



Northern Ireland

Public Services
Ombudsman

EVIDENCE

OWN INITIATIVE

FOLLOW UP

PIP and the Value of Further Evidence

A **FOLLOW UP** report on the progress of Personal Independence Payment recommendations by the Northern Ireland Public Services Ombudsman

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Contents

Foreword	4
Introduction	6
Engagement on the Recommendations and Monitoring of Progress	8
Overview of Progress	11
Conclusion	19
Summary of Recommendations and Assessment of Progress	20

Foreword



Within the delivery of Personal Independence Payment, it is essential to place a focus on getting the decision right first time in order that individuals who are entitled to receive this support, do so at the earliest opportunity. The gathering and use of further evidence within the process is of critical importance to that focus and requires continued attention.

My 'own initiative' investigation, the findings of which were published in June 2021, identified systemic maladministration in the actions of the Department for Communities and the Assessment Provider Capita. I made 33 recommendations for improvement which centred on how further evidence is handled in the process.

My Office has had ongoing valuable engagement with the Department, including the provision of evidence to support implementation of the recommendations or where alternative actions are being explored. This has been effective not only to test and demonstrate progress but also to highlight where potential barriers to progress exist, and the learning this provides for future delivery.

I welcome the improved messaging overall to claimants about how further evidence is gathered and used, however at the core there remains a lack of transparency for claimants as to whether their health professionals are likely to be, or have been, contacted during the process.

I am pleased that the Department has acted to encourage, through further training and guidance, Case Managers to be empowered to test the evidence (including Disability Assessors' advice), seek further evidence where required and improve the quality of explanation given in decision letters.

Foreword

I am however of the view that a continued lack of record keeping at Initial Review and Assessment stages explaining if a claimant's health professional, or carer, has not been contacted and why, inhibits the scrutiny by Case Managers in their decision making. A lack of recording rationale also impacts on the assurance processes around this key issue.

I remain concerned about the impact of automated statements which continue to make decision letters difficult to read and understand. I welcome that steps are however being taken to include additional information in claimant letters and I look forward to seeing what further improvements are delivered.

I welcome that the Department and Capita have improved the communication about, and the process for, investigating complaints about further evidence. I am hopeful this will not only remedy any failings in individual complaints but also provide for wider learning and improve confidence that claimants' concerns are taken seriously. I also acknowledge the efforts to improve the data collated about the role of further evidence and how it can be better gathered or used at the outset, however I consider this area requires further focus.

Overall, I welcome the considerable action taken by the Department to implement my recommendations, however further work is required to progress implementation and deliver the improvements needed. My Office will continue to engage with the Department and other stakeholders to monitor progress and impact.



Margaret Kelly
Northern Ireland Public Services Ombudsman

May 2023

Foreword

Introduction

In June 2021, I published my **investigation report** into the administration of Personal Independence Payment (PIP) in Northern Ireland. PIP is a non means tested benefit for people, between 16 and State Pension age, to provide help toward some of the extra costs arising from having a long-term health condition or disability.

The Department for Communities (the Department) is responsible for administering and making decisions regarding a claimant's entitlement to PIP. An external Assessment Provider, Capita, is contracted to provide the Department with advice on the impact of a claimant's disability or health condition on daily living and mobility activities.

My investigation into the administration of PIP was the first to be launched using my 'own initiative' powers¹. These powers provide the opportunity for my Office to examine areas of public services where I have a reasonable suspicion of systemic maladministration², and where I consider an investigation has the potential to make improvements.

I took the decision to investigate following an increase in complaints to my Office and having observed significant concerns raised in the public domain. This included a high rate of decisions overturned at Tribunal³, and reports of claimants experiencing adverse impact due to earlier failures in the claim process. My Office was also very conscious of vulnerable claimants who may feel unable to complain or proceed to Appeal.

1 Using powers set out in Section 8 of the Public Services Ombudsman Act (Northern Ireland) 2016.

2 Maladministration is not defined in the legislation but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

3 At the time of launching my investigation in June 2019, the success rate for appeals was at 60% and rising. AQW 13505/17-22 – February 2021. Available at: [AIMS Portal \(niassembly.gov.uk\)](https://www.niassembly.gov.uk/aims-portal/)

4 Further evidence in the administration of PIP is additional evidence to that which is gathered through a consultation conducted by a Disability Assessor with the claimant (face to face, telephone). It is evidence relevant to determining the functional impact of the claimant's condition or disability and can include medical or non-medical evidence. Sources of further evidence can include reports from, or information provided by professionals involved in the claimant's care. It may also include statements from carers or family members.

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Foreword

I chose to focus my investigation on the availability and application of 'further evidence'⁴. As with all areas of public administration that involves complex decision making, the collection and application of good quality evidence is critical to the accuracy, fairness and transparency of outcomes. The gathering and use of 'further evidence' in the PIP claim process was identified as a significant and reoccurring issue of concern. The investigative powers available to my Office allowed for a systematic and in depth analysis of the policies and processes in place, and by examining a large sample of cases throughout various stages of the claim process, it was also able to comprehensively assess how it operated in practice.

Introduction

Engagement & Monitoring

Overview of Progress

Having tested the actions of the Department and Capita against the [Principles of Good Administration](#), I found evidence of systemic maladministration and a fundamental need to improve how further evidence is obtained and applied in the claim process.

Conclusion

The response following publication of my report was encouraging, further demonstrating not only the need for change in the administration of PIP⁵ but also an enthusiasm and commitment for change to be delivered⁶. As the first of the public services ombudsmen in the United Kingdom to acquire 'own initiative' powers, commentary also extended to the effectiveness of my investigation in not only diagnosing the systemic problems, but also providing detailed recommendations to help resolve them⁷.

Summary

The purpose of this report is to outline my assessment of the progress of the 33 recommendations I made to the Department to help drive improvement in the delivery of PIP.

5 My Office was contacted by many individuals following publication of the report, who reflecting on their own experiences of the PIP process, expressed support for the findings and recommendations. Advice Sector agencies, with considerable experience in this area, also issued statements in support including but not limited to: the [Law Centre Northern Ireland](#); [Advice NI](#) and [Disability Action Northern Ireland](#).

6 The then [Communities Minister, Deirdre Hargey committed to further improvements in PIP delivery](#) including discussion on how the recommendations could be taken forward. It was also raised (as an issue of significant public interest directly affecting the people of Northern Ireland) in [NI Assembly, Matters of the Day](#). A member from each of the parties spoke on the issue, welcoming the findings and recommendations of the report.

7 Robert Thomas (2021), 'Analysing systemic administrative justice failures: explanatory factors and prospects for future research', Journal of Social Welfare and Family Law. Commentary also published on the [UK Administrative Justice Institute](#).

Engagement on the Recommendations and Monitoring of Progress

Systemic improvement in public administration is an ongoing process. I am strongly of the view that the role undertaken by my Office to monitor implementation and evaluate the impact of 'own initiative' recommendations is a key part of that process. It is important to acknowledge at the outset, that the Department have taken a positive approach to engaging with my Office on implementing the recommendations and expressed a clear commitment to deliver improvements.

Following provision of the Department's initial action plan, as requested 6 months after the conclusion of my investigation, my Investigators and Department Officials met on a regular basis to discuss the action taken, and work streams planned. This was further supported by the Department sharing written updates, including evidence of implementation and details of alternative options explored where difficulties in implementing were reported. This engagement also provided the opportunity for my Office to provide early feedback and at times challenge where the action taken had not adequately addressed the issue of concern or where progress was slow.

It became apparent early on in this process, that whilst some of the recommendations could be implemented relatively quickly, full implementation or decision making on others would involve a considerable period of time. This was despite some of these recommended changes being relatively basic, such as updates to letters or adding written records of rationale about making further evidence requests.

To some extent such challenges are expected given the nature of delivering systemic change in a complex and high volume⁸ area of public administration, however additional presenting factors included:

- budget uncertainty⁹ creating financial planning challenges for Departmental Officials;
- the Department's reliance on the Department for Work and Pensions (DWP) to agree, and/or schedule within its work programme, changes to the PIP computer system (PIPICS). The PIPICS is the system used by the Department but owned by the DWP.

Foreword

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Foreword

It is noted however by the DWP agreeing to implement several of the recommended changes nationally, these changes will result in negligible cost to the Department, yet have wider reach;

- recommended changes to processes and practice within the domain of the existing external provider, Capita, resulted for the most part, in additional projected costs to be incurred by the Department; and
- projected repeat costs to implement changes during future contract periods¹⁰, and in the planned integrated IT solution for Health Assessment Services¹¹.

Introduction

Engagement & Monitoring

Overview of Progress

I acknowledge the considerable work undertaken by the Department to pursue implementation and recognise the financial constraints and system challenges involved. It is correct that I should take account of such factors however it is crucial in my role as Ombudsman, when independently and impartially assessing the progress, to remain conscious at the forefront about the daily impact of the delivery (and any continued shortcomings) on those who need it.

Conclusion

To help inform my assessment of progress the Department provided my Office in July 2022 with a further, and very detailed, written update of its action plan and decision making. The Department set out that it had accepted 16 of the recommendations, partially accepted 13 and accepted the merit of the 4 remaining recommendations in principle. In respect of those partially accepted, the Department advised that the decision making on some elements¹² was impacted by affordability and/or value for money implications. The Department advised those accepted in principle were impacted by contractual arrangements and potential repeat costs but would be kept under review with a view to future implementation.

Summary

8 36,880 PIP claims (new and reassessments) registered between November 2021 to November 2022.

Taken from Personal Independence Payment Statistics Supplementary Table, Department for Communities, Northern Ireland Statistics and Research Agency, published February 2023. Available from: www.communities-ni.gov.uk/publications/personal-independence-payment-statistics-november-2022

9 In the absence of a Northern Ireland Executive and Northern Ireland Assembly, [spending plans for Departments for the financial year 2022/23](#) were not set until the Executive Budget was announced in November 2022 by the Secretary of State. The 2023/24 budget was again set by the Secretary of State. The [Department of Finance](#) has outlined the resulting significant pressures faced by individual Departments.

10 The Department have advised that the existing contract with Capita for Assessment Services, including IT, has been extended for 7 months to March 2024 due to delays in national procurement.

11 The DWP are building an IT system which will replace Provider IT and deliver a new [integrated Health Assessment Service](#). The Department advised this IT solution will be gradually rolled out in 2025 with full roll out in August 2028, and explained it is working with DWP to ensure the future IT system includes any Northern Ireland differences.

12 The Department reported that out of 111 elements within the recommendations accepted in part, 88 were progressed or implemented.

Foreword

To further inform my assessment I had also requested all supporting evidence of implementation, or of action taken to pursue implementation. Evidence was provided periodically throughout the engagement process and up to September 2022.

This included:

- copies of updated and new policies, and staff instructions;
- requests made to DWP in respect of PIPCS changes and wider communications, including details of clerical interim solutions in place;
- new training material for Case Managers and feedback;
- Department review of Capita training and guidance;
- details of proposals put forward by Capita to implement practice and process changes, including costings; and
- a small sample of call transcripts, assessment reports, decision letters and audits.

The Department also advised it would continue to update my Office and provide further supporting evidence as implementation progresses. The process of sharing a draft of my follow up report with the Department in March 2023 provided a further opportunity for my Office to reinforce where concerns remain, and why. The Department included within its response in April 2023 if it had taken, or intends to take, any further steps as a result. With respect to the process of my Office driving improvements, I have observed tangible benefits to vigorously pursuing this follow up.

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Overview of Progress

Based on a review of the information and evidence provided by the Department to date, I have set out a detailed summary of my [assessment of progress](#) against each recommendation. Of the 33 recommendations made, I assessed:

- 10 recommendations as met (i.e., fully implemented, or alternative action taken addresses the issue);
- 18 recommendations as part met (i.e., substantive action has been taken to progress and/or awaiting full implementation); and
- 5 recommendations as not met (i.e., not accepted or planned action remains unclear/unlikely to address the issue).

It is useful to again consider the Principles of Good Administration when reflecting, at a high level, on the progress made, and the concerns that remain.

Getting it Right

Central to getting it right, is that best efforts are made to get the PIP decision right first time. This includes the appropriate gathering and use of further evidence at the outset of the process.

I welcome that messaging to claimants has improved overall with respect to explaining the role of the Department and Capita in requesting further evidence and the type of supporting evidence that may be useful for claimants to provide. I am however concerned that there remains a lack of transparency about the likelihood of claimants' health professionals being contacted in the process. Whilst the burden of requesting evidence should not be placed on claimants, they should be sufficiently informed about the prospect of this occurring. Claimants are still not explicitly informed, at any point of the process, whether their health professionals have been contacted. This prevents claimants from being placed in an informed position to decide what action they may wish to take to gather further evidence to support their initial claim or reconsideration of the decision.

Foreword

I welcome the additional processes and auditing of Initial Review decisions to help determine the most appropriate assessment channel (i.e., telephone or in person consultation, or paper based). I consider however that further focus is needed on the recording and checking of Disability Assessors' rationale on making further evidence requests to improve the quality of assessment advice. I am also concerned about the continued gap in recording the contact details of all additional health professionals provided by claimants on the computer systems used in the assessments and decision making. It is my view this impacts on assurances as to whether all potential sources of relevant evidence have been adequately considered.

Introduction

Engagement & Monitoring

Overview of Progress

The Department advised it is satisfied with the average handling time for completion of Initial Reviews. I am of the view, however, that despite changes and improvements it continues to be the case that there is inadequate recording of why further evidence has not been requested.

Conclusion

The limited time built into the process has at a minimum, an adverse impact on the quality of records made and the subsequent assurance processes.

Summary

Similarly, whilst I note a new clerical process to allow 'field' Disability Assessors (i.e., those undertaking consultations) to request written evidence at the Assessment stage, a continued lack of recording of rationale explaining why requests have not been made, presents the same problems.

The Department has outlined future changes in the clearance target agreement (i.e., the agreed time for the Assessment Provider to submit an advice report to the Department). The Department has also advised it is working with Capita to restructure the existing bonus scheme for Disability Assessors. I note that the Department, in carrying out its review of Capita's bonus scheme, identified that as there had previously been no Initial Review audit, a quality metric had not been included in the calculation for bonuses for Disability Assessors completing Initial Reviews. This presents useful wider learning for the Department on the need to effectively scrutinise outsourced provision.

Foreword

I commend the proactive approach taken by the Department to integrate learning, including case studies, from my investigation into bespoke training for Case Managers, placing renewed focus on the importance of further evidence in decision making. The training, supported by further guidance, encourages Case Managers to test the evidence (including assessment advice) and seek further evidence (medical and non-medical) to ensure decision making on PIP entitlement is robust. The Department also advised that where Case Managers consider there is sufficient evidence in an Award Review, they may make an entitlement decision without the claimant undergoing an Assessment¹³.

Introduction

Engagement & Monitoring

Overview of Progress

I am however disappointed that the Department has decided not to introduce an electronic template for Case Managers to record the evaluation of evidence at all stages of decision making (First Tier, Mandatory Reconsideration or review at Appeal).

Conclusion

It is the Department's view that this would incur significant resources and duplicate records made across the PIPCS and decision letters. An electronic evaluation template (detailing the evidence reviewed, weighing of evidence and any action taken to address gaps or inconsistencies) would however develop upon a practice already observed to be in use by some Case Managers of using hard copy evaluation templates. A template would assist Case Managers to check their own decision making by creating a comprehensive record on the system and allow other reviewing personnel to access or test the rationale. I am of the view this would be a useful investment of resources to help to get the decision right at the earliest point.

Summary

¹³ As of August 2022, the percentage of Award Reviews decided in-house on the available evidence was 47%, reducing the number of overall referrals to the Assessment Provider by 25%.

Foreword

Being Customer Focused

I am pleased that the Department introduced offering direct referrals to its 'Make the Call'¹⁴ service for claimants who are deemed as requiring additional support. I welcome the Department has now committed to making **all** PIP claimants aware of this service from the outset, in order that individuals with varied conditions and disabilities, can consider whether it may be of assistance to them. I also encourage the Department to keep under review how it can best provide and signpost support for vulnerable claimants.

As previously outlined, I welcome the steps taken to date by the Department to improve communication overall, including updated messaging about further evidence within the initial calls and on the NI Direct webpage¹⁵. Online information about Mandatory Reconsideration and the use of further evidence has been enhanced (including a revised request form) and reference to the additional review stage conducted by the Department when an Appeal notice is submitted.

Steps are also being taken to include additional information in claimant letters. I look forward to seeing further improvements delivered through a wider review being undertaken by the DWP, and in which the Department is participating including consideration of my recommendations.

I continue to encourage the Department to reconsider providing, as recommended, case specific advice on further evidence within the Mandatory Reconsideration acknowledgement letter which is to be introduced. I welcome that the Department engaged with the Advice Sector to revise the offer of award letter to provide better explanation of the additional review stage and the basis upon which revised offers are being made.

With respect to improving the quality of explanations, I await the outcome of the wider review, which is to include changes to the format of 'reasoning' provided within decision letters.

¹⁴ [Make the Call Service | nidirect](#)

¹⁵ www.nidirect.gov.uk/articles/personal-independence-payment-pip

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Foreword

In the interim I welcome the planned increase to the character limit of the Decision Makers Reasoning template used to populate the content of the letters, and the reinforcement of messaging within training about the need to clarify how evidence is weighted within the decision making. I remain concerned however about the impact of automated statements which continue to make the content difficult to read and understand. I maintain that the introduction of an evaluation template could assist in constructing more individualised and comprehensive reasoning in decision letters and subsequent explanations.

Introduction

Engagement & Monitoring

Overview of Progress

I also maintain that the Department should provide claimants with a copy of their Assessment report along with the decision letter, which the Department has decided not to implement for various reasons including cost. Whilst I note the Department is to continue to monitor any decisions the DWP take on a longer term approach to this issue, I have not been presented with information that this is likely to change soon. It is my view that claimants should automatically be provided with the detail of the Assessment advice, so they are in a position to identify if relevant evidence has not been gathered, or appropriately considered.

Conclusion

Summary

Being Open and Accountable

Good record keeping tells us not only *what* has been decided but also *why* it has been decided¹⁶. My investigation found that record keeping needed significantly improved across the administration of PIP, to not only assist self-evaluation of decision making but also to provide clarity to those checking the basis of the decisions.

Whilst I note some improvements (such as the level of detail provided on Assessment reports about the evaluation of existing evidence at the time of consultation), many of my recommendations to improve record keeping have not yet been implemented. This is particularly pertinent to recording rationale when further evidence has not been requested at the various stages of the process. Additional system and staffing costs have been amongst the reasons attributed for the non-implementation to date.

16 [Records-Matter](#). A view from regulation and oversight bodies on the importance of good record keeping.

Foreword

Given the recording suggested is relatively basic, yet pertinent to decision making (both at Assessment stage and when making decisions on entitlement), I encourage the Department to pursue implementation.

Introduction

My investigation also found that inaccurate information had been released into the public domain about the percentage of further evidence requests made by Capita as the Assessment Provider. I am pleased that the Department in response to my recommendations prioritised delivering instruction and training to staff to emphasise appropriate checks that any information provided externally is clear and accurate.

Engagement & Monitoring

Overview of Progress

As previously outlined, I continue to encourage the Department to increase transparency about further evidence requests more generally, by implementing my recommendations to inform claimants if a request has been made, and to whom. Claimants should also be provided with a meaningful indicator at the outset about how often requests are typically made.

Conclusion

Acting Fairly and Proportionately

Summary

I welcome that both Capita and the Department now make it clear to claimants how to make a complaint, that Case Managers who are decision makers on the claim are not notified, nor do they have routine access to complaint information. It is important for claimants to be aware of the need to provide supporting information to both the claim and complaint processes, and not be disadvantaged by believing it is automatically shared.

Significant criticism in my investigation centred on how PIP complaints were handled, and I had found that the process by which concerns were examined was neither fair nor proportionate to the issues raised. This was in respect of how the Department and Capita investigated complaints relating to further evidence, and the overall standard of the Department's investigations into complaints about Capita's service delivery.

Foreword

I welcome that the Department has developed and published a new policy on complaints about Assessment Providers¹⁷ and that there is now a more robust process put in place by the Department and Capita to investigate complaints about further evidence.

Introduction

I am hopeful these improvements, which include having more direct communication with the claimant about the issues of concern, will serve to secure more confidence in the system and deliver better outcomes (whether the complaint is upheld or not).

Engagement & Monitoring

I encourage the Department to keep the implementation and effectiveness of the new processes under review. This is important not only for addressing and remedying individual failings but also to identify wider learning. I look forward to engaging further with the Department in this area, as part of my Complaints Standards and Improvement work¹⁸.

Overview of Progress

Putting Things Right

I acknowledge the Department's strong commitment to remedy failures and make improvements through the implementation of my recommendations. Whilst considerable progress has been made, there are areas which require more scrutiny or development, and I urge the Department to continue to consider the concerns highlighted in my assessment of progress.

I also encourage the Department to reflect on whether there is any wider learning that may be gleaned from this process, not only in respect of pursuing improvement for the current service, but also for planning and agreeing requirements in future services. Various factors appear to have acted as inhibitors to putting things right, including the inability to make local changes to letters without considerable cost and time, reliance on multiple IT systems which are incompatible for sharing information, and contractual arrangements which mean that actions to improve service delivery result in extra costs being incurred by the Department.

17 Available at: www.communities-ni.gov.uk/making-complaint-about-medical-assessment-provider

18 Ombudsman to lead complaints change programme. Available at: www.nipso.org.uk/nipso/nipso-latest-news/ombudsman-to-lead-complaints-change-programme

Foreword

In addition to identifying potential structural barriers, the collation of good data (both quantitative and qualitative) is essential to improving performance and supporting system change.

Introduction

I welcome the steps taken by the Department and Capita to deliver an enhanced breakdown of categories of the management information collated in respect of further evidence requests made and received. I encourage the Department to utilise this data, and the validation process adopted, to better understand how this key activity is operating in practice at the Initial Review and Assessment stages. I continue to encourage the Department to monitor its own requests for evidence to be obtained, to check that Case Managers are using their ability to do so and whether the evidence should have been requested at an earlier stage.

Engagement & Monitoring

Overview of Progress

I recognise the benefits of the data collation and governance structures already in place by the Department to identify areas for improvement. I consider however that the mechanisms presented to date do not sufficiently demonstrate how the reasons for overturn of decisions are systematically analysed in respect of the role of further evidence. I again urge the Department to revisit this area and reflect on how increasing the depth of analysis, and reporting of data may assist in getting decisions right first time. I note with interest that the House of Commons Work and Pensions Committee has recently recommended, following their inquiry into health assessments for benefits, that the DWP commission and publish research on the effectiveness of Mandatory Reconsideration and learning from Tribunal losses¹⁹.

Conclusion

Summary

Seeking Continuous Improvement

In addition to the Department's commitment to pursuing implementation of my recommendations, I note that other significant initiatives have been undertaken and are planned. This includes that since 2021 the Department has conducted its own clinical audits of Capita's Assessments as part of its independent scrutiny of the performance of the Assessment Provider²⁰.

¹⁹ Published 14 April 2023. Available at: <https://committees.parliament.uk/work/1468/health-assessments-for-benefits/publications/>

²⁰ The Audit team take a sample of the cases monthly to assure the Department that quality standards are met and maintained. For example, in July 2022, 340 audits were completed.

Foreword

The Department also advised that it has refreshed its stakeholder engagement to invite a broader range of disability organisations to attend a series of stakeholder events. I further welcome that the Department has stated it will continue to look critically at other opportunities to improve the delivery of PIP and claimants' experience.

Introduction

It is my view that the Department has actively sought to learn from the findings of my investigation and make improvements. A simple illustration of a culture of learning being adopted is the approach taken by the Department when issuing new policy or instructions arising from this process. I observed that information about the background and reason for the changes in practice was incorporated into the guidance. This included links to, or relevant extracts from my report to enhance understanding. I also noted that feedback from Case Managers on training reflected that the use of case studies from my report helped reinforce the importance of evidence based decision making and the impact on claimants and the Department.

Engagement & Monitoring

Overview of Progress

Conclusion

Conclusion

Overall, I welcome the steps taken by the Department to date to implement my recommendations and recognise the efforts to achieve this. There is however considerable further work required. Whilst I recognise the challenges faced in pursuing implementation, I emphasise again that systemic improvement in public administration is an ongoing process and requires continued focus. My follow up is part of that process and my reporting is useful not only for the Department, but also for claimants and others who seek to understand or improve the system.

My [assessment of progress](#) was based upon evidence of implementation. I await the outcome of outstanding decisions and as many of the recommendations remain ongoing my Office will continue to seek evidence of implementation. I further recognise that it will take additional time, following implementation, for the recommendations to have effect. As such, it is my intention to continue to engage with the Department and stakeholders over the longer term to monitor impact.

Summary

Summary of Recommendations and Assessment of Progress

NIPSO Assess as Met

Recommendation implemented, or alternative action taken addresses issue.

- R8:** Check the Standard of Further Evidence Request Letters
- R12:** Update Policy on Handling Further Evidence Presented at Assessment
- R14:** Enhance Auditing of the Further Evidence Criteria
- R17:** Make Written Records of Explanation Calls
- R23:** Introduce Policy on Referral of Further Evidence for Advice
- R26:** Electronic Alert of Delay in Receipt of Advice Report
- R28:** Department's Investigation Process in Complaints about Capita's Service Delivery
- R29:** Improve the Process for Investigating Complaints about Further Evidence
- R30:** Improve Governance of Complaint Handling
- R32:** Retrain staff on ensuring accuracy of information

NIPSO Assess as Part Met

Substantive action taken to progress the recommendation and/or awaiting full implementation.

- R1:** Signpost to Additional Support
- R2:** Improve Messaging on Further Evidence during the Initial Call
- R3:** Communicate Consistently on Use of DLA Evidence
- R4:** Improve Messaging on Further Evidence in Wider Communications
- R6:** Reform Policy on Requesting Evidence at Initial Review
- R9:** Review Assessment Choice Records and Timescale
- R10:** Review Initial Review Process and Average Handling Time
- R11:** Address Barriers to Requesting Evidence at Assessment and Improve Records

Foreword

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO Assess as Part Met

Substantive action taken to progress the recommendation and/ or awaiting full implementation.

- [R13:](#) Evidence Advice on Descriptor Choices and Disclose Errors
- [R15:](#) Renew Focus on Evidence at First Tier Decision Making
- [R16:](#) Improve Decision Letters to Claimants
- [R18:](#) Raise Awareness of the Mandatory Reconsideration Process
- [R19:](#) Improve Communication at Mandatory Reconsideration for Effectiveness
- [R20:](#) Communicate Time Allowed to Provide Further Evidence
- [R22:](#) Renew Focus on Evidence at Mandatory Reconsideration
- [R25:](#) Raising Awareness of the Department's Additional Stage of Review
- [R27:](#) Explain the Offer of Award and Learn from Overturned Decisions
- [R33:](#) Improve Governance and Collation of Statistics on Further Evidence Requests Made and Responded to

NIPSO Assess as Not Met

Recommendation not accepted or planned action remains unclear/ unlikely to address issue.

- [R5:](#) Record the Details of Claimants' Healthcare Professionals Provided on the PIP2
- [R7:](#) Inform Claimants as to whether their Health Professionals have been contacted
- [R21:](#) Issue the Assessment report along with the Decision Letter
- [R24:](#) Electronic Template to Record Evaluation of Evidence
- [R31:](#) Improve Analysis of Reasons for Overturn and Report Categories to Public

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R1 Signpost to Additional Support</p> <p>The Department [for Communities] should consider:</p> <ul style="list-style-type: none"> ● Including reference to the support available from the Department's outreach service [Make the Call²¹] within the telephony script [for the initial claim call]; and ● Liaising with advice agencies/directly referring claimants with a listed condition (upon consent to do so) who suggest they will contact an advice agency to aid them with the PIP process. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- Has accepted this recommendation;
- Requested changes to the PIP Computer System (PIPCS) telephony script, via the Department for Work and Pensions (DWP), which are expected to be delivered by June 2023;
- Implemented an interim clerical solution to include issuing an updated bulletin, desk aid and delivered awareness training to staff; and
- Engaged with the Advice Sector on signposting.

NIPSO assessment of progress

I welcome the steps taken to date to give effect to this recommendation and look forward to receiving evidence of full implementation, I have however also highlighted to the Department the following matters of concern.

The draft telephony script and sample calls provided to my Office indicated not all PIP claimants would be informed of its 'Make the Call' service (nor was it a feature of the audit template to monitor compliance). Whilst I welcome that the Department offers direct referrals to claimants whom telephony staff deem as requiring additional support, and where they have no other means of support, it remains my view that *all* PIP claimants should be made *aware* of the service in the initial claim call. Making all PIP claimants aware from the outset would allow individuals, with varied conditions and disabilities, to consider whether accessing this service at the initial or indeed later stages of the claim process may be of assistance to them.

I am pleased that the Department has committed, within its most recent response (April 2023), to review the wording of the telephony script to ensure the services of 'Make the Call' are flagged to all claimants and to include this step in the audit template.

²¹ [Make the Call Service | nidirect](#)

Foreword

The Department also intend to signpost claimants, who advise that they have difficulties communicating, to local council websites to access a list of approved local independent advice agencies. Whilst I welcome that this approach was developed following consultation with the Advice Sector, a review of council websites demonstrates that the accessibility of this information is variable and may not meet the needs of claimants who require such additional support. Furthermore, it does not take account of the potential for digital exclusion of individuals who for varied reasons may not have ready online access in order to obtain the details of the independent advice agencies in this way.

Introduction

Engagement & Monitoring

The Department has expressed it will continue to seek ways to improve support to claimants who are digitally excluded and highlighted the 'Make the Call' service can make a home visit, where a claimant needs assistance to complete a form.

Overview of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R2</p> <p>Improve Messaging on Further Evidence during the Initial Call</p> <p>The telephony script [for the initial claim call] should be reviewed further to include:</p> <ul style="list-style-type: none"> ● Clear identification of where the responsibility lies in gathering further evidence in support of a claim; ● Advice on the impact the provision of evidence may have on their claim; ● Emphasis that in the majority of cases the claimant's health professionals will not be contacted (provision of an average percentage of contact may be included); and ● Clarification that, where evidence is requested from a claimant's health professional, this request is undertaken by Capita, typically at the outset of the claim. <p>All PIP Telephony Advisors should be trained accordingly.</p>	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation but will not provide claimants with an average percentage of requests made to claimants' health professionals for further evidence;
- requested changes to the PIPCS telephony script via the DWP, which are expected to be delivered by June 2023;
- implemented an interim clerical solution to include issuing an updated bulletin, desk aid and delivered awareness training to staff; and
- made changes to the NI Direct website²² to reflect updated messaging.

22 [Personal Independence Payment \(PIP\) | nidirect](#)

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO assessment of progress

I welcome that the overall messaging in the initial claim calls has improved in line with the recommendation and look forward to receiving evidence of full implementation. I also note that the Department has further adapted the interim guidance in response to concerns raised by my investigators during our ongoing engagement about the progress of the recommendations.

Claimants are now informed, in the initial claim call, that information will *'not automatically'* be requested from their health professionals and that requests are made by the Assessment Provider, Capita on behalf of the Department.

I am however disappointed that the Department has decided not to provide claimants with an average percentage (which could be updated on a monthly or quarterly basis) on how often claimants' health professionals are contacted in PIP claims for evidence. In the absence of a meaningful indicator such as an average percentage, there may remain an overall expectation that this occurs more than it typically does²³.

By way of illustration, the following example of messaging was observed in the sample calls reviewed by my Office, which although clarifies that health professionals will not automatically be contacted by the Department, may infer that Capita are likely to:

'...we have to advise you that we will not automatically be requesting information from your healthcare professionals through the PIP centre as the assessment provider, which is Capita, will consider any request for further evidence on behalf of the Department and, if appropriate, they will request at the [outset] of the claim....'

Transparency about the likelihood of claimants' health professionals being contacted in the process remains particularly pertinent as claimants continue to be advised to only provide supporting evidence *they already have*, and many are likely not to have such supporting evidence readily available. Whilst I agree that the burden of requesting evidence should not be placed on claimants, it is critical that claimants are sufficiently informed about the prospect of this occurring. It is important that they are empowered to understand the process and consider whether there are steps they may wish to take to gather further evidence.

23 My investigation had identified, based on revised Capita figures, that further evidence was requested in only 25% of the total number of PIP cases over the 9 month period (August 2019 to April 2020). It is also noted that out of a sample of 10 claims completed in 2022 (a mixture of new claims and award reviews) and provided to NIPSO as part of the follow up review, the records provided suggest that no requests were made during the current claim to the health professionals listed by the claimants. Contact details for health professionals were provided in 8 of the claims.

Foreword

Whilst the Department has reiterated, in its most recent response (April 2023), its view that there is no 'added value' to providing a percentage to the claimant, it has committed to considering the clarity of the messaging further and that it will test any proposed changes in the wording with third sector stakeholders.

Introduction

A variation in the level of information provided to claimants about the type of supporting evidence that they can provide was also observed in the sample calls reviewed within my follow up. The information provided was in the main limited, but this does not appear to have been identified as an issue of concern in the Department's monitoring check.

Engagement & Monitoring

Given the importance of getting the early messaging right, I welcome the commitment from the Department that it will continue to monitor the effectiveness of new communications. In doing so, I encourage the Department to scrutinise the operational implementation of how it supports claimants' understanding and reflect on providing clarity to claimants on how often health professionals are typically contacted for further evidence in the process.

Overview of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R3</p> <p>Communicate Consistently on use of DLA evidence</p> <p>● The Department should consider its previous telephony scripts and review and improve the [Disability Living Allowance] DLA communication provided within the initial claim telephone script, in line with the PIP1.</p> <p>This should include:</p> <ul style="list-style-type: none"> • Advice on what types of evidence are available to the Department within the DLA bundle and confirmation from the claimant which pieces they wish to be used; and • The Telephony Advisor recording the specific pieces of evidence requested by the claimant within the task to the workflow team. <p>All Telephony Advisors should be trained accordingly.</p> <p>● The Department should also review and improve guidance/training provided to the workflow team in identifying and uploading requested pieces of evidence from the DLA bundle in line with revised advice.</p>	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation (but with adjustment having examined the implications of an Upper Tribunal judgement²⁴ concerning the use of DLA evidence in the PIP assessment process);

²⁴ [CH and KN v Secretary of State for Work and Pensions \(PIP\): \[2018\] UKUT 330 \(AAC\); \[2019\] AACR 11 - GOV.UK \(www.gov.uk\)](#)

Foreword

- requested changes to the PIPCS telephony script via the DWP which are expected to be delivered by June 2023; and
- implemented an interim clerical solution to include issuing an updated bulletin, desk aid and awareness training to staff.

Introduction

NIPSO assessment of progress

Whilst I acknowledge that the reassessment of DLA to PIP Working Age cases has finished, claimants transitioning to PIP from DLA at age 16 continues and it is important to communicate clearly with claimants on this matter.

Claimants transitioning from DLA to PIP continue to be asked, both within the interim solution and the draft PIPCS telephony script, if they wish for their DLA evidence to be used. My recommendation had also sought to ensure that claimants would be provided with the same level of advice over the call that is available on the PIP1 (paper-based claim).

This includes the opportunity for claimants to be advised of and request which specific types of evidence they wish to be used.

The Department has confirmed in its latest response (April 2023) that as a result of an Upper Tribunal judgement, it is unable to ask claimants which specific pieces of DLA evidence they wish to use, and that where claimants request DLA evidence to be used, all DLA evidence will be used rather than specific pieces.

I welcome that the Department has reintroduced alerting claimants to the fact that some of their previous DLA evidence may no longer be available to be used (in line with data protection procedures). Given the position that claimants will not be asked what pieces of evidence they would like to be used, it is particularly important that claimants are not under the impression all prior DLA evidence is available to be added to their claim (if it is not). I encourage the Department to ensure the script provides sufficient clarity on this matter to all who seek to use their DLA evidence, as this will help inform claimants on whether they need to provide further supporting evidence.

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R4</p> <p>Improve Messaging on Further Evidence in Wider Communications</p> <ul style="list-style-type: none"> ● The Department should review and improve all PIP application correspondence and advice videos in order to ensure clear and consistent advice is provided, in line with the advice provided to claimants throughout the PIP process. ● The Department should consider additions [listed by NIPSO] to the application pack which may act as reminders to claimants of their ability to provide additional evidence at this stage and to ensure that any additional evidence is correctly and efficiently allocated to an individual's case. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted the recommendation but due to reported IT complexity and costing has decided not to adopt the use of individual QR code stickers to match additional evidence items to individuals' PIP application pack codes;
- made changes to the NI Direct PIP Page and PIP leaflet; and
- is working with the DWP to progress changes to the PIP application pack and advice videos, including incorporating Northern Ireland specifications.

NIPSO assessment of progress

I welcome that the NI Direct Page now correctly caveats that Disability Assessors 'may' ask for further evidence from claimants' listed health professionals 'if they think they need it'. Although this messaging is further reflected in an updated PIP leaflet provided to my Office, I noted the version published online did not contain this caveat. The Department advised in its latest response (April 2023) that further leaflets are currently undergoing changes to align with my recommendation. As outlined in my assessment of progress of Recommendation 2, I remain concerned that claimants continue to not be adequately informed about the likelihood of their health professionals being contacted. This may perpetuate a difference in claimants' expectation of how often additional evidence is typically requested and that which occurs.

I also await the refresh of the PIP advice videos by the Department, however note that the initial baseline scripts place an emphasis on dissuading claimants from seeking evidence they do not already have. The draft summary of content for 'How you can apply for Personal Independence Payment' advice video relays:

*'More detailed information on the process of applying for PIP, including the information and evidence that is needed, and who needs to provide it. **Do not pay for evidence from your doctor, if this kind of evidence is required, we will request it.** [my emphasis]'*

Whilst recognising wider communication products should not cover case specific advice, and the Department's position that advice should not be given that may result in claimants incurring costs for further evidence, I do however consider the provision of a meaningful indicator about how often requests are typically made (such as an average percentage which can be updated) would help to provide more transparency on this issue. This in turn would help place claimants in a more informed position to decide what action they may wish to take.

Foreword

As previously outlined the Department maintains, within its latest response (April 2023), that it does not consider the provision of an average percentage to be beneficial. It has however committed to considering further if there are other improvements that can be made to messaging in this area.

Introduction

In respect of encouraging claimants to provide supporting evidence, I welcome the improved messaging on the NI Direct Page about the types of evidence that can be provided. I note however, an emphasis has been placed on claimants providing evidence so that an in-person consultation may not be required. As demonstrated in my investigation, the appropriate gathering and application of supporting evidence is often critical to improving assessment advice and getting the decision right, regardless of how the claim is routed (i.e., paper based, or the claimant attends a consultation with a Disability Assessor).

Engagement & Monitoring

I consider this messaging should be clearer not only for claimants but also for those delivering the system.

Overview of Progress

Any further planned changes to the PIP2 application have not yet been confirmed to my Office. In addition to working with the DWP in its review, the Department has advised it will continue to engage with third sector stakeholders to enhance information and communications where possible.

Conclusion

Summary

Recommendation Summary		Status
R5 Record the Details of Claimants' Healthcare Professionals Provided on the PIP2	<p>● The Department and Capita should review the process of recording health professional contact details. Immediate steps should be taken to ensure that additional health professionals on the PIP2 application form are recorded and considered.</p>	Not Met

Department response to NIPSO

In summary, the Department:

- has accepted the merit of this recommendation;
- explored 3 different options (including system automated integration and manual input options), and the associated costings to implement but decided not to implement during the current Assessment Service contract period with Capita (ending March 2024); and
- intends to review and implement (subject to technical feasibility, affordability, and value for money) an automated solution 6 months after the introduction of a new Functional Assessment Service (FAS) in March 2024.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO assessment of progress

Whilst I recognise that it remains the Department's intent to introduce this change, and that action was taken to explore earlier implementation, I am concerned there continues to be a gap in current records. I am of the view this impacts on the assurance process as to whether all health professionals listed by claimants on their PIP2 application are considered as potential sources for providing relevant evidence.

The Department provided my Office with the details, including projected costings, outlining why it deemed implementation during the current contract period to be disproportionate and not in line with value for money principles and Department of Finance guidance.

I note however that despite the already existing ability for Disability Assessors to record additional health care professionals on the Capita IT system, all costs projected with the manual input options explored were to be incurred by the Department. It has been put forward that the creation of these records require additional staffing due to increased processing time, with resulting impact on costs and delivery.

I encourage the Department to continue to work to rectify this matter and reflect on whether there is wider learning about what is agreed upfront in the system design and with external services providers about the standards, and impact, of the records created.

Recommendation Summary	Status
<p>R6</p> <p>Reform Policy on Further Evidence Requests at Initial Review</p> <p>The Department should review Capita's policy for requesting further evidence and the categories used within Capita's CRM [IT system] and implement change.</p> <p>The review should include consideration of:</p> <ul style="list-style-type: none"> ● Reform of the guidance on when not to request further evidence; ● Additional descriptive records to include the consideration of requests for further evidence; ● Additional categories which reflect the decision not to request evidence; and ● Recording within the PA1 [Initial Review document] if further evidence has not been requested and why. 	<p>Part Met</p>

Foreword

Department response to NIPSO

In summary, the Department:

- has accepted the merit of this recommendation;
- confirmed Capita has removed the section within its guidance highlighted to be of concern. Further revisions will be made following the roll out of Service Level Agreement (SLA)¹⁷. This involves additional processes and auditing of Initial Review decisions in respect of the choice of assessment route. SLA¹⁷ is a DWP led initiative in response to a Prevention of Future Death Report²⁵.
- confirmed the Capita IT system now includes mandatory completion by Disability Assessors of a drop-down record of whether further evidence is required in cases routed for 'in person' consultation; and
- explored costings with Capita on the proposal for Disability Assessors to record within the PA1 their decision making and rationale when further evidence is not requested. The Department has decided not to implement this aspect of the recommendation during the current Assessment Service contract period (ending March 2024), but intends to review and implement (subject to technical feasibility, affordability, and value for money), 6 months after the introduction of the new FAS in March 2024.

NIPSO assessment of progress

I welcome that aspects of the guidance, which I considered actively discouraged Disability Assessors from seeking further evidence, have been removed and that additional IT changes have been introduced to prompt Disability Assessors to consider and record if further evidence is required. I also welcome the rollout of Initial Review audits with the aim of providing reassurance in the quality of decision making. The Department have advised that at present its independent audit activity equates to 340 cases per month, which includes a review of the PA1 for each case.

I have not however been presented with any further substantial revisions to Capita's guidance with respect to further evidence requests. In the absence of recording within PA1s detailing why further evidence is not requested, I remain concerned as to how decision making is accounted for or can be adequately checked within the assurance processes.

From a sample of 10 Initial Reviews in 2022 provided to my Office, which were audited by the Department's Health Assessment Advice Team (HAAT), in only 1 case the Disability Assessor recorded a rationale within the PA1 to explain why further evidence had not been requested.

²⁵ Report to Prevent Future Deaths issued by HM Assistant Coroner Mr Gordon Clow. 12 February 2021. Available at: www.judiciary.uk/prevention-of-future-death-reports/philippa-day/

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Foreword

In this instance it was attributed to the claimant not providing contact details for their health professionals. In 8 cases where the claimants had provided the contact details for their health professionals, the records provided suggest that no requests were made and no rationale was recorded. It is of note that in 2 of these cases, only the PIP2 application was available. In the absence of descriptive records explaining why further evidence opportunities were not pursued or required to improve the quality of advice, it remains unclear why requests were not made.

Introduction

Engagement & Monitoring

The Department provided my Office with the details, including projected costings, outlining why implementation of this aspect of the recommendation during the current contract period was considered disproportionate and not in line with value for money principles and Department of Finance guidance. Estimated costings provided by Capita, to be charged to the Department, outlined that although there were no IT implementation costs associated, it would require additional staffing due to the increased processing time of recording rationale.

Overview of Progress

I note however that despite not implementing this aspect of the recommendation (i.e., not instructing Disability Assessors to record within the PA1 their decision making and rationale when further evidence is not requested), the Department advised within its latest response (April 2023) that it provides feedback to Capita where this occurs.

Conclusion

The Department explained this provides assurance that Disability Assessors are *'routing cases and requesting evidence as appropriate'*. Such feedback was not however observed in the sample of Independent Audits I reviewed in this follow up (discussed further under Recommendation 14) and this position appears somewhat contradictory to the absence of instruction to the Disability Assessors in the first instance.

Summary

I agree with the Department however that such recording of rationale is necessary to provide assurances. Giving reasons for decisions is a key component of good administration²⁶, and as noted within other recommendations, I encourage the Department to pursue implementation and consider wider learning about what is expected from and agreed with external service providers in respect of robust decision making records. It is of note that the Department has advised that under the new FAS contract, the Authority (DWP) will develop and provide the training and guidance for health assessments across all benefits, and that Department clinicians are working in collaboration with the DWP to support the development of this training. This is a further opportunity to ensure this learning is fed into future designs.

26 Records Matter. A view from regulation and oversight bodies on the importance of good record keeping. [records-matter-january-2020-digital-edition.pdf \(nipso.org.uk\)](https://www.nipso.org.uk/records-matter-january-2020-digital-edition.pdf)

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R7 Inform Claimants as to whether their Health Professionals have been Contacted</p> <p>The Department should liaise with Capita to revise their initial information pack to ensure that claimants are correctly and precisely informed as to:</p> <ul style="list-style-type: none"> ● Whether or not health professionals have been contacted; and ● The details of the specific health professionals who have been contacted (if applicable). 	Not Met

Department response to NIPSO

In summary, the Department:

- has accepted the merit of this recommendation;
- explored options, and the associated costings, but has decided not to implement during the current Assessment Service contract period (ending March 2024);
- intends to review and implement (subject to technical feasibility, affordability, and value for money) an automated solution 6 months after the introduction of the new FAS in March 2024.

NIPSO assessment of progress

The Department provided my Office with the detail of their decision making not to implement this recommendation during the current contract period. This included costings projected by Capita to be incurred by the Department, comprising of system changes (proposing additional letters are required as well as the amendment of the initial communication pack) and extra staffing to deal with increased enquiries predicted by Capita.

It is of note that the step to inform claimants when their health professionals were contacted was originally included by Capita in its bid to secure the Assessment Provider contract, but this was subsequently not included as a requirement in the contract. The Department advised the contract variation was one of a number of changes made in 2017 to bring the Department in line with changes already implemented by DWP for the delivery of PIP in Great Britain. During my investigation, a standard statement was however observed to be included in the initial correspondence to claimants (when further evidence was sought from one or more of their health professionals) that indicated evidence had been requested from all the contacts they had provided.

Whilst recognising steps have been taken to explore implementation, and that the Department has expressed its intent to implement at a later date, it is disappointing that claimants continue to not be adequately informed at the assessment stage whether, or not, their health professionals have been contacted.

Recommendation Summary	Status
<p>R8</p> <p>Check the Standard of Further Evidence Request Letters</p> <p>● Capita and the Department should review a random sample selection of [General Practitioner Factual Report] GPFR requests [letters sent to claimants' health professionals requesting further evidence] within a 3 month timeframe of [June 2021] in order to identify whether the action taken has remedied [that some letters were being sent incomplete].</p>	<p>Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- reviewed a random sample of GPFRs;
- instructed Capita to reissue guidance on the appropriate completion and perform regular internal audits; and
- scheduled quarterly audits to be undertaken by the Department's Health Assessment Advice Team (HAAT).

NIPSO assessment of progress

I welcome that the Department has implemented this recommendation. I also welcome that during our engagement on the progress of the recommendations the Department acted upon concerns that compliance checks appeared to focus only on whether the free text fields had been left blank. The Department accepted the need to ensure subsequent reviews also consider the quality of the completion to personalise the request in order to obtain the most relevant evidence for the individual claim.

Quality completion of these requests remains of key importance, in particular given the continued absence of obtaining a short summary report from GPs as standard (as recommended by the Independent Reviewer, Walter Radar in 2018). The GPFR requests are also crucial to helping support the health professionals who receive the further evidence requests to apply their resources effectively when responding, if it is made clear what information is required.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R9 Review Assessment Choice Records and Timescale</p> <p>The Department should review the assessment choice records within Capita's case referral system and implement change.</p> <p>The review should include consideration of:</p> <ul style="list-style-type: none"> ● Additional descriptive records which identify why an assessment choice is made; ● The removal of the use of the indicator '<i>unlikely to be obtained in timescale required</i>' as a standard reason code for face to face assessment choice; ● A review of its Service Level Agreement due to Capita's consistent determination that the timeframe to obtain further evidence is not adequate; and ● Inclusion of the reasoning for the choice of assessment within the notification/appointment letter to the claimant. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted the merit of this recommendation;
- confirmed Capita has replaced the time bound indicator and introduced the completion of additional records on why an assessment choice is made;
- intends to implement (subject to technical feasibility, affordability, and value for money) the inclusion of the reasoning for assessment choice in claimants' letters following the introduction of the new FAS in March 2024;
- has confirmed the current 35 day average clearance target agreement has been replaced under the FAS contract with a monthly average actual clearance time (AACT) and with no more than 1% of cases to be older than the monthly AACT time plus 20 working days. The Department has advised this is a national approach which can benchmark performance; and
- is currently considering the outworkings of a Capita pilot in which further evidence was requested from all health professionals listed by claimants in 100 cases.

NIPSO assessment of progress

I welcome the changes made to date by the Department and await the outcome of the outstanding decisions and evidence of implementation. It is unknown at this stage whether the new approach to monthly average actual clearance times will have the required effect on the gathering and application of further evidence in the process and I recommend that the Department keeps this issue under scrutiny.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

In respect of advising claimants of the reasoning for the choice of assessment, the Department provided details of their decision not to move forward with this recommendation under the current contract period, including value for money considerations. I also note that the Department have advised that the new FAS contract will introduce multi-channel consultation methods (face to face, video and telephone) with criteria to be taken into consideration when determining the assessment channel and may offer a claimant an alternative assessment channel in certain circumstances. I maintain however that it is important to provide the claimant with the reasoning to explain why their claim is being routed to a consultation or alternatively a paper based review and encourage the Department to pursue implementation.

Recommendation Summary		Status
<p>R10</p> <p>Review Initial Review Process and Average Handling Time</p>	<ul style="list-style-type: none"> ● The Department should undertake a review of the Initial Review process, focusing on the average time taken to complete an Initial Review [IR] and the impact this subsequently has on the decisions to request further evidence. The Department should consider extending the time provided to IR Disability Assessors to consider, request and receive further evidence. ● The Department should consider the time spent at the Mandatory Reconsideration stage overturning decisions based on new evidence (which would have been available for request at the outset of the claim) and how this time could be used at Initial Review to request sufficient further evidence to make decisions right 'first time'. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- reasserted that the Department does not stipulate an average handling time but confirmed a 5 day contractual SLA with Capita for completion of Initial Reviews from receipt of referral;
- reviewed Capita's process and advised it considered 10 minutes, the average time reported by Capita (at the time of the Department's review) for a Disability Assessor to complete an Initial Review (including making records), as reasonable;
- relayed that SLA17, which encompasses additional Initial Review processes and audit, has been incorporated into the new FAS service specifications; and
- advised that it will utilise any further learning derived from existing assurance processes (including Independent Audits of Initial Reviews by the Department) and the outworkings of a Capita pilot undertaken to evaluate the effectiveness of requesting further evidence from all health professionals listed by claimants in 100 cases.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO assessment of progress

During engagement on this recommendation, the Department was asked how it had assured itself that average processing times do not deter Disability Assessors from making further evidence requests. It was noted within material presented on their service design that Capita had allocated a unit time for Initial Reviews to be completed in 8 minutes (with an illustration of 450 mins of working time calculated to involve completion of 50 Initial Reviews in 1 working day). Although there is no explicit direction that an Initial Review must be completed within a certain timeframe, as highlighted in my investigation report, volume targets form part of the bonus system.

In response to the concerns raised by my Office, the Department's HAAT carried out a time and motion study by completing Initial Reviews of 21 claims. The HAAT found it to take on average 7 minutes 30 seconds (excluding updating Capita's IT system) with the times recorded to conduct the Initial Reviews ranging from 2 minutes to 13 minutes. Based on this exercise, the Department advised that it considered the average handling time reported by Capita (10 minutes at the time of the review) to be reasonable.

Within its most recent update (April 2023) the Department advised the current average handling time has increased to 13 minutes, and that the Capita operating model also incorporates 18 minutes to allow for follow up activity for each case waiting responses to Further Evidence requests.

As demonstrated however in my comments on Recommendation 6, there is no allocation of time permitted within the current process to allow Disability Assessors to record rationale as to why further evidence is not requested. Capita projected this would require additional processing time, which would result in extra cost to the Department. It is my view that this demonstrates the limited time built into the process for completion of Initial Reviews, including considering and requesting further evidence, has an adverse impact on the quality of decision making records and subsequent assurance processes.

I welcome the additional Initial Review processes, and audit activity, to help determine the most appropriate assessment choice however it remains unclear at this stage what impact this will have on gathering of further evidence to improve the quality of advice. I note the Department has advised it is continuing to engage with Capita to improve the Initial Review process, inclusive of Disability Assessor decision making and documentation of decision making. I also await the outcome of the Department's consideration on the outworkings of the Capita pilot conducted to request further evidence from all health professionals in 100 cases.

Recommendation Summary	Status
<p>R11 Address Barriers to Requesting Evidence at Assessment and Improve Records</p> <p>The Department should review Capita's policy and practice for requesting further evidence and implement change.</p> <p>The review should include:</p> <ul style="list-style-type: none"> ● Clarifying it is the responsibility of the Disability Assessor, when providing advice to the Department, to be satisfied requests have been fully considered and pursued; ● Introducing a section on the consultation report form for the Disability Assessor to complete on what requests have been made, the date of request and the rationale for deciding to make or not make requests during the Assessment stage; and, ● Addressing barriers in process, time and bonus incentives that may act to discourage Disability Assessors from pursuing further evidential opportunities to inform their advice. ● The Department should set a requirement that Capita assigns the same Disability Assessor to a claim from the point of referral from the Department to the submission of the assessment report. ● The Department and Capita should review their compliance with PIPAG in respect of cancelling unnecessary face to face consultations, if where following receipt of further evidence, it can be determined that a paper based review can be completed. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- reviewed Capita's policy and practice and instructed development of a new clerical process to allow 'field' Disability Assessors (i.e., those undertaking consultations) to request written evidence at the Assessment stage;
- instructed Capita to issue communications to Disability Assessors to clarify their responsibilities to consider and record requests for written further evidence at the Assessment stage, in line with the new process;
- is working with Capita to restructure the existing bonus scheme;
- has decided not to set a requirement for the same Disability Assessor to be assigned to a claim from the point of referral to the submission of the assessment report, detailing their rationale which included that projected costs for a redesign of the operating model are deemed unaffordable; and
- will review Capita's appointment cancellation policy following consideration of the pilot in which further evidence was requested from all health professionals listed in 100 claims, and how any resulting cancellations were managed. The Department has confirmed it is currently considering the evaluation report.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO assessment of progress

I welcome the development of the new process in which Disability Assessors may request written evidence at the Assessment stage and look forward to receiving evidence of implementation of the process and the communication issued to clarify responsibility.

Within the new process, Disability Assessors are to be instructed to record within an existing section of the consultation report, when written requests are made at the Assessment stage in addition to telephone requests. The Department, in its latest response (April 2023), has confirmed this will not include recording a rationale when a decision is made not to request further evidence at the Assessment stage. The Department considers if further evidence is not sought by the Disability Assessor at this stage, the report and available evidence should be deemed consistent and sufficient to provide robust justification to the Case Managers, without advising that further evidence was not requested within the report. It is my view however, having seen within my investigation opportunities to improve the quality of advice overlooked at the Assessment stage, that recording this rationale would not only provide the necessary clarity for claimants, Case Managers and Auditors who review the report but also assist the Disability Assessor to check their own decision making on this key issue.

I welcome that the Department carried out its review of Capita's bonus scheme. The Department identified that although the bonus scheme was reported to have both a quantity and quality metric, as there had previously been no Initial Review audit, quality had not been included in the calculation for bonuses for Disability Assessors completing Initial Reviews. This presents useful wider learning for the Department on the need to effectively scrutinise outsourced provision.

I note following feedback and further discussions, that the Department is working with Capita to restructure the existing bonus scheme.

Recommendation Summary		Status
R12 Policy on Handling Further Evidence Presented at Assessment	<p>● The Department should ensure that Capita review their policy on how to handle additional documentation presented at assessment to align with the PIPAG and the agreed service requirements.</p>	Met

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- reviewed Capita's policy and reaffirmed the correct practice for handling further evidence presented at assessment (including photocopying documentation presented at face-to-face consultations at assessment centres); and
- confirmed Capita amended their process document and contract to align with the process as set out in the PIPAG for handling further evidence.

NIPSO assessment of progress

I welcome that this recommendation has been implemented and encourage the Department and Capita to continue monitoring that the correct practice is being adhered to.

Recommendation Summary	Status
<p>R13 Evidence Advice on Descriptor Choices and Disclose Errors</p> <p>I welcome the new structure for summary justifications introduced for assessment reports and that Disability Assessors have been provided training on the completion of the justifications.</p> <ul style="list-style-type: none"> ● The Department should utilise the findings of my investigation and ensure that Capita's training to Disability Assessors demonstrates the importance of clearly explaining how all the evidence in a claim is evaluated to justify advice on descriptor choices. Disability Assessors should be reminded it is essential to highlight contradictions in evidence and fully explain why more reliance is placed on some evidence than others. ● The Department should review whether it properly applies the 'fit for purpose' criteria to assessment reports received from Capita. Case Managers should be reminded that the Department has the sole discretion on determining whether advice or assessment reports are fit for purpose and to direct 're-works'. ● Where the Department identifies clear omissions and failures in the assessment process and subsequent decision making at First Tier and Mandatory Reconsideration, claimants should be informed of these and the actions the Department is taking to address these in the future. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation, with the exception of informing claimants of identified omissions and failures in the assessment process (i.e., where a 're-work' is directed);
- reviewed Capita's training on evidencing opinion within reports and advised it aligned with the PIPAG; and
- issued a new compliance bulletin to Case Managers on how to return a report for 're-work'.

NIPSO assessment of progress

I note from a sample of assessment reports provided to my follow up review, that the new structure for summary justifications provides some improvement in the level of detail provided on the evaluation of the existing evidence (available to the Disability Assessor at the time of the consultation). I observed that out of the 10 assessment reports in the sample provided, no further evidence was requested following the telephone consultations conducted, and prior to completing the assessment report. There were no records detailing why the Disability Assessors considered that further evidence requests were not needed to improve the quality of the advice being given to the Department. As previously outlined, under Recommendation 11, the Department considers recording why further evidence is not requested at the Assessment stage is not necessary. It remains my view however that the robustness of the justifications (and subsequent assurance processes) would be further improved by Disability Assessors recording their consideration of further evidence requests following consultation.

I note the review of Capita's training by the Department's HAAT did not result in any further changes (the training considered by the HAAT to be in alignment with the PIP Assessment Guide), and that no examples were provided to demonstrate the findings from my investigation were utilised for learning within training. This is in contrast to the approach taken by the Department in respect of the training for Case Managers which I will discuss later within Recommendations 15 and 16. The Department have however advised in their latest response (April 2023) that *'appropriate elements of Capita's training have been amended to reflect the findings and implement accepted recommendations of the NIPSO report'*.

I welcome the Department made a further revision to their compliance note to Case Managers, following feedback from my Office during our engagement on the progress of the recommendations. This was to signpost the guidance on the circumstances in which 're-works' are appropriate as well as the route to initiate it (Case Managers are expected to consult Quality Assurance Managers and the HAAT due to service credits being applied).

- Foreword
- Introduction
- Engagement & Monitoring
- Overview of Progress
- Conclusion
- Summary

I note the Department’s rationale on why they will not move to a position of informing claimants when a ‘re-work’ has been directed. The Department considers claimants’ dispute rights to appeal entitlement decisions and the existing mechanisms for stakeholder engagement (the quarterly Disability Consultative Forum), error reduction and quality checks (including complaints, internal audit, Standards Assurance Unit and the Joint Standards Committee) as sufficient to offer robust assurance. I recognise the benefits of the structures in place however I maintain that acknowledging process errors directly to the claimant affected (and any resulting learning) would be of benefit. This could help build stakeholder confidence and accountability about the adverse impact claimants may experience from such errors, which can in turn be used to improve delivery.

Recommendation Summary	Status
<p>R14 Enhance Auditing of the Further Evidence Criteria</p> <ul style="list-style-type: none"> ● Given the availability of further evidence is a significant factor in the overturn of Department decisions at Appeals it is recommended that the Department and Capita enhance the auditing of ‘further evidence’ criteria. ● The Department should review the audit programme implemented by Capita to ensure testing and grading in respect of ‘further evidence’ is comprehensive for cases routed by face to face consultations, as well as paper based reviews. <p>This should include robust scrutiny at both stages (Initial Review and Assessment) of a Disability Assessor’s decision making and recording of:</p> <ul style="list-style-type: none"> • What further evidence requests or additional input could reasonably be considered to improve the quality of advice and what consideration/action was taken by the Disability Assessor to pursue it; and • How available further evidence was evaluated, and the analysis recorded to justify opinion. 	<p>Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- reviewed Capita’s audit programme and confirmed that with the introduction of SLA17, Initial Reviews (the stage at where further evidence is typically requested) are now subject of audit, in addition to Assessment reports;
- instructed Capita to utilise a dip check process in which a senior clinician reviews the audits of an auditor; and
- will collate data, from their independent audit activity, on the number of cases returned due to inadequate requests or evaluation of further evidence to justify opinion.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO assessment of progress

I welcome that Initial Reviews are now subject to audit by both Capita and the Department's HAAT, delivering an enhanced scrutiny of the 'further evidence' criteria, although it remains unclear what percentage of overall claims will be audited by each.

I remain concerned however that the absence of recorded rationale for not requesting further evidence at the Initial Review and Assessment stages (Recommendations 6 and 10), continues to present challenges as to how comprehensively the further evidence criteria can be scrutinised.

Out of the 10 Initial Reviews and associated Assessment reports reviewed in this follow up, the records provided suggested that no requests were made to the claimants' health professionals. In 2 of the claims only the PIP2 forms were available at the time of completing the telephone consultations. Whilst the basis for this decision making may have been sound, in only 1 of the Initial Reviews did the Disability Assessor record their rationale for not making requests, and none recorded their rationale in the Assessment reports.

The Initial Reviews and Assessment reports were later audited by the HAAT and the 'further evidence' criteria was assessed as met. Although commentary was made within the audits on whether existing evidence (that which was available to the Disability Assessor at the time of the Initial Review or Assessment) was correctly referenced or used within the justifications, no commentary was made on the decision making about requests.

Whilst I recognise had the Auditors considered further evidence requests were required, the criteria would not have been assessed as met, however I encourage the Department to reflect on the impact of a lack of recorded rationale on assurance processes. As the Department itself highlighted in response to concerns raised by my Office:

'If the field [Disability Assessor] considered requesting [Further Evidence] at the assessment stage but decided against this for whatever reason, the auditor of the assessment report would not necessarily be able to determine this.'

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R15 Renew Focus on Evidence at First Tier Decision Making</p> <p>The Department should review and renew the focus given in the decision making process to the importance of the role and application of further evidence by:</p> <ul style="list-style-type: none"> ● Reviewing whether the guidance and processes in place supports the Case Managers to be empowered in practice, in their role as decision makers, to test the evidence and seek further evidence where necessary; ● Allocating Case Managers sufficient time and resources to thoroughly examine the evidential base; ● Providing regular training and workshops for Case Managers on the principles of evidence based decision making; ● Introducing an electronic template for Case Managers to record their evaluation of the evidence for each descriptor choice which forces entries to be made prior to saving the electronic record; ● Ensuring advice or input by Quality Assurance Managers [QAM] and the Health Assessment Advisors is routinely sought and recorded in the claim file; and ● Ensuring there is robust governance of how often further evidence is sought and obtained during the decision making stage. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- commissioned and delivered a new training course for Case Managers focusing on the importance of examining the evidence base;
- issued further guidance to remind Case Managers of support available from the Department's QAM and HAAT to provide clinical advice; and
- developed, but subsequently decided against, the introduction of an electronic template to record the evaluation of evidence, advising that to add this step would incur significant resources.

NIPSO assessment of progress

I commend the Department for the steps it has taken to integrate learning from my investigation into the training for Case Managers. The content of the bespoke training course, developed by Decision Making Services and which is now embedded into the course catalogue, demonstrates that the Department has constructively taken the opportunity to reflect upon and share key lessons. The training places an emphasis on the importance of 'getting it right first time' and includes the use of case studies from my report to support discussion and examination of impact.

Foreword

Feedback shows the training has been positively received and considered to reinforce learning on the principles of evidence based decision making. Attendees provided positive comments on how it benefits their role, including reflections on:

- the importance of gathering evidence at the earliest stage;
- addressing inconsistencies in assessment advice and challenging where there is conflicting or insufficient evidence to justify descriptor choices;
- ensuring further evidence is requested, if required, before finalising the decision notwithstanding time pressures; and
- the benefits of getting it right first time for the claimant and for the Department.

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

I am, however, disappointed that the Department has decided not to introduce an electronic template to record the evaluation of evidence. Although the Department developed a draft template, following an assessment of impact on the average time taken for Case Managers to make entitlement decisions, a decision was made not to implement this aspect of the recommendation. I note that the Department considers it to be duplication of records made elsewhere on the PIPCS and that improved record keeping can be achieved by the implementation of other recommendations, training and quality checks within existing governance structures. Having observed, however, across 100 cases in my investigation, limited system functionality and input in respect of recording the evaluation of the evidence, I remain of the view that the introduction of this template would be beneficial. Indeed, during site visits, my investigators observed Case Managers already using hard copy evaluation templates to assist with the completion and checking of their decision making. An electronic template (detailing the evidence reviewed, weighing of evidence and any action taken to address gaps or inconsistencies) would ensure comprehensive record keeping on the system and act as a helpful reference when constructing reasoning in decision letters and in explanation calls (Recommendations 16, 17 and 24).

The Department have confirmed that Capita continue to record the number of requests sent to Capita from the Department, to request further medical evidence, after an assessment report has been completed. This management information was agreed to be supplied to the Department within the original service requirements, and my investigation had identified the required data had not been recorded until July 2019. I have not however been provided with assurances that the Department will verify or use this information in a meaningful way (see progress on Recommendation 33). This information could be utilised to scrutinise at a systemic level whether Case Managers are identifying the need for and requesting additional evidence during the decision making stage, the volume of requests and whether it should have been sought at an earlier stage of the process. The Department has advised that it is satisfied (through its quality assurance processes) that Case Managers do consider and request additional evidence where needed but more broadly will continue to develop and refine its practices relating to quality and capturing learning, and will address, where possible, the concerns I have reiterated.

Recommendation Summary	Status
<p data-bbox="320 703 408 752">R16</p> <p data-bbox="320 770 512 853">Improve Decision Letters to Claimants</p> <p data-bbox="544 371 1214 427">The Department should review how decisions are recorded and communicated with claimants to include:</p> <ul style="list-style-type: none"> <li data-bbox="544 450 1214 651">● Reviewing whether the [Decision Maker's Reasoning] (DMR) template is fit for purpose given the reliance by Case Managers on pre populated and automated responses and whether character limitations placed on Case Managers' input may contribute to the lack of personalisation and customisation on further evidence in the 'reasoning' for decisions; <li data-bbox="544 663 1214 808">● My previous finding included a recommendation to introduce recording the evaluation of the evidence for each descriptor choice. This could be used to help Case Managers provide more robust and individualised reasons in their decision letters; <li data-bbox="544 819 1214 1021">● Decision letters should detail what further evidence was considered when making the decision, what evidence was requested and what was obtained. Evidence types may need to be grouped but it should be sufficient in detail and description to allow the claimant to understand and identify what evidence was available to the decision maker; and <li data-bbox="544 1032 1214 1144">● Reviewing standardised terminology and statements in respect of the evidence gathered and considered, such as 'best available' and 'consistent with' to ensure their use is accurate and legitimate in the individual claim. 	<p data-bbox="1278 763 1398 792">Part Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- advised of a planned increase to the character limit on the DMR;
- is participating in a wider review of decision letters being undertaken by the DWP and feeding in the recommendations within this report;
- monitors compliance of an instruction to Case Managers to list all the evidence used as part of the decision; and
- included messaging within training on the importance of providing clarity in the decision letters on the weight given to particular pieces of evidence.

NIPSO assessment of progress

I welcome the Department's acceptance that opportunities exist to improve the content of decision letters and I look forward to seeing the improvements delivered by the wider review.

Foreword

During our engagement on progress, my Investigators raised some concerns about an early draft of the revised letter template, including that it did not appear to include information about evidence requests made, as was recommended. Without the Department, or Capita (as outlined in Recommendation 7) providing this information, claimants will continue to be poorly informed about whether the health professionals were contacted in the process. Whilst the Department has reiterated Case Managers are instructed to include, within the body of their decision reasons, *what evidence was used* in making the decision, this does not address the need for claimants to be informed *what requests were made*. I encourage the Department to assure itself that the necessary enhancements are made.

Introduction

Engagement & Monitoring

Overview of Progress

I welcome the planned increase to the DMR character limit, and the reinforcement of messaging within the training about the need to clarify how evidence was weighted within the 'reasoning' for decisions. I maintain however that the use of an evaluation template, which the Department has decided not to implement (Recommendation 15) could assist in providing more individualised, and comprehensive, reasoning in decision letters and assist in subsequent explanation calls.

Conclusion

From reviewing a sample of decision letters completed in 2022, I am disappointed that content which is difficult to read and comprehend, and which appears to result from automation, continues to feature:

Summary

'I decided you can prepare and cook a simple meal for one person unaided, eat and drink unaided, either manage medication or therapy or monitor your health unaided, or you do not need to, wash and bathe unaided, manage your toilet needs or incontinence unaided, dress and undress unaided, express and understand verbal information unaided, engage with other people unaided and make complex budgeting decisions unaided.'

I welcome an improved approach to the listing of the evidence used in the decision, in comparison to the earlier cases examined in my investigation. I remain of the view however that the populated descriptions routinely used, do not always provide the claimant with sufficient detail to understand and identify what evidence was available to the decision maker.

For example, within a 2022 decision letter, items listed as being available to the Case Manager included:

- '... - the information provided by the report from your General Practitioner,*
- the information provided by the report from your consultant,*
- the information provided by the report from your consultant...'*

Foreword

The 'reports' were evidence gathered during a claim made five years earlier, with the two consultants 'reports' being copies of consultant letters (sent to the General Practitioner in 2017 in response to their clinical referral of the patient) and enclosed within the General Practitioner's report to Capita in 2017. From the description provided the claimant could easily be led to believe that contemporaneous reports had been gathered from their health professionals in response to their current claim. It is critical that claimants know what evidence is available to the decision maker, and I encourage the Department to reflect on the use of populated descriptors and monitor not only whether items are listed but if sufficient detail is provided.

Introduction

From my review of the sample of 2022 decision letters, I welcome that there appears to be a more considered application of the use of the terminology '*consistent with*' in comparison with the letters examined in my investigation. I am concerned however at the continued use of the description of the information as being '*the best available*', when claimants continue to not be made aware exactly what evidence was requested and available. The statement could easily infer that evidence has been sought from all sources, when often this is not the case, and remains unknown to the claimant.

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R17 Written Records of Explanation Calls</p> <ul style="list-style-type: none"> ● The Department should ensure that appropriate records are made by Case Managers to evidence any explanation of decisions provided to the claimant. ● Department guidance, on the appropriate recording of explanations provided to claimants, should be reviewed and updated to reflect any required changes and staff should be retrained accordingly. 	<p>Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- reviewed and updated guidance for Case Managers and Telephony Advisors, about the records required for explanation calls; and
- delivered awareness training to staff regarding the changes.

NIPSO assessment of progress

I welcome that this recommendation has been implemented to highlight the importance of making comprehensive records on the PIPCS of the explanation call with claimants. This will help to ensure at the next stage the Case Manager is fully informed of any specific areas of dispute and highlighting any issues they may wish to explore when making the Mandatory Reconsideration Outbound call.

During engagement on progress, my Investigators raised concerns about the direction to make a record of the call in the 'notes' tab and the 'explanations' tab of the PIPCS. The Department explained it has taken this approach in order that telephony staff, who use the 'notes' tab frequently, will see the content, but also due to the character limit in the notes area of the 'explanations' tab. I encourage the Department to monitor whether making these records in separate places has the potential to cause confusion or error, and may be better addressed by an increase of the character limit on the 'explanations' tab.

Recommendation Summary	Status
<p>R18 Raise Awareness of the Mandatory Reconsideration Process</p> <p>As part of [the wider review of PIP communication products] the Department should examine the correspondence and communications provided in regard to the Mandatory Reconsideration process.</p> <p>The review should include:</p> <ul style="list-style-type: none"> ● Inclusion of more detailed advice on the Mandatory Reconsideration process within the First Tier decision letter, including advice on the provision of further evidence and expected timeframes for provision of the same. The Department should consider including the (already available) Mandatory Reconsideration Guidance notes with the First Tier decision letter; ● Consideration of the introduction of the Mandatory Reconsideration request form already in place for Mandatory Reconsideration for DWP. This form could be provided to claimants with the First Tier decision letter or upon request for Mandatory Reconsideration, as standard. I am aware that the Department have a Mandatory Reconsideration request form in place, however it is unclear how often this form is utilised for PIP. The form could also be improved, as unlike the DWP version, it does not contain prompts for further evidence; and ● Consideration of the introduction of an alert/heading on PIPCS to clearly identify at what stage of the process a claimant is at for the benefit of Telephony staff. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- is continuing to participate in the wider review of communication products being undertaken by the DWP, feeding in the recommendations within this report;
- made changes to the NI Direct PIP webpage to include additional information on the Mandatory Reconsideration process²⁷;

Foreword

- requested changes to the First Tier Decision Letter, via the DWP, for the content to include additional information on the Mandatory Reconsideration process. It is anticipated this change will be going live in June 2023;
- updated the Mandatory Reconsideration request form and guidance notes, to include prompts for further evidence, but has decided not to enclose a hard copy within the First Tier letters. Claimants are to be signposted to the revised version online²⁸ or be provided with a hard copy upon request; and
- made a request, via the DWP, to make a change to the PIPCS to introduce an additional watermark so that telephony staff can readily identify the current stage of the claim.

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

NIPSO assessment of progress

I welcome the Department's acceptance that opportunities exist to improve communication products about the Mandatory Reconsideration process, and have made changes to date. I look forward to seeing the further improvements to be delivered by the wider review, and the refresh of advice videos by the Department.

In explaining its decision not to include the revised Mandatory Reconsideration request form or guidance notes as a standard enclosure, in addition to the cost involved, the Department cited statistics that only 28% of requests made over a 1 year period were in writing, with the remainder made over the phone. It is unclear however if claimant action has to date been impacted by a lack of knowledge of, and accessibility to, these documents. I therefore welcome, and await, the changes to the letter to signpost the claimants to the online versions and encourage the Department to publicise that hard copies can also be provided upon request.

I am pleased that the change to the PIPCS means that telephony staff can easily identify the current stage of the claim, without having to navigate several screens. Having identified, within the calls listened to during my investigation, a level of confusion at times, I am hopeful this change will assist telephony staff in their communication with, and advice to, claimants.

27 'What to do if you disagree with the decision', available at www.nidirect.gov.uk/articles/personal-independence-payment-pip

28 Available at www.nidirect.gov.uk/mandatory-reconsideration-request

Recommendation Summary	Status
<p>R19</p> <p>Improved Communication at Mandatory Reconsideration for Effectiveness</p> <p>The Department should consider the introduction of an acknowledgement letter to claimants who apply for a Mandatory Reconsideration. This letter should include:</p> <ul style="list-style-type: none"> ● An acknowledgement of the request along with details/confirmation of what the claimant has disputed (where this has been provided); ● Further advice/confirmation on what types of further evidence a claimant could provide. Where appropriate, tailored advice should be provided in regard to specific evidence which would support the claimant's reconsideration, for example if the Assessment report advises that no medical evidence was available to support certain descriptors this should be highlighted to the claimant; ● A specified return date for further evidence (if applicable); ● Specific guidelines on when or if an extension to the 4 weeks will be provided and how this will be considered by the Mandatory Reconsideration Case Manager; and ● Provision of the Mandatory Reconsideration request form (if applicable). 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- requested, via the DWP, the introduction of a manual acknowledgement letter to be sent to claimants who request a Mandatory Reconsideration, expected to be delivered by June 2023. The letter is to include information on the dates by which further evidence should be received, and advice to the PIP centre should the claimant require additional time and/or intend to send in further evidence but will not include confirmation of areas of dispute and tailored advice on the gaps in evidence; and
- is enhancing the reach of the 'Outbound Reconsideration Calls', in which Case Managers provide advice on the areas of dispute and gaps in evidence, by issuing claimants who do not answer, with a SMS text message encouraging contact to be made with the PIP centre.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO assessment of progress

I welcome, and await confirmation of, the introduction of the acknowledgement letter. The Department consider that the manual input required by Case Managers to deliver tailored advice within the letter would be disproportionately resource intensive, impacting on case handling times. It has taken the view that advice will be sufficiently delivered through improved communication, including signposting claimants to contact the Department, Outbound Reconsideration Calls and its provision of links to the online Mandatory Reconsideration request form and guidance notes.

As outlined in my investigation report, I observed good practice in telephony advice provided to claimants who chose to request a Mandatory Reconsideration over the phone and had welcomed the introduction of 'Outbound Reconsideration Calls'. My recommendation sought to develop these efforts further, to ensure a written form of communication was also issued which would reach all claimants with consistent messaging and tailored advice. The purpose of which is to use every opportunity to support the effectiveness of the review of whether all relevant evidence has been gathered and considered to get the entitlement decision right. Whilst I welcome the steps taken and improvements planned, I encourage the Department to continue to reflect on whether resources incurred in manually preparing such further information and advice in writing may be proportionate to invest, acting to help reduce overturn on appeal and ensuring the right support is provided to claimants at the earliest opportunity.

Recommendation Summary	Status
<p>R20</p> <p>Communicate Time Allowed to Provide Further Evidence</p> <ul style="list-style-type: none"> ● As previously recommended the Department should consider the introduction of an acknowledgement letter to claimants who apply for a Mandatory Reconsideration which will provide claimants with additional information on the time provision for evidence gathering. ● The Department should also retrain Telephony Advisors in line with this communication in order to ensure a consistent message is provided to all claimants. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- requested, via the DWP, the introduction of a manual acknowledgement letter to be sent to claimants who request a Mandatory Reconsideration, expected to be delivered by June 2023. The letter will include information on the timescale allowed for claimants to provide further evidence; and

Foreword

- issued a new bulletin to telephony staff and reinforced within awareness training, of the need to provide consistent messaging on timescale allowed for claimants to provide further evidence (4 weeks from the date of request for Mandatory Reconsideration and Case Manager to adopt a discretionary approach when deciding on reasonableness for any further requests for additional time).

Introduction

NIPSO assessment of progress

I await confirmation of the introduction of the acknowledgement letter with the required information and welcome the updated instruction to staff. I encourage the Department to monitor that the messaging being provided to claimants remains consistent. As reflected within Recommendation 19, effective communication about further evidence opportunities at Mandatory Reconsideration will support the effectiveness of the review.

Engagement & Monitoring

Overview of Progress

Recommendation Summary	Status
<p>R21 Providing Claimants with the Assessment report along with the Decision Letter</p> <p>I note the Department advised, in its response to the Independent Review²⁹ (November 2018) that improvements were to be undertaken to PIP communications to clearly highlight to everyone they can request a copy of their Assessment report should they wish to do so. To date I have not seen these amendments making their way into the communications.</p> <p>● Given the importance of the Assessment report, and the difficulties for claimants accessing their report, the Department should now reconsider their response to the Independent Reviewer's recommendations and provide all claimants with a copy of their Assessment report along with their First Tier decision letter.</p>	<p>Not Met</p>

Conclusion

Summary

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- submitted a request to the DWP to consider the feasibility of including the Assessment report along with the First Tier decision letter. The DWP advised it was not taking forward this change, and it would need to be funded by the Department if it were to be progressed;

29 Department for Communities' Interim Response (November 2018) to the First Review of the Personal Independent Payment Assessment Process (June 2018). Available at: www.communities-ni.gov.uk/publications/independent-review-pip-assessment-process-northern-ireland-report-and-response

Foreword

- set out its view that it is more effective to provide claimants with information on the availability of the Assessment report, but that it will continue to monitor any decisions the DWP undertake on a longer term approach to this issue. The Department have advised the DWP plan to conduct a pilot in this matter;
- requested via the DWP that the PIP decision letters include information regarding the option for the claimant to be able to request their Assessment report, expected to be delivered by June 2023;
- included within telephony script for PIP Centre staff, to highlight the availability of Assessment reports to claimants upon request, and
- updated the online NI Direct webpage to highlight this message³⁰.

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

NIPSO assessment of progress

The Department consider that continuing to inform claimants that an Assessment report can be requested, is a better option than the automatic issuing of the report. It outlined reasoning including that some claimants would consider it unwanted additional paperwork; the potential for information security risks and cost. Department further highlighted that the Assessment report is only one piece of the decision making process, and that other evidence is used to inform the outcome decision.

Whilst I welcome the steps taken and efforts underway to highlight to claimants that a copy may be requested, it remains of note that the Department previously advised of the intention to improve communications in its response to the Independent Review in November 2018.

I maintain that the Assessment report should be automatically disclosed to claimants alongside the First Tier decision letter. I note the House of Commons Work and Pensions Committee has also recommended, following their inquiry into health assessments for benefits, that the DWP commit to sending assessment reports to claimants as standard as soon as possible³¹. It is my view that claimants should be made aware of the detail of the Assessment advice, so they are in a position to identify if relevant evidence has not been gathered, or appropriately considered, within a process which assesses the impact of their health condition and/or disability and determines their entitlement to support. This is particularly pertinent when there remains concerns about the level of information provided in the decision letters.

30 'Step four – Decision', available at www.nidirect.gov.uk/articles/personal-independence-payment-pip

31 Published 14 April 2023. Available at: <https://committees.parliament.uk/work/1468/health-assessments-for-benefits/publications/>

Recommendation Summary	Status
<p>R22 Renew Focus on Evidence at Mandatory Reconsideration</p> <ul style="list-style-type: none"> ● The Department should provide a refresher training session on the ability of the Department to request further evidence for all staff (both Case Managers and Telephony Advisors). The training session should include: <ul style="list-style-type: none"> • Emphasis on the importance of First Tier Case Managers giving full consideration of the need for further evidence alongside the Assessment providers report in order to get the decision right first time; • Identification that it is possible for all Case Managers to request further evidence through Capita; • Encouragement to use this function where there is confliction/gaps in evidence; • Encouragement to use this function where there is limited medical evidence available or no recent medical evidence; and • The use of Good Practice examples, such as the case study provided, to illustrate the effective use of this function. ● The Department should also introduce a feedback template where award decisions are overturned at Mandatory Reconsideration and Lapsed Appeal. This template should include: <ul style="list-style-type: none"> • The reason for overturn of the award; • Whether a different approach was taken by previous Case Managers, and why the variation in approach occurred; and • Whether any action taken could have been undertaken at an earlier stage of the process. ● The Department should use the template to provide individualised feedback to the Case Managers involved in order to promote learning and discussion. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- commissioned and delivered a new training course for Case Managers which included highlighting the ability of the Department to request further evidence, and the circumstances in which it is important to use this function;
- delivered awareness training to Telephony Advisors and Workflow staff on these key messages;
- explored developing a new feedback template but decided that existing Case Manager case logs and feedback mechanisms are sufficient to identify learning;
- advised of a feedback loop, added to PIPCS in late 2021, that prompts Team Leaders to consider cases where the next stage decision maker changes any descriptor selected by the previous Case Manager (and where a referral to the Assessment Provider was not made); and

Foreword

- reinstated the monthly PIP Quality Forum which involves representatives of decision making from across the business areas to discuss trends and share learning. This is in addition to the existing methods for communicating feedback, for example, quality checks performed by PIP Quality Assurance Managers.

Introduction

NIPSO assessment of progress

As expressed in my comments under Recommendation 15, I welcome the training course developed by Decision Making Services and the positive approach taken to integrating learning from my investigation into the course content. Reflecting on the feedback comments gathered from participants of the training, it is observed that the key messages from this recommendation about the importance of using the function to direct that evidence is requested, were effectively communicated, and taken on board by the Case Managers in attendance.

Engagement & Monitoring

Overview of Progress

Whilst I welcome the steps taken by the Department to utilise the feedback mechanisms in place to share learning, and given it has advised in its latest response (April 2023) that it continues to seek ways to improve internal quality assurance structures, I encourage the Department to revisit the introduction of a feedback template, as recommended. The existing Case Manager Case Logs, in respect of decisions changed at Mandatory Reconsideration and Lapsed Appeal, are revised from the versions viewed in my investigation. I remain of the view they do not draw out the necessary learning without further enhancement (as outlined in recommendation 31). The feedback loop added to the PIPCS is also observed to be limited by highlighting only cases where a further referral is not made to Capita, and not prompting consideration of cases in which a decision is changed following a Case Manager's request for new assessment advice or request for additional evidence.

Conclusion

Summary

The Department advised of a further separate feedback process to capture the reasoning for overturned decisions at Mandatory Reconsideration, specifically where no additional evidence had been received. Whilst I welcome this is in place, the reasons for overturn and approach by the Case Manager should also be considered in cases where additional evidence is received. This could help identify if evidence requested by a reviewing Case Manager resulted in change, and whether it could have been obtained at an earlier stage. It would also help identify, as observed repeatedly in my investigation, if 'additional' evidence received but which is substantively the same as the existing evidence, is given more weight in the subsequent decision making. Furthermore, this process does not include identifying learning derived from the overturn of decisions at Lapsed Appeal, the stage of the process which I had observed within my investigation to be more rigorous in considering the evidence.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R23 Policy on Referral of Further Evidence for Advice</p> <p>● The Department should introduce a comprehensive, consistent policy on the referral of further evidence to Capita for advice. This policy should:</p> <ul style="list-style-type: none"> • outline the types of evidence to be referred; • provide an expected referral timeframe (from receipt of the information) when referral should be undertaken by; • emphasise the need for a Case Manager to record their reasoning as to why they considered it necessary to refer/not refer further evidence for advice; and • ensure that claimants are informed when further evidence has been referred to Capita for advice or alternatively when a decision has been made not to refer. 	<p>Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- reviewed its policy and issued a new bulletin instructing Case Managers on the action to take when further evidence is received, including documenting the rationale to refer, or not refer the evidence for advice, and informing the claimant in the decision letter; and
- included the updated policy in the training delivered to Case Managers, demonstrating impact using case studies from my investigation report.

NIPSO assessment of progress

I welcome the Department's implementation of this recommendation. I observed from a sample of Mandatory Reconsideration letters reviewed as part of this follow up review, an improved approach to informing claimants when further evidence is referred to Capita for advice.

In respect of expected referral timescale, the Department has instructed Case Managers that where a decision has been made to refer for further advice, this should happen at the 'earliest opportunity', and has committed to monitoring this practice.

Recommendation Summary	Status
<p>R24 Electronic Template to Record Evaluation of Evidence</p> <p>● As previously recommended [R15] the Department should consider the introduction of an electronic decision template based on the informal documents currently used by some Mandatory Reconsideration Case Managers. As well as having areas to record considerations of each descriptor with accompanying evidence, this template should have specific areas to identify:</p> <ul style="list-style-type: none"> • Inconsistencies in available evidence; • Case Managers' rationale for weighing any particular piece of advice over another; • Consideration of referral for further advice; and • Consideration of whether further evidence should be requested and why. <p>The template could be used to inform both the Mandatory Reconsideration Notice and any possible explanation calls.</p> <p>Although it is acknowledged that Mandatory Reconsideration Notices are more coherent than First Tier Decision letters, significant improvements are still required. As the same template is used, recommendations made within [Recommendations 15 and 16] should address the inefficiencies in both First Tier Decision letters and Mandatory Reconsideration Notices.</p>	<p>Not Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- developed, but subsequently decided against, the introduction of an electronic template to record the evaluation of evidence, advising that to add this step would incur significant resources; and
- understands making additional records to be duplication of records made elsewhere on the PIPCS and is of the opinion that improved record keeping can be achieved by the implementation of other recommendations, training and quality checks within existing governance structures.

NIPSO assessment of progress

As outlined in my comments, under Recommendation 15, whilst I welcome the steps towards improved record keeping in the DMR and decision letter content, I note their limitations and I remain of the view that the introduction of this template is needed.

Foreword

The use of an electronic template would develop upon the practice of using hard copy evaluation templates already observed to be in use by some Case Managers and would ensure comprehensive record keeping on the system. An electronic template would allow Case Managers, and other reviewing personnel to test the rationale behind the decisions and act as a helpful reference to construct clear reasoning in decision letters and in explanation calls. I noted within a sample of Mandatory Reconsideration letters reviewed within this follow up, not all evidence available in the claim was listed as being available to the Case Manager and there was inappropriate use of the standardised terminology '*consistent with*', when attributing evidence as being supportive to the decision.

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Whilst I recognise the resource challenges to implementation, I encouraged the Department to reflect further on whether resources incurred may be proportionate to the potential further improvements to the quality of records and enhancing self assessment of decision making and explanations. Within its latest response (April 2023) the Department advised it will continue to develop and refine its practices relating to quality and capturing learning, and will address, where possible, the concerns that I have reiterated.

Recommendation Summary	Status
<p>R25 Raising Awareness of the Department's Additional Stage of Review</p> <ul style="list-style-type: none"> ● The Department should include advice/information on this additional stage of review [following a Mandatory Reconsideration decision and submission of Appeal] and within its Mandatory Reconsideration Notice and PIP advice documents. The advice should include: <ul style="list-style-type: none"> • Communication that the Department will undertake a review of the award, including the claimant's further evidence (both previously available and newly received) following submission of an Appeal request, and/or receipt of additional further evidence; • Explanation that claimants will not be contacted if a revision is not made to their award and their appeal will continue to the Appeal Tribunal; and • Explanation of what to expect, for example, the possibility they will be sent an offer of award letter; detail of the consequences of accepting/not accepting the revised award, etc. ● The Department should also introduce a form of contact at this stage (either via telephone or letter) to inform claimants when further evidence has been sent to Capita for review. ● Department guidance should be updated to reflect the changes and staff should be retrained accordingly. 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- submitted a request to the DWP for a change to the Mandatory Reconsideration Notice to include the additional content recommended. The change is anticipated to go live in June 2023;
- in the interim, updated the NI Direct webpage to include information on this additional review;
- included information on the impact of accepting an award at this stage within the revised offer of award letter (linked to Recommendation 27); and
- developed a new SMS text message to alert claimants if further evidence has been received following a Mandatory Reconsideration decision and before an Appeal is heard.

NIPSO assessment of progress

I welcome the steps taken to date to give effect to this recommendation and look forward to receiving evidence of full implementation. I also welcome that during our engagement on the progress of the recommendations, the Department made further revisions to the NI Direct webpage following concerns raised that the content did not reflect the level of advice recommended.

The SMS text message developed by the Department advises, *'Thanks for sending your additional evidence in support of your PIP appeal. We have passed it to the Independent Health Professional for advice. When we receive their reply we will decide if this changes your PIP decision and will contact you if necessary.'* Whilst I welcome the Department has taken this step to keeping claimants informed, I encourage the Department to check and monitor understanding of this text message. It is critical that claimants understand that it relates to the Department's undertaking of an additional review, and not from the Appeal Service.

Within its latest response (April 2023) the Department advised that going forward, it will engage with third sector stakeholders to test and assure the wording of any changes in 'customer-facing' messaging.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Recommendation Summary	Status
<p data-bbox="320 577 416 622">R26</p> <p data-bbox="320 640 491 757">Electronic Alert of Delay in Receipt of Advice Report</p> <p data-bbox="544 371 1171 427">I welcome the introduction of the electronic sharing of advice reports.</p> <p data-bbox="544 450 927 479">● The Department should also:</p> <ul data-bbox="576 490 1230 875" style="list-style-type: none"> • Introduce a follow up contact to Capita if an advice report has not been received electronically within 5 days of request. This 5 day contact should be repeated until the report has been received; and • Introduce a flagging system when Capita advise that an advice report has been sent but has not been received electronically by the Department. This 'flag' should ensure that an appropriate section of the Department investigates the missing documentation and takes appropriate steps to remedy the issue (identifying where the document has gone, and informing the claimant and the Information Commissioner's office where necessary). <p data-bbox="544 898 1209 954">Department guidance should be updated to reflect the changes and staff should be retrained accordingly.</p>	<p data-bbox="1310 647 1366 676">Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- requested, via the DWP, the introduction of an electronic alert, to trigger if an advice report has not been received within 5 days of a request;
- confirmed deployment of the change which involves the automation of a task for the Case Manager to take action and generates a new task every 5 days for the Team Leader should the advice not be received;
- updated and delivered guidance to staff on the new process; and
- reaffirmed that any potential data breaches are to be reported in line with the Department's Security Incident Reporting Policy.

NIPSO assessment of progress

I welcome the implementation of this recommendation which may enable issues to be identified and followed up at the earliest opportunity. This will help avoid unnecessary delay for claimants and support the appropriate management of sensitive personal information.

Foreword	Recommendation Summary	Status
Introduction	<p>I acknowledge that the Department do not accept that its Appeal Case Managers do not explain their decisions properly in award letters.</p> <ul style="list-style-type: none"> ● In recognition of this the Department may wish to consider the introduction/ inclusion of a question on the understanding of these letters and the lapsed appeal process within its customer satisfaction survey. Further consideration should also be given to engaging with Advice groups to discuss the content of these letters and how they may be improved. ● As previously recommended the Department should consider the introduction of an electronic decision template, for use by all Case Managers [Recommendations 15 and 24]. ● The offer of award letter should be reviewed and amended. The revised letter should include: <ul style="list-style-type: none"> • A full explanation of the review undertaken by the Department – including clarification that this was a review undertaken by the Department, sitting outside of the Appeal; • A full record of what evidence has been considered; and • An appropriate explanation of why the award was overturned including, where relevant, identification that the previous award had been made incorrectly, for example as a result of the failure to consider further evidence at an earlier opportunity. <p>As identified, the lapsed Appeal Award letter follows the same template as First Tier Decision letters, therefore, [Recommendation 16] should address the inefficiencies across all award decision letters.</p> <ul style="list-style-type: none"> ● In addition, where a decision is later overturned at Appeal, the Department's presenting officer should complete a feedback template on the reasons for overturn. Where a Presenting Officer has not been in attendance the Department should request a written statement of reasons from the Appeals Service. The feedback template should be provided to the Case Managers involved in the claim to ensure learning and encourage personal responsibility for decision making. 	Part Met
Engagement & Monitoring		
Overview of Progress		
Conclusion		
Summary		

R27

Explain the Offer of Award and Learn from Overturned Decisions

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- consulted with the Advice Sector and introduced a new version of the offer of award letter;
- agreed to conduct a discrete test, as part of its existing customer survey work, to evaluate the effectiveness of the revised version;

Foreword

- developed, but subsequently decided against, the introduction of an electronic template to record the evaluation of evidence (as outlined in Recommendations 15 and 24);
- engaged with the Appeal Service to investigate the feasibility of requesting a written statement of reasons when a Presenting Officer is not present, and has advised that this option is not considered sustainable due to the resources involved;
- recommenced the use of Presenting Officer feedback stencils (paused during the pandemic) and will share findings compiled from the returns to be shared with staff; and,
- will consider any learning identified from an interlocutory appeals pilot, which is expected to identify lessons in respect of evidence gathering.

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

NIPSO assessment of progress

I welcome the steps taken by the Department to improve the offer of award letter and encourage the Department to continue to monitor its effectiveness and integrate any further improvements. As outlined in my comments within Recommendations 15 and 24, I again encourage the Department to reflect on the decision not to introduce an electronic template to record a detailed evaluation of the evidence and which could also be used to help improve the provision of comprehensive reasoning in decision letters.

I welcome the steps taken by the Department to explore opportunities for learning from the overturn of decisions at appeal, including the commitment to share findings compiled from existing Presenting Officer feedback stencils and learning from the President of Appeal's Annual Report or correspondence received. I note however, that initially in response to my recommendation, the Department had explored developing a different feedback template based on one in use by the DWP. It is unclear why this was not subsequently adopted. Although the Department have highlighted that Presenting Officers are not included during the deliberations of the Appeals Tribunals, I am mindful that given the number of appeals that Presenting Officers do not attend (from which anecdotal feedback may be obtained), and without provision of a written statement of reasons, there remains significant limitation on learning at both an individual case and systemic level. I encourage the Department to continue to consider how it may increase focus on, and resources to, this issue.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Recommendation Summary	Status
<p>R28 Department's Investigation Process in Complaints about Capita's Service Delivery</p> <ul style="list-style-type: none"> ● Given the commitment by the Department to investigate complaints about Capita's service delivery the Department should review the process by which it conducts its own investigations. ● Each complaint requires an individualised approach by the Department to address the specific issues raised however there are standard actions that would be expected, to include: <ul style="list-style-type: none"> • Obtaining all copies of the original complaints to Capita and for the Department to communicate with the claimant to confirm the issues of complaint that remain outstanding or which are new; • Obtaining a copy of Capita's complaints file to include all source material gathered or created during their complaint process. This may include but is not limited to interview notes, clinical advice, audit advice, audio recordings and records of complaint analysis; • Record within the complaints file when information is requested from Capita. This includes making notes of telephone calls and saving emails; • Identify and carry out enquiries that independently test Capita's source material and findings against the complaint issues raised. This may include but is not limited to obtaining input from Departmental Advisors, interviewing witnesses and seeking further contributions from Capita; and • Record the decision making in the investigation process as well as the rationale for the complaint outcome. ● Both the Department and Capita should make it clear to claimants who make a complaint that Department Case Managers are not notified of complaints and do not have routine access to the complaint issues raised. 	<p style="text-align: center;">Met</p>

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- introduced a new investigation process of complaints which have gone through the Capita 2 stage complaint process and which the claimant has escalated to the Department as they have remained dissatisfied;
- issued staff guidance on the standards of investigation to be met including obtaining a copy of the Capita complaints file and associated material, making contact directly with the claimant to clarify issues of complaint, obtaining input from Departmental Advisors, and recording enquiries and analysis;
- developed a template for recording justification of complaint outcome; and

Foreword

- confirmed inclusion of messaging to claimants that Case Managers, who make the decision on their claim, do not have access to complaint information or outcome. This is now included in Capita's complaint acknowledgement letters and in the Department's published policy³².

Introduction

NIPSO assessment of progress

Engagement
& Monitoring

I welcome the implementation of this recommendation by the Department. The guidance issued to the Customer Response Team, who operationally investigate the complaints, is comprehensive in setting out the reason for the process changes and the actions required. I am hopeful that the focus on the robustness of process, and improved communication with the claimant on the issues of concern, will serve to secure more confidence in the system and deliver better outcomes (whether the complaint is upheld or not). I encourage the Department to continue to reinforce the importance of good complaints handling by monitoring that the expected standards of investigation are being met.

Overview
of Progress

I also welcome that claimants who make a complaint are now told at the earliest stage, that Case Managers do not have routine access to this information. As reflected in my investigation, often claimants who had requested a Mandatory Reconsideration had an expectation that evidence they had provided to support their complaint was also available to support their challenge to the benefit decision. It was critical that this was clarified so that claimants are not disadvantaged in the process.

Conclusion

Summary

32 'Case Managers within DfC are not notified of complaints and do not have routine access to complaint issues raised. This allows claims to be processed while the complaint is being investigated. If the complaint leads to any change of advice from the Assessment Provider, this will be applied after the complaint process has concluded.' Available at: www.communities-ni.gov.uk/making-complaint-about-medical-assessment-provider

Recommendation Summary	Status
<p>R29 Improve the Process for Investigating Complaints about Further Evidence</p> <ul style="list-style-type: none"> ● Capita, as the Assessment Provider, should consistently and adequately investigate complaint issues raised about further evidence to include: <ul style="list-style-type: none"> • Reviewing the Clinical Governance Statement in respect of ensuring the rights of claimants to make a complaint of maladministration are met and not incorrectly limit the issues that can be investigated; • Routinely seeking clinical governance advice as to whether further evidence should have been requested to inform advice at initial review and in the completion of the assessment report to the Department; • Routinely seeking clinical governance advice as to whether the further evidence was appropriately considered in the advice at initial review or in the completion of the assessment report to the Department; and • Where these complaint issues are not substantiated, explain to the claimant the justification behind why the further evidence request was not considered necessary and/or how the further evidence was appropriately identified. ● The Department, as the decision maker with statutory responsibility, should consistently and adequately investigate complaint issues raised about further evidence to include: <ul style="list-style-type: none"> • Establishing what evidence was available and what requests for further evidence were made by the Assessment Provider (Capita) when they provided advice to the Department in the assessment report; • Routinely seeking input from the Department's Health Assessment Advisor on whether the Assessment Provider should have requested further evidence to inform the advice at initial review or in the completion of the assessment report; • Routinely seeking input from the Department's Health Assessment Advisor on whether the further evidence was appropriately considered by the Assessment Provider in the advice; • Asking the Case Manager to account for their decision making as to why the Assessment Provider was not directed to request the further evidence identified by the claimant; • Asking the Case Manager to account for how they appropriately considered the further evidence identified by the claimant within their decision making; and • Where these complaint issues are not substantiated, explain to the claimant the justification behind why the further evidence request was not considered necessary and/or how the further evidence was appropriately considered. 	<p>Met</p>

Foreword

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- confirmed Capita reviewed and updated their Clinical Governance and investigation process for complaints about further evidence. The process now involves a review by the Clinical Governance team of the Initial Review, including how further evidence was considered, the assessment route and assessment report;
- advised that the Clinical Governance review is used to inform the complaint response, and have engaged with Capita on how this information is to be presented to the claimants; and
- updated its own process (in line with Recommendation 28) for investigating complaints about further evidence which have been escalated to the Department. This involves obtaining advice from the HAAT and input from the Case Manager, which is to be referenced within the complaint response.

NIPSO assessment of progress

I welcome the implementation of this recommendation. I am hopeful that the improved robustness of the process to examine claimants' complaints about the gathering and consideration of further evidence, will help to identify and rectify any concerns at the earliest opportunity of this key issue.

I welcome the improved focus of the updated Capita investigation process of these complaints on further evidence considerations at the Initial Review stage, including whether evidence was or should have been requested. I encourage this level of scrutiny to be applied also at Assessment stage. I note the Department considers that Case Manager input may be gleaned from the records on the claim however I suggest the Department keeps this under review as they are unlikely to be sufficient to address the specific concerns raised by the claimant.

I welcome the steps taken to improve communication on complaint outcome on this key issue and encourage Capita and the Department to monitor whether the detail being provided sufficiently reassures claimants that they have been listened to and the matter robustly examined.

Recommendation Summary	Status
<p data-bbox="320 707 496 898">R30 Improve Governance of Complaint Handling</p> <p data-bbox="544 371 836 398">It is recommended that:</p> <ul style="list-style-type: none"> <li data-bbox="544 421 1209 600">● In the Department's development of a written policy for handling complaints about Providers, it is critical the Department sets out the standards of investigative action expected, as well as the administrative arrangements, for the thorough and independent investigation of these complaints; <li data-bbox="544 607 1174 723">● The Department should review and publish clear information which is accessible to PIP claimants on the Department's role in investigating complaints about Providers; <li data-bbox="544 730 1190 790">● It is essential that the Department reinforces the importance of record keeping in complaints handling; <li data-bbox="544 797 1219 913">● The Customer Relations Team who are tasked to carry out the core complaints handling duties should be provided with a complaints case management system which is adequate to support the duties of their role; <li data-bbox="544 920 1198 1010">● Complaints staff should be provided with updated training on the principles of good complaints handling and importance of good record keeping; <li data-bbox="544 1016 1219 1106">● The Department should review the process by which it systemically records and analyses the outcome of PIP complaints; and <li data-bbox="544 1113 1206 1229">● In line with the Department's current '<i>Guide to Effective Complaints Handling</i>' the Department should publish information on PIP complaints in a way that reaches claimants and other interested parties. 	<p data-bbox="1310 786 1362 813" style="text-align: center;">Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- developed and published a new policy on the handling of complaints about Assessment Providers for PIP, Employment and Support Allowance, Universal Credit and Industrial Injuries Disablement Benefit³³. The policy also provides complainants with information on the standards of investigation expected from the Department when a complaint has been escalated;
- briefed all PIP staff on the updated policy and delivered training to the Customer Response Team³⁴, incorporating learning from this investigation and the NIPSO statement of principles for public bodies to follow when addressing complaints;

³³ Available at: www.communities-ni.gov.uk/making-complaint-about-medical-assessment-provider

³⁴ Statement of Principles – NIPSO Complaints Standards and Improvements. Available at Microsoft Word [-SOP-following-consultation \(nipso.org.uk\)](https://www.nipso.org.uk/-SOP-following-consultation)

- is seeking to identify and implement an improved IT solution for use by the Customer Response Team; and
- enhanced the complaints information published in the Department's Annual Report³⁵, and committed to publishing detail about lessons learnt in future reports.

NIPSO assessment of progress

I welcome the implementation of this recommendation. I note the positive approach that the Department has taken to improving its complaints governance and urge the Department to continue this momentum. I encourage the Department to resolve the provision of a suitable case management system for the Case Response Team (the suggested system in use by the Customer Service Team is under review and alternative procurement is being considered).

Through its responses to Recommendations 28-30, the Department has committed to comprehensively recording, analysing and learning from complaints. I welcome this and urge the Department to continually monitor how effectively this is occurring. I also welcome that the Department reflected on research and consultation conducted as part of my Complaints Standards and Improvement work³⁶. I look forward to engaging further with the Department as this programme of change progresses³⁷.

35 Annual Report and Accounts for the year ended 31 March 2022, published 30 August 2022. Available at: www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-annual-report-and-accounts-2021-22.pdf

36 NIPSO – Our Work- Complaints Standards. Available at: www.nipso.org.uk/nipso/publications/complaints-handling-consultation/

37 Ombudsman to lead complaints change programme. Available at: www.nipso.org.uk/nipso/nipso-latest-news/ombudsman-to-lead-complaints-change-programme

Recommendation Summary	Status
<p>R31 Improve Analysis of Reasons for Overturn and Report Categories to Public</p> <ul style="list-style-type: none"> ● The Department should review its current method of recording the reason for the overturn of awards decisions at Mandatory Reconsideration and Lapsed Appeal. The use of reason categorisation, such as those used by Appeals Case Managers should be implemented for Mandatory Reconsideration, along with the addition of the following fields to both decision logs: <ul style="list-style-type: none"> ● Where further evidence is received, does it provide information previously unavailable; ● Where further evidence is received, could it have been requested by Capita/Department at an earlier stage; and ● Where further evidence is received, is it clear from the advice received/reasoning of the Case Manager that the evidence directly resulted in the overturn of the award (in this case the Case Manager may have to clarify this with the Disability Assessor if it is not clear within the change of advice report). ● The Department should continuously review and analyse the reasons for overturn in awards to inform learning and improvement. ● These categories of data should also be reported to the public so that an accurate overview of the reasons for overturn of awards are presented. 	<p>Not Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- reviewed its current method of recording reasons for overturns and considers that existing Case Manager Case Logs, a revised version from that viewed in my investigation, captures sufficient data;
- is of the view that information captured from existing sources including the case logs, audits and PIPCS feedback loop report is sufficient to inform the reporting regarding the quality of decision making;
- advised information produced from the logs and other sources will be utilised for individual and collective learning at monthly Quality Forums which were re-introduced in July 2022 and share lessons identified through practice guidance and Team Time agendas; and
- do not agree that reporting or publishing information obtained from an internal analysis of reasons for overturn of previous decisions is in the public interest.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO assessment of progress

Whilst I welcome that the Department has reintroduced monthly Quality Forums, and the intent to identify and share learning, I am not persuaded that the mechanisms presented to date support the systematic analysis as recommended to assist in getting decisions right first time.

I note the Department initially intended to introduce a new recording template but after considering the additional time taken to record the information and impact on resources decided against this action. Although the Department has advised the data currently gathered in the logs about the receipt of further evidence *allows* for interrogation, the deeper analysis required to fully understand what has occurred, does not appear to feature. For example, the revised Mandatory Reconsideration Case Log does capture if the evidence, most weighted in the change of decision, is 'dated' pre or post the First Tier decision. It does not however record whether the evidence received contains information previously unavailable. As highlighted in my investigation, I observed several cases in which the receipt of further evidence was attributed to the overturn, despite containing essentially the same information as existing evidence on the claim but resulted in different advice from the Assessment Provider.

Nor does it record if the pivotal evidence could have been requested at an earlier stage by Capita/the Department, which is key to learning. This was a significant feature in the cases examined in my investigation. Often the source of the evidence, resulting in the overturn of decision at Mandatory Reconsideration or Lapsed Appeal, had been clearly pointed to by the claimant from the outset but the information had not been sought. Typically, the source was health professionals listed by the claimant as being best placed to provide information on their condition or disability.

The Department outlined its decision making for not agreeing to report publicly the internal analysis of reasons for overturn, advising that the information would not meet the standards required for public reporting (timely and accessible, is of sufficient quality to be reported in the public domain and is explained in a manner that avoids confusion). The Department also advised it had consulted key stakeholders with regard to the current suite of published statistics and established there is currently no demand for this information but the details of this consultation were not provided.

The Department advised within its latest response (April 2023) that it will continue to look at ways of consolidating its existing processes and ensure learning from sources of feedback (stakeholders, complaints, quality assurance processes) is consistently being captured and acted upon.

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

Recommendation Summary		Status
R32 Retrain staff on ensuring accuracy of information	<ul style="list-style-type: none"> ● The Department should retrain staff responsible for the provision of information to individual members of the public or external organisations requiring information. Emphasis should be placed on undertaking appropriate checks that any information provided is clear and accurate. 	Met

Department response to NIPSO

In summary, the Department:

- has accepted this recommendation;
- issued a Data Protection Officer guidance note to remind all staff handling Freedom of Information (FOI) requests of the protocols and importance of ensuring accuracy of information reported externally; and
- requested, and was given priority, in the rollout of the new mandatory Data Protection training for staff across the Northern Ireland Civil Service (NICS).

NIPSO assessment of progress

I welcome implementation of this recommendation. As highlighted in my investigation, management information provided by Capita to the Department, on the number of further medical evidence (FME) requests made, was found to be inaccurate. This was further compounded by the Department providing figures in response to FOI requests that were not reflective of either the inaccurately reported, or revised, Capita figures.

I am pleased that the Department acted to prioritise this training for its staff and committed to monitoring effectiveness post rollout.

Recommendation Summary	Status
<p>R33</p> <p>Improve Governance and collation of statistics on further evidence requests made and responded to</p> <p>● I acknowledge that the Department and Capita have corrected the reporting of [management information on the number of Further Medical Evidence (FME) requests made]. However, given the delay in these issues being identified, the Department should review the robustness of its current methods of monitoring Capita's FME management information/ statistics. In undertaking this review consideration should also be given to the Department undertaking its own collation of FME management information/statistics.</p> <p>These should include:</p> <ul style="list-style-type: none"> • The number of claims where further evidence is requested; • The number of actual further evidence requests (broken down by profession/person); • The number of further evidence requests responded to (broken down by profession/person); and • The number of advice requests received after the First Tier decision (broken down by profession/person). 	<p>Part Met</p>

Department response to NIPSO

In summary, the Department:

- has partially accepted this recommendation;
- developed and incorporated into the monthly validation procedure, a process to check the accuracy of the management information provided by Capita on FME requests made and FME received;
- advised it is unable to validate the number of requests made by the Department to Capita to request FME (after an assessment report has been completed) as this information is not currently recorded by the PIP Centre;
- advised it is not possible to collate statistics of FME management information directly as it does not have access to Capita systems but approved costs for Capita to develop a solution to provide a breakdown of information on FME; and
- engaged with the DWP about introducing this change into FAS (from March 2024) and subsequently the Health Assessment Service (from 2025). The FAS Project Board has deferred a decision until after go live (March 2024) when they will consider IT changes to the PIP IT Managed Services in conjunction with other proposed IT enhancements. The Department have advised changes will however be subject to technical feasibility, affordability, and value for money.

Foreword

Introduction

Engagement & Monitoring

Overview of Progress

Conclusion

Summary

Foreword

Introduction

Engagement
& MonitoringOverview
of Progress

Conclusion

Summary

NIPSO assessment of progress

I welcome the steps taken by the Department to give effect to this recommendation, and I await the outstanding decisions. I also encourage the Department to ensure that it utilises the data to its best effect. I noted that whilst the Department confirmed that Capita record how many requests are made by the Department to request FME (after the assessment report is completed), it considered to be of *'no practical use'* for the PIP centre to record this information. Given my recommendations on renewing focus on evidence at the decision making stages (including empowering Case Managers on their ability to direct requests) I highlighted to the Department my view that monitoring this information from an operational perspective would be helpful to identifying trends.

I welcome that the Department have provided a further update in their latest response (April 2023), that it has requested system information from DWP on cases returned to the Assessment Provider for rework/further advice, along with reasons, to explore the viability and resource implications of progressing this recommendation either through electronic means or by introducing an additional manual process for Case Managers. The Department has advised this will be subject to feasibility and affordability.

The importance of gathering good quality data cannot be underestimated for measuring performance but also to support systems change. The role of further evidence in getting decisions right first time in PIP is complex including what is considered useful evidence and how is it best identified, gathered, and applied. It is agreed by all those who want to improve the administration of PIP that it needs to be better understood. This requires continuous effort and I have encouraged the Department to promote and sustain their commitment to this area of focus.



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