appropriate consideration is given to the impact on vulnerable customers.
- PIP to assure IPRG that they will communicate complaints Operational Instructions, that this is embedded in the operational framework to improve compliance.

Learning outcomes

Task prioritisation and guidance for customers requiring Additional Support was improved and complaints were moved to a centralised, single tier process.

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 2020/21	Number ¹
Number of cases in which UC learning was identified	8
Number of agreed activities in relation to the learning identified	22

Notes

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

Customer 1

Learning identified

Case was not referred to a decision maker following WCA and customer was not referred for a WCA after health conditions were declared in their journal. Steps not taken to refer customer for personal budgeting support. Customer not supported after they advised their mental health was declining and Six-Point Plan not followed when suicidal ideations were reported. System records were not updated following customer's death and UC claim not closed correctly after customer died.

Agreed activity

- ▶ UC to assure IPRG that the correct decision-making process is followed when the Assessment Provider's medical report is received, following a WCA.
- ▶ UC to assure IPRG that Work Coaches undertake a holistic Work Search Review when a customer notifies them of mental health conditions, and this is recorded on the UC account.
- ▶ UC to assure IPRG that Work Coaches refer customers for personal budgeting support appropriately when financial difficulties are identified.
- ▶ UC to assure IPRG that the guidance and training available to staff around supporting customers with mental health conditions is extended from the current Six-Point Plan to include, not only threats of suicide or self-harm, but steps that should be considered where a customer is in significant distress.
- ▶ UC to assure IPRG that the Six-Point Plan takes into account threats made by means other than face-to-face or over the phone.
- ▶ UC to assure IPRG that Operational Instructions include information to notify the Customer Information Service when a customer has passed away with an unverified date of death.
- ▶ UC to assure IPRG that Operational Instructions are updated to confirm a UC claim should be closed one month after notification of an unverified date of death.

Learning outcomes

All required activities were completed. Guidance was reviewed and updated where needed and communications cascaded to colleagues on Work Search Reviews and budgeting support. Instructions were improved around death notifications and work completed to improve guidance and visibility of the Six-Point Plan.

Customer 2

Learning identified

There was no requirement for Employment Providers to raise concerns about the customer's welfare to DWP colleagues.

Agreed activity

- UC to assure IPRG that all DWP's contracted partners' customer support action plans are aligned with the Department's and that Six-Point Plans are shared with DWP

Learning outcomes

UC guidance for customers requiring Additional Support with Providers was improved and has been regularly updated.

Customer 3

Learning identified

Sanctions were put on claim without considering customer's circumstances. Advice was not obtained from Assessment Provider in relation to customer's mental health.

Agreed activity

- UC to assure IPRG they will communicate Operational Instructions for vulnerable customers who are referred for reductions in benefit and that quality assurance is embedded to improve compliance.
- UC to assure the IPRG that they will communicate Operational Instructions for customers who declare they have health conditions, and these actions are embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Mandatory checks were introduced to consider vulnerabilities as part of the sanction process and reminders issued on how to support customers with additional needs.

Customer 4

Learning identified

UC case manager was not informed of actions that had been set and failure to take prompt action on the claim caused an overpayment. An incomplete overpayment letter was sent to customer and the impact of overpayment letter on the customer not considered. Letter sent to the customer contained incorrect information.

Agreed activity

- ▶ UC to assure IPRG they will consider amending training and communication methods to address student finance actions. As they are a seasonal/cyclical transaction, this could lead to a skills decay risk.
- ▶ UC to assure IPRG that procedures are changed to make the “Calculate Student Income” to-do a payment blocker to prevent future overpayments.
- ▶ UC to assure IPRG consideration to changing the Overpayment Notification Letters is given to allow an edit function for Case Managers/decision makers to provide clear facts and explanations.
- ▶ UC to assure IPRG where UC overpayments occur, as a result of an official error, consideration is given to the customer’s circumstances and the method of notification.
- ▶ UC to assure IPRG where there are manual changes to UC customer correspondence, they adhere to Departmental communications standards.

Learning outcomes

Revised student income and large payments guidance was issued, system changes were implemented, and reminders issued to prevent overpayments and improve customer letters.

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 2020/21	Service Line and Number
Number of cases in which learning was identified	Carer's Allowance – 1 Complaints – 2 Contract Management Partner Delivery – 9 Counter Fraud and Compliance – 1 Incapacity Benefit – 1 Multiple Service Lines – 9 Pension Credit – 2 State Pension – 1 Visiting Service – 3
Number of agreed activities in relation to the learning identified	Carer's Allowance – 1 Complaints – 2 Contract Management Partner Delivery – 9 Counter Fraud and Compliance – 1 Incapacity Benefit – 1 Multiple Service Lines – 10 Pension Credit – 8 State Pension – 1 Visiting Service – 4

Customer 1

Learning identified

Customer had a dual claim for ESA and UC and only needed one WCA completing not two. Healthcare Professional completed a paper-based decision without GP advice. Consideration not given to medical information provided to another service line. Outbound Reconsideration Call not made to gather additional information from customer. Customer not advised they could make new PIP claim if there was a new medical condition.

Agreed activity

- ▶ New Style ESA and UC to assure IPRG that where WCA dual claim decisions are required, they are applied to each claim in tandem to minimise the impact on the customer.
- ▶ ESA Contracted Health to assure IPRG they will explore potential improvements to the existing ESA113 timescales. These documents contribute to decision making and are of significant importance.
- ▶ ESA and PIP to assure IPRG they will share information relating to health conditions to improve the customer journeys.
- ▶ PIP to assure IPRG that Outbound Reconsideration Calls are conducted in line with operational guidance to gather further evidence from the customer where there is a Mandatory Reconsideration.
- ▶ PIP to assure IPRG that telephony agents are aware that when a customer notifies of a change in their health condition, they are advised to make a new claim.

Learning outcomes

All activities were completed; reminders issued on the dual claim and condition deterioration processes and Operational Instructions updated to remove ambiguity for outbound calls. Holistic and empowered decision making was introduced to support quality decision making and work taken forward on the return of forms by GPs.

Customer 2

Learning identified

Consideration not given to Additional Support needs. The Visiting Officer was unable to register customer's PIP claim because the system was unavailable. Healthcare Professional did not consider making a paper-based scrutiny decision. Visiting Officer did not take further action after noting concerns about customer's mental health.

Agreed activity

- ESA to assure IPRG that, where there is an extensive gap or delay between WCA periods, to consider Additional Support to establish any changes in customers' circumstances and/or medical conditions.
- Retirement Services (RS) to assure IPRG that Visiting Officers carry clerical forms on all visits to mitigate the risk of system unavailability.
- ESA Contracted Health to assure IPRG that, where an assessment is suspended by the Healthcare Professional due to the customer's behaviours and/or medical condition, Independent Assessment Services to consider a 'paper-based scrutiny decision' before contacting the customer for a further assessment.
- Customer Experience to assure IPRG that Customer Support Leaders identify local arrangements to refer vulnerable customers to the Local Authority and ensure these are visible.

Learning outcomes

Process improvements were made to identify customers with Additional Support needs and reminders issued on the support available. Processes were put in place to mitigate system issues during visits.

Further investigation established a paper-based scrutiny decision was not appropriate in this case.

Customer 3

Learning identified

Customer not correctly signposted to SP when claim ended. A claim form completed during a visit did not reach appropriate team. Customer's complex needs were not shared with another service line. Required checks not made on customer's claim to identify outstanding tasks.

Agreed activity

- ▶ ESA, JSA and UC to assure IPRG the wording on letters about approaching SP age contain adequate signposting to the RS claim process.
- ▶ RS to assure IPRG that the process for handing over documents between DWP Visiting and the relevant business areas are investigated to see if improvements could be made.
- ▶ ESA to assure IPRG that learning will be shared when customers transition between product lines.
- ▶ RS to assure IPRG that all existing checks tasked to team leaders are undertaken timeously and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

The agreed activities were completed. Processes to support those reaching state pension age to share information across service lines were implemented. Controls on undertaking checks were improved and Visiting guidance reviewed and updated.

Customer 4

Learning identified

No action taken when a third party notified UC of a potentially fraudulent claim. Six-Point Plan did not offer instructions to colleagues where the threat of suicide relates to a member of the household. ID verification systems put in place during Covid needed reviewing to protect victims of fraud. District Provision Tool not sufficiently promoted as a source to support customers.

Agreed activity

- ▶ UC to assure IPRG they will review work with trusted partners to support early identification of potential ID hijacked claims.
- ▶ UC and IS to assure IPRG that they will consider a new tactical approach to enable colleagues to be more responsive in reacting to threats of self-harm from our customers.
- ▶ UC to assure IPRG a review of systems access to be taken to improve timescales for clearance of work when customers are victims of fraud.
- ▶ National Employer and Partnership Team to assure IPRG a review of the District Provision Tool will be made to ensure it is sufficient to support all customers.

Learning outcomes

Guidance and processes were updated to help identify and protect victims of potential fraud and to support colleagues. A revised District Provision Tool was issued with supporting guidance. The Six-Point Plan has been subject to regular review and updates.

Customer 5

Learning identified

PIP referred next of kin to HMCTS instead of checking to see if an appeal notification had been received. Debt Management not notified there was no overpayment after a successful appeal. PIP arrears were delayed after an appeal was received from HMCTS.

Agreed activity

- PIP to assure IPRG that Operational Instructions for HM Courts and Tribunals Service (HMCTS) appeal notifications are communicated to telephony colleagues, to support correct signposting for customers.
- ESA to assure IPRG that they will explore if there is a recurrent problem with revised overpayment information not being passed to Debt Management when revisions have been made and identify if upskilling is required.
- PIP to assure IPRG that they will explore opportunities to implement appeal decisions timeously and reduce manual processing errors.

Learning outcomes

Improvements were made to the appeal process and Operational Instructions were updated with awareness sessions held on supporting vulnerable customers with overpayments.

Customer 6

Learning identified

Outbound Reconsideration Call not conducted to gather further evidence. Assessment Provider did not obtain further evidence before making an assessment. A reassessment of customer's claim not carried out. Customer did not understand what evidence was required to support their claim and an Additional Support marker was not set on PIP system.

Agreed activity

- ▶ PIP to assure IPRG that they will communicate the Mandatory Reconsideration Outbound Reconsideration Call Operational Instructions and this action is embedded in the Quality Assurance Framework to improve compliance.
- ▶ PIP contracted health to assure IPRG that the Assessment Provider's assessments are robust and will obtain further evidence from third parties where they are listed on the PIP2.
- ▶ ESA to assure IPRG that where an extensive gap is identified between WCA periods (i.e. 7 years) enquiries must be made to establish any change in circumstances or medical condition before disallowance decisions are made.
- ▶ PIP to assure IPRG that they will consider the wording of the PIP2 form to ensure that it clearly details the information required. The form should be more explicit, particularly in reassessment cases, as to the nature of evidence that is required.
- ▶ PIP to assure IPRG that they will communicate the Additional Support marker Operational Instructions, and this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

The agreed activities were all completed with a review of the PIP form undertaken and Operational Instructions updated and shared regarding outbound calls and the recording of Additional Support markers. Assessment Provider guidance was updated on obtaining additional information and a new quality assurance approach introduced on the health journey.

Customer 7

Learning identified

PIP health assessment was not of the required standard. Appropriate action not taken after the customer declared their health had declined.

Agreed activity

- ▶ PIP Contracted Health to assure IPRG that Assessment Provider reports are robust and meet the agreed quality and to review the standards to ensure appropriateness.
- ▶ 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.

Learning outcomes

The quality of PIP telephone assessments was audited and assured, and reminders issued on actions to take when a customer reports a change.

Customer 8

Learning identified

After customer won an appeal, arrears due were not paid on time and the customer was referred for a WCA in error after the successful appeal. Customer was not referred for a WCA after they declared a health condition.

Agreed activity

- ▶ ESA to assure IPRG that when appeals decisions are notified by HMCTS, that prompt action is taken to award arrears payments and avoid delays.
- ▶ ESA to assure IPRG that there is a robust process to identify receipt of HMCTS appeal decisions and to withdraw outstanding WCAs if necessary.
- ▶ UC to assure IPRG that they will communicate Operational Instructions for customers who declare they have health conditions, and these actions are embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Instructions were updated and a dedicated team established to process appeal outcomes and payments. Relevant colleagues were reminded of the process to follow when a customer declares a health condition

Customer 9

Learning identified

A Habitual Residency Test decision was incorrect. Customer's complex needs were not fully considered. Healthcare Provider not informed customer's claim had been closed. There were delays in deciding customer's PIP claim.

Agreed activity

- ▶ Work and Health Decision Making to assure IPRG they will explore if refresher training for Habitual Residency Test decision makers is appropriate.
- ▶ PIP, ESA and UC to assure IPRG that existing case prioritisation and escalation routes for customers with complex needs are considered and are fit for purpose.
- ▶ UC to assure IPRG that Operational Instructions regarding the WCA referral process are reinforced and this action is embedded in the Quality Assurance Framework to improve compliance.
- ▶ PIP to assure IPRG they will consider establishing timescales for decision making within Operational Instructions.

Learning outcomes

Advice, support and learning was improved for Habitual Residency Test decisions, roles to support vulnerable customers were introduced and the WCA referral process improved.

It was identified that claim times were impacted by Covid and no further action was required.

Customer 10

Learning identified

Correct process not followed when a WCA case file was returned following non-attendance and correct action was not taken when customer did not attend the WCA. Additional evidence not requested to establish if customer was in full-time education.

Agreed activity

- ▶ UC to assure IPRG that when customers' supporting case files are returned on MSRS System, Case Managers clear the outstanding action and raise a to-do on the UC System.
- ▶ UC to assure IPRG they will communicate Operational Instructions relating to to-do actions and that these are embedded in the operational framework to improve compliance.
- ▶ CA to assure IPRG correct actions are undertaken to verify full-time education courses end dates before determining a new claim.

Learning outcomes

A robust process is in place supported by guidance and specialist roles to manage the referral process for customers on the health journey and CA guidance was updated to include instructions on obtaining details of courses.

Customer 11

Learning identified

PIP Mandatory Reconsideration decision was delayed and an arrears payment incorrectly made to customer instead of next of kin. There were delays to customer's WCA journey due to administrative errors and Severe Disability Premium arrears due to customer were not automatically paid. PIP health assessment was not of required standard. HMCTS were not notified that customer had died.

Agreed activity

- PIP to assure IPRG that when planning staff training, consideration is given to the negative impact on task clearance timescales.
- PIP to assure IPRG that following a customer's death, correct procedures are followed to ensure any arrears owed to an estate are paid to the next of kin, not the deceased customer.
- ESA to assure IPRG that sufficient measures are in place to reduce WCA referral rejection rates caused by administrative errors.
- ESA to assure IPRG that Work Available Reports are promptly actioned, particularly where there may be an entitlement to the Severe Disability Premium.
- PIP Contracted Health to assure IPRG that quality assurance checks for assessment reports are sufficiently robust to meet the needs of PIP decision makers.
- PIP and Working Age to assure IPRG that Work Available Reports are generated after a change in circumstances following a customer's death.

Learning outcomes

All the agreed activities were completed, workloads are monitored to balance resource against demand, reminders issued to colleagues on the correct process for issuing arrears to the next of kin and to improve accuracy in the WCA referral process. Operational Instructions and checking processes strengthened to reduce payment errors, including when a customer dies. Assessment Provider reports have been audited with quality checks providing assurance.

Customer 12

Learning identified

Assessment Provider sent further appointment letters after a home consultation was requested. Six-Point Plan was not invoked when customer stated they had suicidal ideations.

Agreed activity

- ▶ PIP Contracted Health to assure IPRG they will explore if the Assessment Provider booking processes can be revised, to not issue clinic appointment letters where it is known that a customer is in the process of obtaining further evidence to support a home consultation.
- ▶ PIP to assure IPRG that the Six-Point Plan Operational Instructions are communicated to telephony colleagues, that this is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Assessment Providers have implemented the necessary changes to their booking procedures and the guidance for supporting those at risk of suicide and self-harm was relaunched.

Customer 13

Learning identified

IB LEAP Exercise checks were incorrectly carried out. Requests for a call back were not actioned.

Agreed activity

- ▶ W&H Decision Making to assure IPRG that cases selected for the IB LEAP Exercise are subject to full pre-case checks.
- ▶ W&H Decision Making to assure IPRG that customer call-backs are made in line with service level agreements.

Learning outcomes

The LEAP exercise was finished before agreed activities could be completed.

Customer callback timescales were reviewed and guidance updated.

Customer 14

Learning identified

Consideration was not given to sending a Visiting Officer to deliver an overpayment letter. Evidence provided was not reviewed. An overpayment letter incorrectly issued to the customer. A complaint response contained errors and did not fully investigate the issues.

Agreed activity

- ▶ IPRG to be assured by RS they will communicate Operational Instructions for the referral of high value overpayment notifications to DWP Visiting and these actions are 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 case controls and this action is embedded in the Quality Assurance Framework to improve compliance.
- ▶ IPRG to be assured by RS they will consider introducing quality checks on high value overpayments before notification is issued to the customer.
- ▶ IPRG to be assured by the DWP Complaints Team that quality assurance processes have sufficient rigour to ensure that factual inaccuracies are identified before responses are issued.

Learning outcomes

Guidance on notifying vulnerable customers of overpayments (including using home visits) was communicated and awareness raised on the clearance of case controls. Both were supported by quality checks. Complaints were moved to a centralised single tier process to improve quality standards.

Customer 15

Learning identified

Customer was not notified their payments had been suspended and a mental health indicator was not set on the MSRS system. An Additional Support marker was not set on the PIP system.

Agreed activity

- ESA and PIP to assure IPRG that they will communicate Core Visit Operational Instructions, that this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG that they will communicate Mental Health Flag Operational Instructions, that this action is embedded in the Quality Assurance Framework to improve compliance.
- PIP to assure IPRG that they will communicate Additional Support marker Operational Instructions, that this action is embedded in the Quality Assurance Framework to improve compliance.

Learning outcomes

Guidance for stopping payments was improved and shared, with home visits incorporated when needed. Additionally, changes to improve the recording of additional customer needs were implemented and included in the quality assurance process.

Customer 16

Learning identified

Accurate notes were not recorded following a call about customer's claim and the PIP claim was closed without checking to see if customer required Additional Support. Concerns not escalated to Assessment Provider to consider an urgent assessment review. Six-Point Plan not followed when required. Prompt action not taken when notified customer had died.

Agreed activity

- ▶ PIP to explore activities to improve the accuracy and quality of system notes made by agents, following telephone calls with customers and their representatives.
- ▶ PIP to explore the introduction of an additional check where existing DLA customers fall out of the PIP reassessment process due to non-return of a PIP claim form.
- ▶ Explore opportunities for a fast-track link into Assessment Providers to make enquiries on behalf of vulnerable customers.
- ▶ The guidance and training available to staff around supporting customers with mental health conditions is extended from the current Six-Point Plan to include, not only threats of suicide or self-harm, but steps that should be considered where a customer is in significant distress.
- ▶ PIP and IS to ensure that the correct process is promptly followed on receipt of information that a customer has died.

Learning outcomes

Communications were issued on the importance of recording accurate customer information and processes updated relating to claim closures. Closer working was introduced between PIP and Assessment Providers, the Six-Point Plan guidance was relaunched to staff and a dedicated bereavement team introduced.

Customer 17

Learning identified

Wording on PIP review form was unclear regarding reporting existing conditions. Customer raised concerns about wording of an overpayment letter they received. Two service lines were engaging with customer at same time, without awareness of the other's actions. The ESA system does not have an Additional Support marker function.

Agreed activity

- ▶ PIP to assure IPRG they will consider changes to the wording of the AR1 form to ensure that it clearly requests details of all health conditions.
- ▶ CFCD to assure IPRG they will work with Customer Communications to consider the impact of language used in Debt Management letters and the potential interpretation made by customers.
- ▶ ESA and PIP to assure IPRG they will identify ways of sharing information to minimise the impact of concurrent actions on customers, including those with mental health conditions.
- ▶ ESA to assure IPRG they will consider how colleagues can be alerted to customers with complex needs, such as the use of a support marker on the ESA system.

Learning outcomes

The agreed activities were completed with improvements made to debt notification letters and the relevant PIP form reviewed. Process was implemented to improve the sharing of information between service lines and training delivered on identifying and recording Additional Support needs through system notes, both supported by quality checks.

Customer 18

Learning identified

Next of kin were given inaccurate information following customer's death and correct steps to take when a customer dies abroad were not followed. Claim form completed during a visit was not received by appropriate team. Callback was not offered when language translation service unavailable and delays arranging a new visit when customers claim papers could not be found. Next of kin were not given appropriate advice following the customer's death.

Agreed activity

- IPRG to be assured by Policy and Service Planning and Delivery that consideration will be given to review the ambiguity of the Operational Instructions and policy in the following areas:- Successful Habitual Residence Test decision - Acceptance of the PC claim and the failure to allocate a National Insurance Number (NINO) due to death
- Policy and Service Planning and Delivery to assure IPRG that consideration will be given to review Operational Instructions in relation to making payments where there is an underlying entitlement to PC, but a NINO has yet to be allocated.
- RS to assure IPRG that the process for handing over documents between DWP Visiting and the relevant business areas are investigated to see if improvements could be made.
- RS to assure IPRG that difficulty contacting Big Word translation service is not a broader issue.
- IPRG to be assured that RS act promptly when lost documentation is identified by customer calls.
- RS to assure IPRG that staff are aware that if a claimant dies abroad without a UK NINO, evidence verification of the death is required.

Learning outcomes

Consideration was given to Operational Instructions relating to foreign nationals and the allocation of NINOs. Visiting instructions were updated and dedicated contacts established for directing clerical forms. Assurance was given that issues contacting translation services had been resolved and reminders issued about obtaining a death certificate if a person dies abroad.

Customer 19

Learning identified

Severe Disability Premium due was not paid to the customer and their complex needs not considered when making a large payment. Customer's claim was suspended without checks being made.

Agreed activity

- ESA to assure IPRG they will communicate Operational Instructions regarding the Severe Disability Premium, and this action is embedded in the Quality Assurance Framework to improve compliance.
- ESA to assure IPRG they will communicate Operational Instructions regarding the use of Reg.34 of the Claims and Payments Regulations (Split Payments) and this action is embedded in the Quality Assurance Framework to improve compliance.
- IPRG to be assured by ESA and PIP that additional measures are introduced, such as a call or Visiting Officer referral, before suspending payments for vulnerable customers where payments have been returned by the bank and customers do not respond to official correspondence.

Learning outcomes

Operational Instructions were revised and strengthened regarding payments of Severe Disability Premium, the issuing of large payments and the suspension of claims. All supported by the quality assurance process.

Customer 20

Learning identified

Decision Assurance Call not made when customer's benefit entitlement changed. A compliance interview not arranged to confirm the customer's living arrangements and colleagues were unable to identify customer required Additional Support. A complaint response was poorly written and contained errors.

Agreed activity

- ▶ ESA to assure IPRG that they will explore the potential for Additional Support measures, such as a telephone call, for customers with complex needs where entitlement to the Severe Disability Premium ends.
- ▶ ESA to assure IPRG that they will communicate 'living together' Operational Instructions to telephony agents and maintenance teams, that this is embedded in the Quality Assurance Framework to improve compliance.
- ▶ ESA to assure IPRG that they will explore how colleagues can be better alerted to customers with complex needs, such as the use of a support marker on the ESA system.
- ▶ DWP Complaints team to assure IPRG that the new quality assurance processes have sufficient rigour to ensure that responses are comprehensive and factually accurate.

Learning outcomes

The agreed activities were all completed with Operational Instructions and quality checks improved to identify vulnerable customers and the actions to take to establish living arrangements. Improvements were made to the recording of additional customer needs and changes made to complaints quality standards.

Customer 21

Learning identified

Action not taken to close customer's claim after it was withdrawn and delays in processing customer's ESA claim. MSRS was not updated to add mental health indicator. Wording on PIP review form was unclear regarding reporting existing conditions.

Agreed activity

- ▶ ESA to assure IPRG that withdrawn claims are closed timeously
- ▶ ESA to assure IPRG that claims are processed timeously and where appropriate, the ESA assessment rate payment actioned, to reduce delays in payment.
- ▶ IPRG to be assured by ESA that the mental health indicator on MSRS is used when making referrals for customers with mental health conditions.
- ▶ The wording on the AR1 'Award Review – How your disability affects you' form is not explicit when asking for details of health conditions. PIP to consider changes to the wording of the AR1 form to ensure that it clearly details the information required.

Learning outcomes

Appropriate action was undertaken to improve claim processing times and actioning changes. Use of the mental health indicator on MSRS was embedded into the process and incorporated into quality checks and the relevant review form was redesigned to better support customers.

Customer 22

Learning identified

Required action was not taken, delaying a claim form being issued. PIP health assessment was not of the required standard.

Agreed activity

- PIP to assure IPRG that Operational Instructions for New Claims Discrepancy Tasks (Identification) are amended to include timescales to improve task clearance and reduce delay.
- Inconsistent exploration of health conditions has been identified within Contracted Health assessments.

Learning outcomes

Guidance on obtaining further evidence from a customer was improved and the quality of PIP assessments was audited and assured.

Customer 23

Learning identified

PIP health assessment was not of required standard. All available evidence not considered when decision was made. Customer was not signposted to another benefit when their claim ended.

Agreed activity

- IPRG to be assured by PIP Contracted Health that Assessment Provider reports are robust and meet the agreed standards.
- IPRG to be assured by PIP that Holistic and Empowered decision making is fully embedded within the decision-making culture and that decision makers are utilising all the evidence available to them.
- IPRG to explore whether sufficient signposting to working age benefits is in place for legacy benefit customers at the end of their claim.

Learning outcomes

Assessment provider reports were subject to audit, and a substantial assurance given. Holistic and empowered decision making was embedded to ensure decisions are customer focussed, and events were held on supporting customers approaching the end of their claim.

Customer 24

Learning identified

Telephony agent did not sufficiently explore customer's reasons for calling and the customer was not contacted for an update on their health when a decision was made on their claim. Customer's complaint not responded to correctly. PIP health assessment not of required standard. Correct action not taken to pay Severe Disability Premium.

Agreed activity

- IPRG to be assured that PIP call handlers sufficiently explore the reasons for a customer call in order to identify whether the call is a request for a Mandatory Reconsideration or a change of circumstances.
- To support an accurate and holistic decision, PIP to assure IPRG that where a significant period has passed since an assessment consultation, PIP decision makers review the customer's current circumstances, using all means available.
- IPRG to be assured that PIP colleagues recognise what constitutes a customer complaint and to respond to customers accordingly.
- IPRG to be assured that PIP medical assessments fully explore customer's medical conditions and meet the quality standards to support an accurate PIP award.
- ESA to assure IPRG that notifications of potential Severe Disability Premium entitlement are actioned timeously.

Learning outcomes

The agreed activities were completed; guidance confirms the correct actions to take to determine if the customer is reporting a change and holistic and empowered decision making introduced to improve quality standards. Awareness of the complaints process was strengthened, and assessment provider report quality was improved and subject to audit. Recovery plans were implemented to improve the payment of Severe Disability Premium on benefit awards.

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](#)

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

Additional Support marker	Applied to PIP cases where evidence or the customer indicates they need additional support.
Assessment Provider	An organisation contracted on behalf of DWP to conduct health assessments for customers.
Award Review (AR1) form	Form to review the PIP awarded based on how health condition/disability affects customer now.
Case Control	A reminder set on a case, which sends a prompt to an agent when the date set is reached.
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.
Contracted Health	The team that manages the contracts with Assessment Providers.
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.
Deduction from Earnings Order	A voluntary or enforced method used by Child Maintenance Services (CMS) to collect child maintenance payments directly from the paying parent's wages.
Departmental Communications Standards	The process that ensures customers can understand and engage with our communications.
District Provision Tool	Provides colleagues access to the full range of provision and support delivered by DWP.
Employment Provider	An organisation that assists customers in finding and maintaining employment through programmes and services provided by DWP.
ESA113	A form Healthcare Professionals fill in if DWP asks for information.
Habitual Residence	The place where a person has their regular, permanent home.
Healthcare Professional	A trained professional who undertakes health assessments on behalf of DWP.
HM Courts and Tribunal 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.
Legal Entitlements and Administrative Practices (LEAP)	An exercise to check and correct certain customer cases.
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.
National Employer and Partnership Team	Work with national employers, trade bodies and partners to provide support to customers on working age benefits.
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.
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 our customers.
Service Planning and Delivery	The team responsible for modernising DWP services.
Severe Disability Premium	Was awarded if certain claim criteria were met.
Six-Point Plan	DWP's response to instances where customers make an intent to take their own life or harm themselves.
To-Do	Refers to a specific task or action that a Universal Credit agent is required to complete.
Trusted Partners	The assessment used by Employment Support Allowance and Universal Credit to assess a customer's capability to work when they have declared they have a health condition.
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 Employment Support Allowance and Universal Credit to assess a customer's capability to work when they have declared they have a health condition.
Work Search Review	Ensures customers are looking for work and what they plan to do for the period leading up to their next review.



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