

Department for Work and Pensions

**Decision Making Standards
Committee**

Annual Report

2004 – 2005

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Abbreviations

AA	Attendance Allowance
ACI	Adjudication and Constitutional Issues
ADHD	Attention Deficit Hyperactivity Disorder
AIP	Assessed Income Period
BRMA	Business Risk Management and Assurance
CA	Carer's Allowance
CAB	Citizens Advice Bureau
CCG	Customer Consultation Group
CET	Central Explanations Team
CIT	Capacity Improvement Team
CPN	Community Psychiatric Nurse
DAAT	Decisions and Appeals Assurance Team
DBC s	Disability Benefits Centres
DBU	Disability Benefits Units
DCA	Department for Constitutional Affairs
DCS	Disability and Carer's Service
DIPO s	DMA Improvement Programme Officers
DLA	Disability Living Allowance
DMA	Decision Making and Appeals
DMAC	Decision Making Accuracy Check

DMAMF	DMA Management Framework
DMAPT	Decision makers Advice and Procedures Team
DME	Decision Makers Exchange
DMs	Decision Makers
DWP	Department for Work and Pensions
EDT	Equality and Diversity Team
EMPs	Examining Medical Practitioners
FAs	Financial Assessors
FCOs	First Contact Officers
FTA	Failing To Attend
GOR	Government Office Regions
IAS	Internal Assurance Services
IAS(PM)	Internal Assurance Services (Performance Measurement)
IB	Incapacity Benefit
IFD	Information Services
liP	Investors in People
IPC	International Pensions Centre
IS	Income Support
JcP	Jobcentre Plus
JSA	Jobseeker's Allowance
JSAPS	Jobseeker's Allowance Payment System
KMI	Key Management Indicator
KPI	Key Performance Indicators
L&D	Learning and Development
LM	Labour Market
LT	Living Together
MI	Management Information

MID	Mortgage Interest Direct
MIG	Minimum Income Guarantee
MORI	Market and Opinion Research International
MVE	Monetary Value of Error
MVFE	Monetary Value of Fraud and Error
NAO	National Audit Office
NBRs	National Benefit Reviews
NI	National Insurance
OTs	Occupational Therapists
PAC	Committee of Public Accounts
PAs	Personal Advisers
PCA	Personal Capability Assessment
PDS	Performance and Development System
PILON	Payment In Lieu of Notice
PMAR	Performance Management and Accountability Report
PO	Presenting Officer
PP	Programme Protection
PSA	Public Service Agreement
PTP	Pension Transformation Programme
RP	Retirement Pension
SLA	Service Level Agreement
SOM	Standard Operating Model
SPC	State Pension Credit
tAS	the Appeals Service
TPS	The Pension Service
WATCH	Working Age Transformation and Change
WFPS	Winter Fuel Payments

Summary

Introduction

The Social Security Act 1998 introduced new arrangements to improve decision making and handling of appeals and placed responsibility on to the Secretary of State. Independent scrutiny of the levels of accuracy is provided by the Department for Work and Pensions Standards Committee which is responsible to the respective Chief Executives and publishes an annual report.

This is the second report of the DWP Standards Committee. The work of the Committee continues to be complex. The three businesses are developing in different directions. The agencies inevitably have their own priorities and the responsibility for oversight of decision making in the three agencies rests with individual Committee members assigned to the agencies. It is challenging to balance the needs of each agency with the need for the Committee to take a view on decision making across the businesses. This year the annual report contains the full reports of the findings within each agency, compiled by the committee members responsible for liaison with those agencies.

The Committee has continued, through the work programme, to address cross-cutting issues and ensure consistent approaches are adopted. One of the functions the Committee also usefully performs is to identify models for improvement in decision making quality in one agency which can be learned by the others.

During the year 2004/05, the main areas investigated by the Committee were reconsiderations and decision making related to Appeals. This was in addition to the ongoing monitoring work of the Committee which is identified below:

- Annual work programme agreed with agencies.
- Monitoring of Decision Making and Appeals (DMA) data.
- Monitoring of Committee recommendations.
- Monitoring of National Audit Office (NAO) recommendations.
- Customer Consultation Group (CCG).

Outcomes of monitoring work undertaken 2004/05

The 2004/05 work programme

Conclusions on reconsiderations and decision making relating to Appeals

The reconsideration process is not working effectively. There is insufficient communication with customers to resolve issues at the earliest possible stage. Written explanations do not provide customers with clear, reasoned information for a decision. If the processes of explanation and reconsideration were made to operate effectively this could reduce the number of cases going to appeal.

Many staff have been inadequately trained and lack a sound understanding of the DMA process. It is operated inconsistently within and across the three businesses. Performance monitoring and feedback mechanisms are insufficient to ensure that decision makers (DMs) are held individually accountable for the standard of decision making on an on-going basis. There is poor recording of the reconsideration process which means that there is not good quality data for monitoring how it operates.

There are a number of problems associated with the gathering of appropriate evidence to support decisions and how evidence is interpreted. This is a particular problem for Disability Living Allowance (DLA) and Incapacity Benefit (IB) and is contributing to the volume of appeals.

The businesses are not following their own guidance on the attendance of Presenting Officers (POs) at appeal tribunals. The lack of feedback systems between tribunals and the businesses mean that learning opportunities are lost and confidence in the system is diminished.

Overall, the Committee took the view that the DMA process relating to reconsiderations and appeals could be significantly improved. The recommendations made by the Committee propose ways in which the issues could be addressed.

Monitoring of Decision Making and Appeals (DMA) data

The Committee continue to have problems in receiving up to date data for monitoring purposes. This is partly due to the higher priority which is given to determining payment accuracy, which is essentially a snapshot of the accuracy of the benefits system.

Within Jobcentre Plus and The Pension Service (TPS) the number of cases examined where there is missing evidence, or the whole case file is missing, raises serious misgivings about the quality of data provided for monitoring decision making.

In the absence of any validated data, the Committee is unable to give assurance to the Chief Executives of Jobcentre Plus and TPS.

Within the Disability and Carer's Service (DCS) the monitoring provided by Decisions and Appeals Assurance Team (DAAT) provides more robust data. Despite this, the Committee has concerns that the feedback from other sources and the level of cases overturned at appeal do not appear to present the same picture on accuracy.

Monitoring of Committee recommendations

In general, the Committee has been pleased with the responses of the businesses to their recommendations. We believe that progress has been made. There are however, a small number of significant issues which remain outstanding. Some of these were subsumed under the recommendations for 2004/05 and will continue to be monitored in that way.

The issue of missing files continues to be a major cause for concern. The impact this has on the accuracy of monitoring data provided to the Committee means that we are unable to give assurance on the quality of decision making. The Committee are pleased that the businesses are taking this issue seriously and that efforts are being made to improve the situation. We recognise that some of the action taken will take time to be effective and this will continue to be monitored.

This is directly related to our second concern that insufficient priority is given to the measurement of accuracy of decision making. The importance of **'getting it right first time'** is one which was reinforced by the NAO in their report *'Getting it right, putting it right: Improving decision making and appeals in social security benefits'*. Payment accuracy is a less exacting measure of 'accuracy' and the current system of separate monitoring creates extra work, does not give the highest quality data for measurement of performance and means that poorer data is available for the Committee.

It would be better if the Public Service Agreement (PSA) targets for 'accuracy' were measured in this way, thus, avoiding duplication and giving a higher priority to accurate decision making.

The other main outstanding issue remains the ability of the Department to monitor the impact of its work on different customer groups. No progress has been made on this in the last year. In the coming year it will be a legal requirement for the Department to be able to measure the impact on customers with different disabilities.

In view of the fact that the issue needs to be progressed on a DWP-wide basis, the Committee discussed the matter with the DWP Diversity and Equality team. The team are developing corporate customer standards for diversity. The Committee will be working with them to identify ways in which the Department can ensure that the needs of people from diverse groups are properly met.

National Audit Office (NAO) recommendations

The Committee has been monitoring the response of the businesses to the NAO report published 7 November 2003. The NAO report did not actually relate to any of the benefits provided by TPS. We are, therefore, pleased that they have taken on board those recommendations which could relate to them, and have provided updates to the Committee on progress. Many of the NAO recommendations have either been subsumed under other recommendations made by the Committee or have been implemented. The NAO report was also subject to consideration by the Committee of Public Accounts on 19 November 2003, who published their findings on 25 March 2004. A follow up to this report has now been completed, with the formal Government response published as a Treasury Minute on 20 May 2004.

As a matter of course, Internal Assurance Service track all recommendations made by the NAO and Committee of Public Accounts (PAC). In addition, the NAO have a process of review to follow up previous studies and ensure progress is being made against past recommendations.

Customer Consultation Group (CCG)

The CCG has developed into an effective monitoring tool for the Committee. The group has wide representation and representatives of the businesses attend specific meetings. We believe that this has enhanced the credibility of the businesses, as they have been perceived to be more responsive. The CCG networks are used to obtain useful direct feedback for the businesses.

Recommendations

Many of the sources of information described in the summary suggested that customers would not necessarily invoke the disputes procedure if they understood the basis upon which decisions were made. The quality of communication with customers is a key issue in ensuring they understand the reasons behind the decisions made. The people we spoke to, both within the Department and without, were clear that better explanations for decisions would both reduce appeals and also ensure that appropriate cases go forward to appeal.

Recommendation 1

A clear, reasoned, written explanation, which enables the customer to make a properly informed decision regarding the need to appeal, should be provided to the customer and/or their representative when a decision is made following a reconsideration.

Target date: September 2006. Jobcentre Plus, The Pension Service and Disability and Carer's Service

It was clear from the feedback we received that there is a lack of understanding on the part of customers about the process of reconsideration and that the term 'Appeal' is often used in the everyday sense rather than signifying the start of a formal procedure. DCS have carried out a pilot exercise whereby customers are telephoned to discuss their reasons for appealing and to seek any further information they may feel has been missed. In the initial pilot this reduced the number of cases going forward to appeal tribunal. Clearly, it is important that great care is taken with such calls to ensure that customers do not feel pressured in any way.

Recommendation 2

When customers initiate the disputes process by requesting a reconsideration or appeal, the standard procedure should be that there is telephone communication with the customer and/ or their representative to clarify the issues and obtain any further information. Staff must be equipped with the appropriate skills to fulfil this role.

The businesses should record that this has taken place and should also compare the number of appeals over the same period to determine whether there has been any reduction. This data should be reported to the Standards Committee on a six monthly basis.

Target date: April 2006. Jobcentre Plus, The Pension Service and Disability and Carer's Service

The lack of clarity amongst staff regarding what constitutes a reconsideration and the lack of robust systems for collecting information on them in Jobcentre Plus and TPS means that it is not possible to make any informed judgement about the quality of reconsiderations. In DCS the recording systems and the understanding of the process are much better and thus, the quality of the reconsideration process can be monitored more effectively, although the fact that there are still a significant number of cases overturned at appeal indicates that the process is not being operated as effectively as it could.

Recommendation 3

Jobcentre Plus and TPS should develop more robust systems of collecting data on reconsiderations which could be used to measure and improve the effectiveness of DMA.

Target date: April 2006. Jobcentre Plus and The Pension Service

The responses to the questionnaire and discussions with DMs and customer representatives demonstrated that there is a lack of clarity about the nature of the reconsideration process and also considerable doubt about whether it is a useful process, or whether it is carried out appropriately. This was of particular concern in DCS where it had taken the place of a much more rigorous formal review process. There was widespread lack of clarity across the agencies as to whether the process was intended to re-examine only the contested aspect of the decision or the whole claim. Action is needed in the short-term as the guidance for DMs is not clear. In the medium-term the policy itself should be evaluated.

Recommendation 4

The policy objective of the reconsideration process should be clarified to determine whether the whole award or just the issue raised should be reconsidered. The guidance should then be rewritten to make this clear.

Target date: January 2006. Adjudication and Constitutional Issues (ACI)

Recommendation 5

ACI should work with the businesses to undertake a review of the policy of DMA to determine whether it has been effective in meeting the intended policy objectives.

Target date: June 2006. ACI

The Committee found that there is often a lack of understanding of the DMA process among staff. They did not receive adequate DMA training and did not understand reconsiderations or how to record them.

Recommendation 6

All businesses should identify the range of DMA training needs of staff, including those who interact with customers and propose methods for implementing that training. The businesses should measure the effectiveness of this training.

Target date: June 2006. Jobcentre Plus, The Pension Service and Disability and Carer's Service

It has been clear from members' visits that the lack of individual feedback systems means that DMs are not held individually accountable, on an ongoing basis, for the standard of their decision making.

Recommendation 7

Each business should develop mechanisms for measuring the performance of individual decision makers and report to the Standards Committee on how they propose to do this.

Target date: June 2006. Jobcentre Plus, The Pension Service and Disability and Carer's Service

Remote storage continues to present problems for staff who need to recover papers in order to conduct reconsiderations, to prepare appeal submissions and to present cases for checking by Internal Assurance Services (Performance Measurement) IAS(PM). Although initiatives are underway to improve the storage and recovery processes, staff in many offices are informally retaining or copying papers in order to short cut the systems. Formalising such retention for the period during which customers should be raising any disputes would ensure allocation of resources and assist with a range of activities.

Recommendation 8

Jobcentre Plus and TPS should establish and resource a formal policy of retaining case papers for six weeks after the issue of the notification letter containing rights of appeal.

Target date: January 2006. Jobcentre Plus and The Pension Service

It became clear on our visits and our discussions with the Appeals Service (tAS) that DMs were not weighing evidence in the way in which they should. The President's report indicates that the gathering and weighing of evidence from different sources by DMs is less than satisfactory and that this results in decisions being overturned at appeal tribunals. The evidence with which the President particularly identifies is that of the appellant.

'...this important primary source of information is being overlooked and not all issues are being satisfactorily investigated before the appeal hearing. Not enough weight is given to the evidence of the appellant.'

The Committee receive continuing complaints from customer representatives about DMs not giving sufficient weight to evidence from sources other than Examining Medical Practitioners (EMPs).

Recommendation 9

All businesses should produce proposals to the Standards Committee on the ways in which DMs will be assisted to improve their ability to weigh evidence.

Target Date: June 2006. Jobcentre Plus, The Pension Service and Disability and Carer's Service

Members visits showed that some DMs did not understand why their decisions were being overturned at appeals tribunals. The lack of this feedback means that an opportunity for learning is not used as effectively as it could be.

Some very useful work is already being undertaken between DCS and tAS analysing decisions which are overturned to determine any patterns. This work could be equally useful for Jobcentre Plus and TPS. We identified a number of ways in which feedback could be improved.

Recommendation 10

The businesses need to work with tAS to develop mechanisms for feeding back to decision makers on the reasons for tribunal decisions. In view of the transfer of tAS to DCA in April 2006, agreement needs to be reached by that date.

Target date: April 2006. Jobcentre Plus, The Pension Service and Disability and Carer's Service

Recommendation 11

The businesses should follow their own guidance on attendance of Presenting Officers (POs) at appeal tribunals and report progress to the Standards Committee and systems should be in place for feedback to decision makers.

Target date: April 2006. Jobcentre Plus, The Pension Service and Disability and Carer's Service

Recommendation 12

The Department should consider asking tAS to provide written reasoned decisions of approximately half a page on every appeal. Although this would increase the time taken for tribunals it would produce better feedback to decision makers.

Target date: July 2006. Department for Work and Pensions

Recommendation 13

The businesses should conduct an analysis to identify patterns of cases consistently overturned at tribunals and resources should be focused on improving decision making in those areas.

Target date: April 2006. Jobcentre Plus, The Pension Service and Disability and Carer's Service

Additional recommendations for Jobcentre Plus

Recommendation 14

Jobcentre Plus should make proposals to the Standards Committee as to how communications with customers will be improved and monitored.

Target Date: April 2006. Jobcentre Plus

Additional recommendations for TPS

The Pensions Transformation Programme (PTP), currently being developed in TPS, will focus on effective communication with pensioners. It is clear from the findings of the Committee (see *Recommendation 1*) that giving clear explanations is essential to good decision making. It is important that, as the programme is developed, the facility for providing clear, reasoned explanations is included.

Recommendation 15

That in developing the PTP, attention is given to the process for providing explanations to customers. The Standards Committee to be kept informed and involved.

Target date: to be set as programme is developed. The Pension Service

In our visits to Pension Centres we found considerable confusion around the reconsideration process. DMs/processors made changes without realising they had carried out a reconsideration and no record was made. Since being set up TPS has undergone a number of essential changes which have been a priority. We suggest that now is the time for them to review decision making processes and strengthen the skills of their DMs.

Recommendation 16

The Pension Service, in consultation with ACI, review their process for reconsidering a decision, looking particularly at who should do reconsiderations and how they should be recorded. All staff involved in communicating with customers to be made aware of any changes resulting from this review.

Target date: January 2006. The Pension Service

Additional recommendations for DCS

Recommendation 17

DCS should consider a small-scale pilot where work clearance targets are not set and assess the impact on clearance times and decision making quality.

Target date: April 2006. Disability and Carer's Service

DMA performance data

Introduction

Generic information common to DCS, Jobcentre Plus and TPS

This section contains the DMA accuracy data provided to the DWP Standards Committee relating to decisions made in 2004.

DMA checking methodology

Monitoring of DMA performance is undertaken by distinct teams within the four Agencies: IAS(PM) for Jobcentre Plus and TPS benefits, DAAT for the DCS benefits DLA and Attendance Allowance (AA), Advice Monitoring and Appeals Team (AMAT) for the DCS benefit Carer's Allowance (CA) and Debt Management for overpayment decisions on all benefits. Second tier checking on the work of these teams is conducted by the Internal Assurance Service Performance Validation Team to verify checking standards. With the exception of Debt Management, all units use a common checking methodology. The DMA monitoring check is applied to a sample of appealable decisions on:

- Outcome decisions – New/repeat claims (both awards and disallowances) plus revisions and supersessions (including disallowances) made in 2004 were checked. Additionally, in relation to the latter, both the original decision (whenever made) and the 2004 decision to revise/supersede (or not) were checked – a mistake in either would give rise to a DMA error – this is to ensure that no errors are carried forward. The sample for these checks is drawn from those cases selected for separate payment accuracy checks. During 2004, 28,615 DMA outcome decisions were checked.
- Reconsiderations – This is the process of looking again at decisions and will result in a revision or no change to the benefit. Although revisions will be included within outcome decision checks as above, numbers may be too low to provide a statistically valid sample. Hence an additional check of a further random sample is conducted (1,937 cases from 2004). Both the outcome decision under dispute and the 2004 decision revising it (or not), were checked and a mistake in either will give rise to a DMA error.

- Appeal submissions – a random sample of 1,937 appeals, submitted to tAS in 2004, were checked. In addition to decision making elements of the submission (whether it defends an incorrect decision and whether the mandatory reconsideration was correct), a DMA error will also be recorded if there was a mistake in the quality of the submission itself: its validity and timeliness, whether it falls within the tribunal's jurisdiction, accurately records the decision under appeal, includes all the relevant evidence, correctly summarises the facts of the case, refers to the correct and relevant statute or case law, focuses on the points disputed and fully and effectively argues the case in relation to the issue(s) under dispute.

The number of cases checked are apportioned across all benefits on a pro rata basis according to the volume of activity on each respective benefit or group of benefits. For each of which, the reliability of the resultant data is 95 per cent confidence intervals of +/- five per cent at Government Office Region (GOR) level (for Income Support (IS)/Jobseeker's Allowance (JSA)/Incapacity Benefit (IB)/Retirement Pension (RP)/State Pension Credit (SPC)) and at Disability Benefit Centre (DBC) level (for DLA/AA), and +/- two per cent at national level (for all benefits).

Checks examine the following aspects of a decision – each of which has an error code:

- **Evidence:** that all evidence available to the DM at the time of the decision was sufficient to make the decision. Where some or all of this evidence was missing or incomplete at the time of the check, such should have been subsequently located or replaced. If this was not achieved within the time permitted, the decision is classified as a 'deemed error' or a 'decision in doubt'.
- **Determination of questions:** that any relevant questions arising from the claim and its evidence (such as discrepancies or omissions) have been answered. Where some or all of the evidence relating to such questions was missing or incomplete at the time of the check, this should have been subsequently located or replaced. If this was not achieved within the time permitted, this will also classify the decision as a 'deemed error'.
- **Findings of fact:** that all the assumptions upon which the decision has been made were justified, by the evidence available at the time of the decision.
- **Application and interpretation of law:** that the relevant statute and case law has been applied and interpreted correctly.

As previously described, checks of appeal submissions also cover the quality of the submission itself. A case may have more than one error in more than one of these categories but only one DMA error code will be recorded.

Each category is subdivided into further error types and several may be annotated for each case e.g. Evidence error subcategory – 'Whole claim unavailable' (where the claim was not available for check) or 'Income' (where the customer's income has been incorrectly assessed). A full list of these appears at the end of this report.

Relationship between DMA and payment accuracy/error levels

The Department and Agencies (except DCS and Debt Management) separately check and report on the accuracy of benefit payments and Monetary Value of Fraud and Error (MVFE). The number of outcome decisions with DMA errors and the resultant percentage of accuracy will not necessarily be the same as the number of payment errors/percentage accuracy. Quirks can cause payments to be correct even though the decision was wrong, and some payment errors may be due to process faults rather than decision mistakes.

Debt Management

DMA checks on overpayment decisions follow some different methodologies; the details of which are contained in a subsequent section relating to Debt Management.

Debt Management methodology

Debt Management are responsible for the assurance of overpayment recoverability decisions (the exception being DLA/AA which is still the responsibility of DCS). From December 2003, Debt Management has commenced, on a monthly basis, a Decision Making Accuracy Check (DMAC) on approximately 384 randomly selected overpayment recoverability decisions. This volume provides a statistically valid sample at national (Debt Management-wide) level, with a confidence level of 95 per cent and a +/- five per cent precision point. Each case selected is then subject to a re-performance check at the owning Debt Centre.

Each case is subjected to a re-performance check, using evidence and information held in the customer file – the decision making process is undertaken again to ascertain if the original result was correct, robust and supportable.

Second-tier checking is undertaken by the Business Risk Management and Assurance (BRMA) Team, again re-performing decisions on a sample of the selected cases.

Debt Management error codes

Up until December 2004, full errors were recorded where: cases were not received or contained missing evidence, the original decision was not revised/superseded or the revision/supersession was incorrect, the decision to recover was incorrect or for the wrong amount or period and sought from the wrong person.

From January 2005, Debt Management ceased to check whether the revision/supersession of the original decision was correct and separated errors on evidence to distinguish between the whole case paper missing or singular pieces of evidence missing.

Debt Management findings

Debt Management monitoring established the accuracy rate for overpayment recoverability decisions for 2004/05 as 78 per cent across all benefits¹. To place this in context, a 'like for like' comparison with figures for 2003/04, based on five months results (November 03 to March 04), shows that this is an improvement of ten per cent on the earlier 68 per cent figure.

Monitoring of DLA/AA overpayments

DCS are responsible for the assurance of overpayment recoverability decisions for DLA and AA. On a monthly basis, DAAT perform a DMAC on approximately 13 randomly selected overpayment recoverability decisions. This volume provides a statistically valid sample at national level, with a confidence level of 95 per cent and a +/- five per cent precision point.

Each case is subjected to a re-performance check, using the evidence and information held in the customer file – the decision making process is undertaken again to ascertain if the original decision was correct and supportable.

Errors

Until December 2004, the revision/supersession decision was checked using the same processes as for outcome decisions. A full error was recorded if the revision/supersession decision was found to be incorrect, and the case failed the DMA check. The recoverability decision was then not subject to the DMA check.

As from January 2005, DAAT check and report on both the revision/supersession decision and the recoverability decision. Each decision is looked at in isolation as they each attract specific error categories. If an error is found at the revision/supersession stage, the case fails the DMA check. If a further error is found at the recoverability stage, this is recorded as an 'other' error. Although this 'other' error is recorded and reported, it does not form part of the per cent DMA accuracy rate for DLA/AA, as a case can only fail the check once.

Cases can be left outstanding for evidence to be located or question determined at either stage. Different categories are used to distinguish between the two stages.

The checking sample was drawn from a total of 163 overpayment decisions during the year and of those checked, 30 per cent were correct and 70 per cent were wrong.

Main causes of error

The original decision has been revised/superseded incorrectly. This accounted for the highest number of errors (49 per cent). Of these, 43 per cent were due to incorrect dates being used. (For example: date of entitlement, date of payment suspension, date of qualifying period).

¹ An additional 385 CA cases were selected and checked using the above processes for 2004/05 displaying a performance rate of 84 per cent.

Fifteen per cent of errors occurred where the decision to recover was incorrect.

Eleven per cent of errors occurred where the amount of the recoverable overpayment had been calculated incorrectly.

Ten per cent of errors occurred where the DM had failed to either revise or supersede the original decision.

Jobcentre Plus

Generic information for Jobcentre Plus

Monitoring of DMA performance by the Committee is focused upon JSA, IS and IB which represent the highest volume of Jobcentre Plus customers and the highest monetary value from the public purse. The accuracy of Funeral Payment and Maternity Payment outcome decisions is also recorded.

In relation to information on appeals, reference is made to the President of the Appeal Tribunals and regional chairs' report of his findings for the year 2004/05.

Overall conclusions for main Jobcentre Plus benefits

Decision-making accuracy standards for all aspects of IS and for JSA reconsiderations and appeals are disappointing. JSA outcome decisions and IB appeals need improvement and only IB outcome decisions and reconsiderations are reasonable. The continuing failure to recover papers for checking undermines the effectiveness of the methodology and raises questions as to benefit security. Initiatives to improve remote storage and recovery of papers plus local short-term retention (see *Recommendation 8*) need to be given priority to redress this situation. Staff need to be more effectively trained in decision making relating to income for IS and JSA and in interpreting/applying the law for IB (see *Recommendation 6*). There appear to be different standards of decision making relating to appeals as reported by tAS and DMA checks: tAS seems to have found higher standards for JSA, whereas DMA checks indicate higher standards of IS and IB appeals than reported by the tribunals. This raises questions as to the cause of such marked discrepancies and, possibly, as to whether the current DMA checking methodology is the most effective means of contributing to a reduction in the number of appeals.

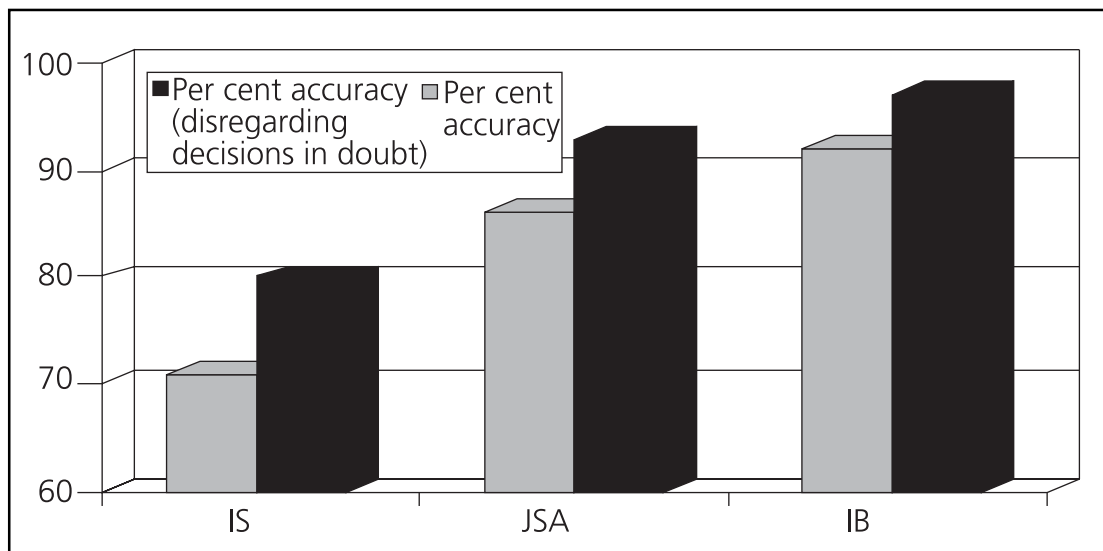
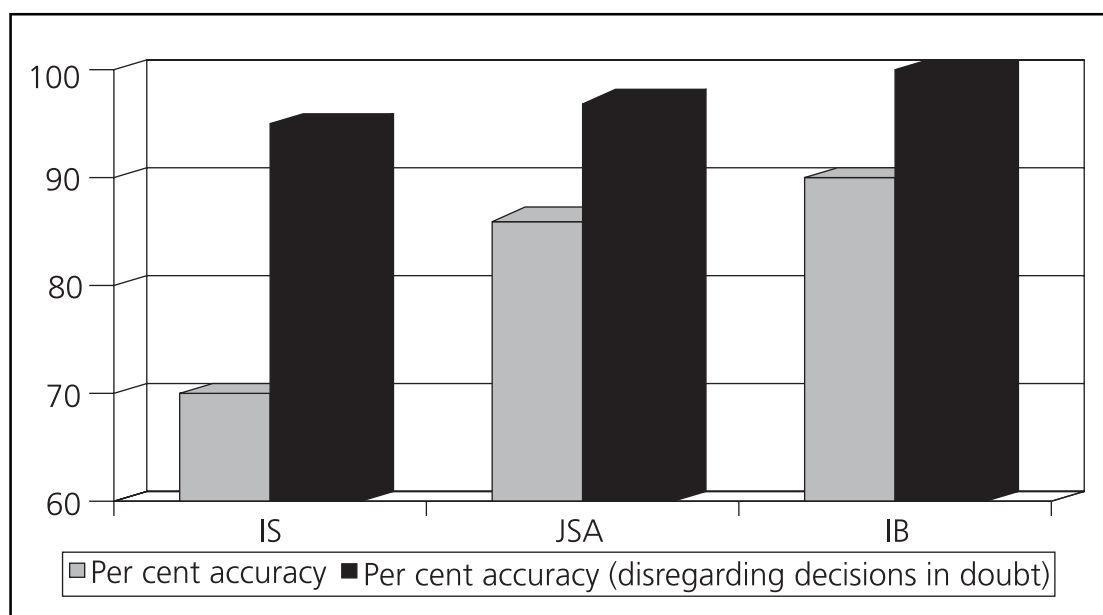
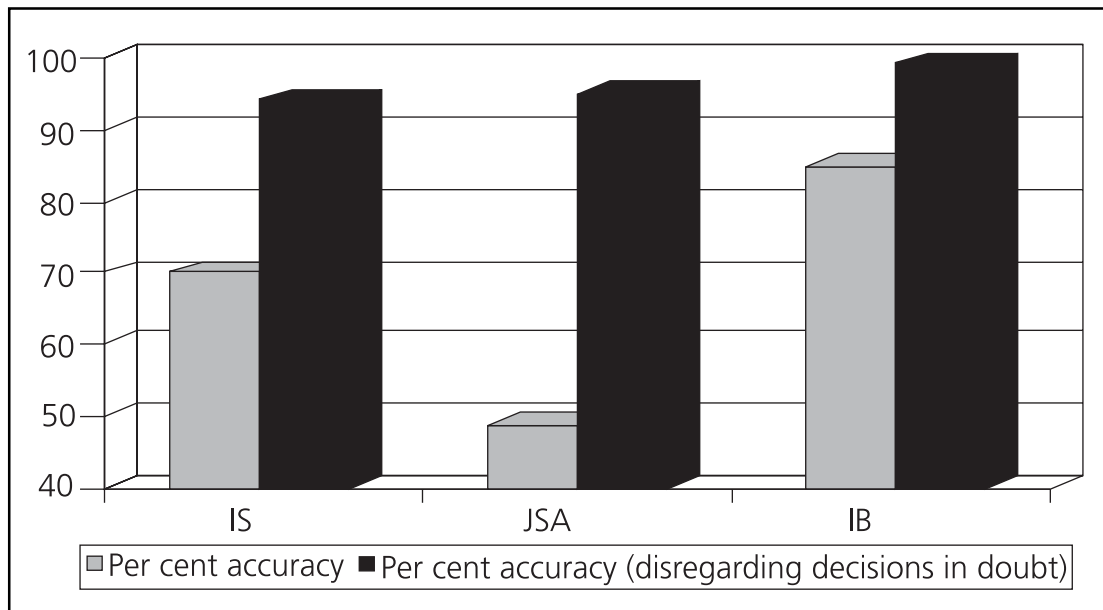
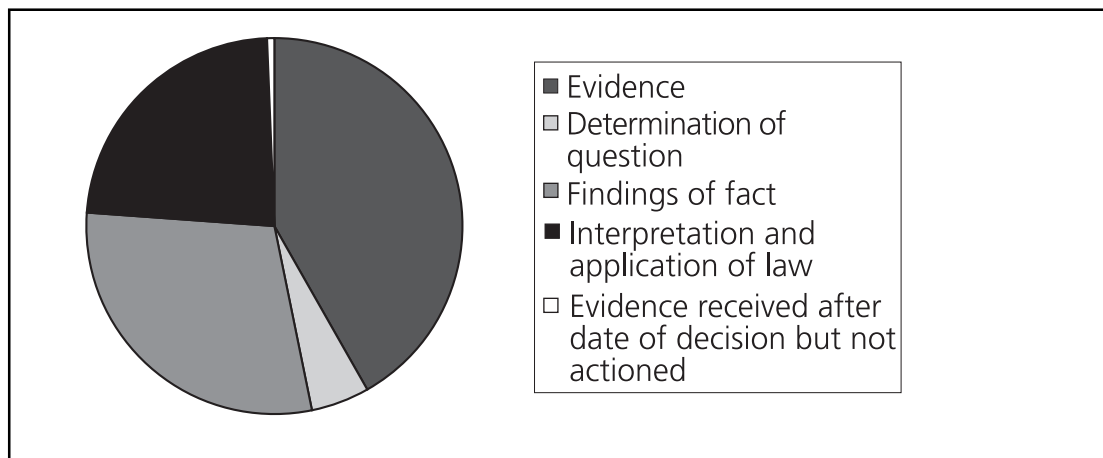
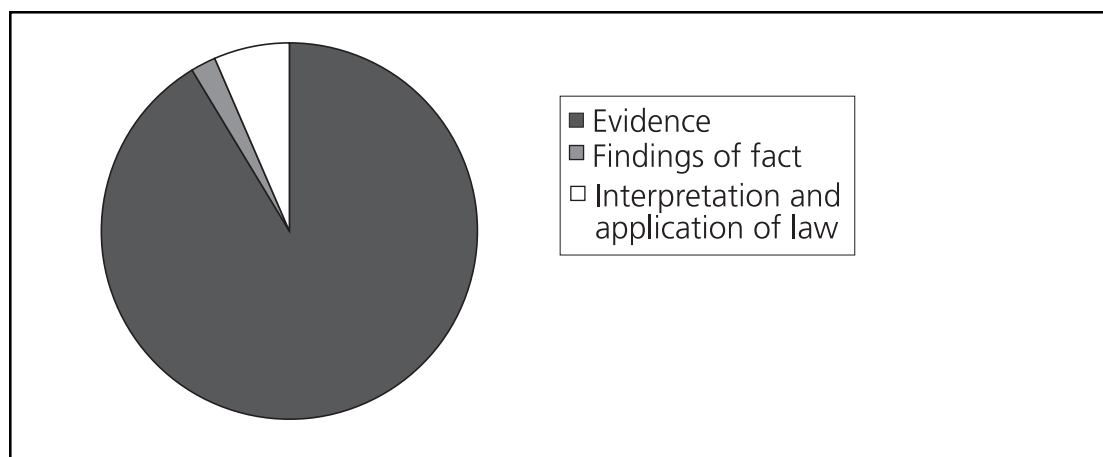
Figure 1 Outcome decisions**Figure 2 Reconsideration decisions**

Figure 3 Appeals**Figure 4 Outcome errors****Figure 5 Reconsideration errors**

Income Support

IS was introduced on 11 April 1988 and is an income-related benefit that can be claimed by people normally aged 18 or over that work less than 16 hours a week and have insufficient income to meet their needs. Additional help is available for partners and children of claimants.

Outcome decisions

Although volumes of outcome decisions have not been quantified, of those checked, 71 per cent were correct and 29 per cent were wrong.

Error categories:

- **Evidence** errors account for the highest number of errors (41 per cent). Of these, subcategory 'whole claim unavailable' accounts for the majority (51 per cent) with 'Income' also featuring highly (17 per cent).
- Significant level of **Finding of fact** error (23 per cent) also occurred; with again, 'Income' errors accounting for a vast number of these (56 per cent).
- This trend continued with **Interpretation and application of law** errors where 42 per cent of these errors were the consequence of 'Income'.

Reconsideration decisions

Although volumes of reconsideration decisions have not been quantified, of those checked, 70 per cent were correct and 30 per cent were wrong.

Error categories:

- **Evidence** errors dominate the results of this check with 88 per cent of all errors. As with outcome decisions, 'whole claim unavailable' accounts for nearly all IS evidence errors (93 per cent).

Appeals

Although volumes of appeal submissions have not been quantified, of those checked, 70 per cent were correct and 30 per cent were wrong. A further breakdown of these figures have not been provided. In contrast, tAS reported that only 48 per cent of cases were upheld although this low standard includes some overpayment decisions. TAS also commented that the standard of weighing evidence had declined from a previous improvement. Additional evidence provided at the tribunal was also a factor. The standards of submissions was considered to have been high.

Conclusions for Income Support

Results of only some 70 per cent accuracy for outcome decisions, reconsiderations and appeals for IS is disappointing. Two primary causes are apparent: failure of the

business to recover cases for checking which may have significance in benefit security, and poor decision making regarding customers' income. Action relating to remote storage and local retention of papers may assist with the former but a significant improvement in this error area is still awaited. Meanwhile, staff training in relation to income needs to be improved and tested.

Jobseeker's Allowance

JSA was introduced on 7 October 1996 and is a contributory or income-related benefit paid to people under State Pension age who are available for, and actively seeking, work of at least 40 hours per week. They agree with Jobcentre Plus any restrictions on their availability for work and the steps they intend to take in order to find work. Additional help is available for partners and children of claimants.

Labour Market determinations

Decisions as to entitlement to JSA can include a determination as to whether the customer has fulfilled specific legislative requirements or not (e.g. actively seeking work, available for work, attending the jobcentre, etc). Jobcentre Plus DMs specialising in Labour Market (LM) issues will determine if such conditions have been met or not and this determination will be passed to benefit DMs who then decide ultimate benefit entitlement. The effect of adverse LM determinations will be to impose a sanction on the payment of JSA (a reduction or cessation) for a period between one and twenty six weeks or non-entitlement to JSA for a fixed or indefinite period.

The tAS report emphasizes the significance of LM determinations as they are the cause of the majority of appeals. Following a recommendation by the Standards Committee in their last annual report (2003/04), this important element of JSA decision making is now subject to DMA checks. However, figures will not be reported until our next annual report when they will form part of the overall JSA accuracy and DMA figures.

Outcome decisions

Although volumes of outcome decisions have not been quantified, of those checked, 86 per cent were correct and 14 per cent were wrong.

Error categories:

- **Evidence** errors form the highest area of error, accounting for 47 per cent of all errors. Sixty-three per cent of these are due to missing cases.
- **Findings of fact** errors equate to 32 per cent of all errors, with income being responsible for 36 per cent of these.

Reconsideration decisions

Although volumes of reconsideration decisions have not been quantified, of those checked, 66 per cent were correct and 34 per cent were wrong.

Error categories:

- **Evidence** accounts for 93 per cent of all errors, missing cases are responsible for 99 per cent of these.
- Errors in all other areas are low.

Appeals

Although volumes of appeal submissions have not been quantified, of those checked, 49 per cent were correct and 51 per cent were wrong. In contrast, the tAS report states that the '*standard of decision making was good with 67 per cent of decisions upheld by the tribunal although there was some adverse comments on the standard of submission*'. The report cites few adverse comments on decision making but some where DMs had rejected available evidence without explanation.

Conclusions for Jobseeker's Allowance

Decision-making accuracy standards for JSA outcome decisions still require improvement while those for reconsiderations and especially appeals are disappointing. Again, failure to recover papers for checking and mistakes relating to income predominate.

Incapacity Benefit

IB was introduced on 13 April 1995 and is paid to people who are incapable of work and who have paid sufficient contributions throughout their working life.

Outcome decisions

Although volumes of outcome decisions have not been quantified, of those checked, 92 per cent were correct and eight per cent were wrong.

Error categories:

- **Evidence** is the highest error for IB outcome decisions, accounting for 62 per cent of all errors. Of these, 55 per cent are due to the file being missing.
- **Interpretation and application of law** equates to 26 per cent of all errors. Of these, 42 per cent are due to 'Income' and 35 per cent are due to 'Other'.

Reconsideration decisions

Although volumes of reconsideration decisions have not been quantified, of those checked, 90 per cent were correct and ten per cent were wrong.

Error categories:

- Virtually all errors on IB reconsideration decisions are due to **Evidence** (98 per cent), 81 per cent of these are due to missing case papers.

Appeals

Although volumes of appeal submissions have not been quantified, of those checked, 85 per cent were correct and 15 per cent were wrong. In contrast, tAS reported only 50 per cent of cases upheld and the majority concerned disputes relating to the Personal Capability Assessment (PCA). Additional evidence presented to the tribunal was a primary factor in many decisions. In many other overturned decisions, the tribunal had come to a different decision based on the original evidence alone and in other cases, accepted evidence that the DM had rejected. Often tribunals took the time to question the appellant and relate the facts to the issues. Comment was also made about medical evidence failing to give full consideration to the appellant's mental health. Such reports were also criticised for underestimating the severity of the disability. However, the standard of submissions was considered to have been high.

Conclusions for Incapacity Benefit

IB appears to have reasonable standards of accuracy for both outcome decisions and reconsiderations although this declines with appeals. Missing cases remain the main cause of error for all decision types. For Outcome decisions, Interpretation and Application of law account for over a quarter of the errors which echoes findings of tAS.

The Pension Service

Generic information for The Pension Service

Independent checking of TPS decision making is carried out at each Pension Centre three times a year. Cases for checking are randomly selected in advance of each visit. TPS administer two benefits, RP and SPC. Checks are carried out on both.

Overall conclusions on decision making in The Pension Service

RP and SPC are so different it is difficult to reach any overall conclusions on TPS decision making from the DMA checking results. In addition, there is a major problem in understanding the results because of the effect on them of missing papers. Including these decisions in doubt in the decision making statistics has a very significant effect, e.g. 87 per cent of RP evidence errors are due to missing papers. There is a similar effect on the results from reconsiderations and appeal submissions.

The SPC results suggest that there is a need to concentrate on training in the interpretation of the law, particularly relating to Assessed Income Periods (AIPs). This is a new provision in pension administration and needs some attention. Other areas of a SPC decision, e.g. income, rely on the correct interpretation of the AIP regulations. Overall decision making would, therefore, be improved by a reduction in these errors.

The results of reconsideration checks are not meaningful. The Committee found considerable under-recording of reconsiderations in TPS. In addition, the results are overwhelmingly affected by the number of decisions in doubt as a result of missing papers. We do not have sufficient data to comment on the results of checks on appeal submissions.

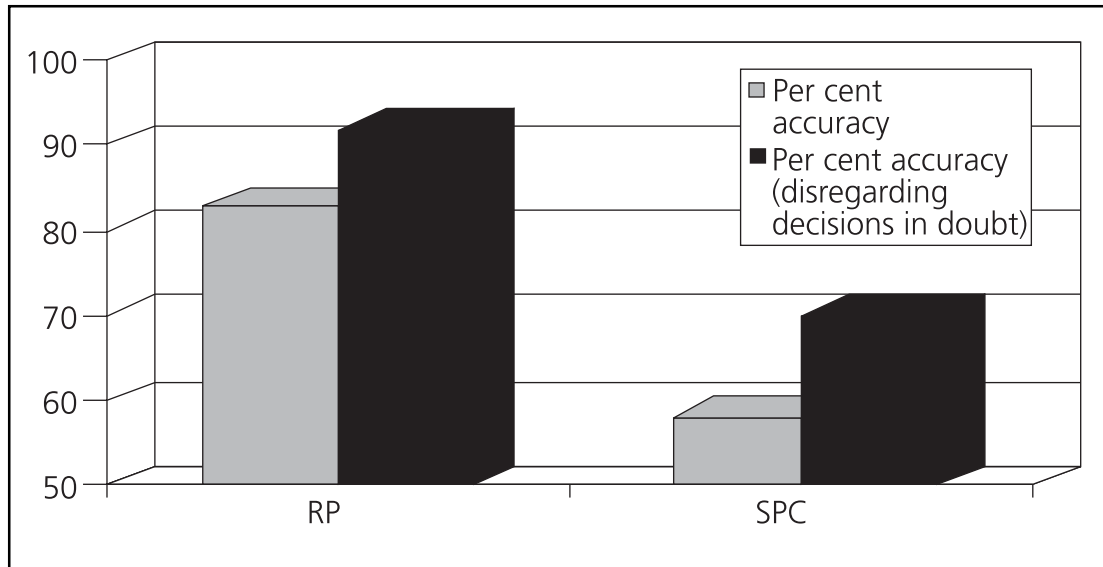
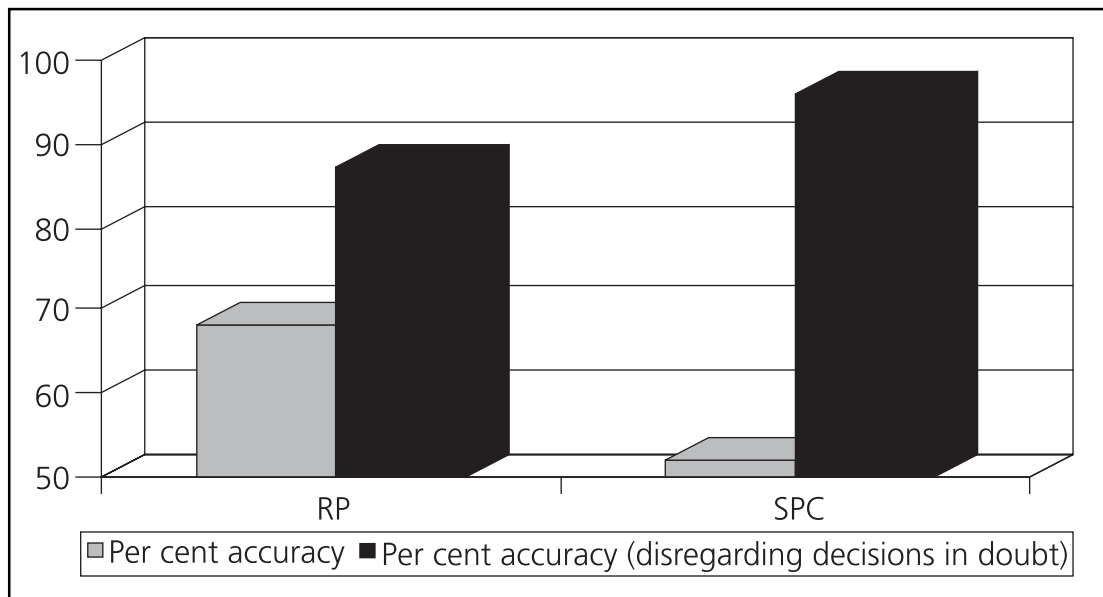
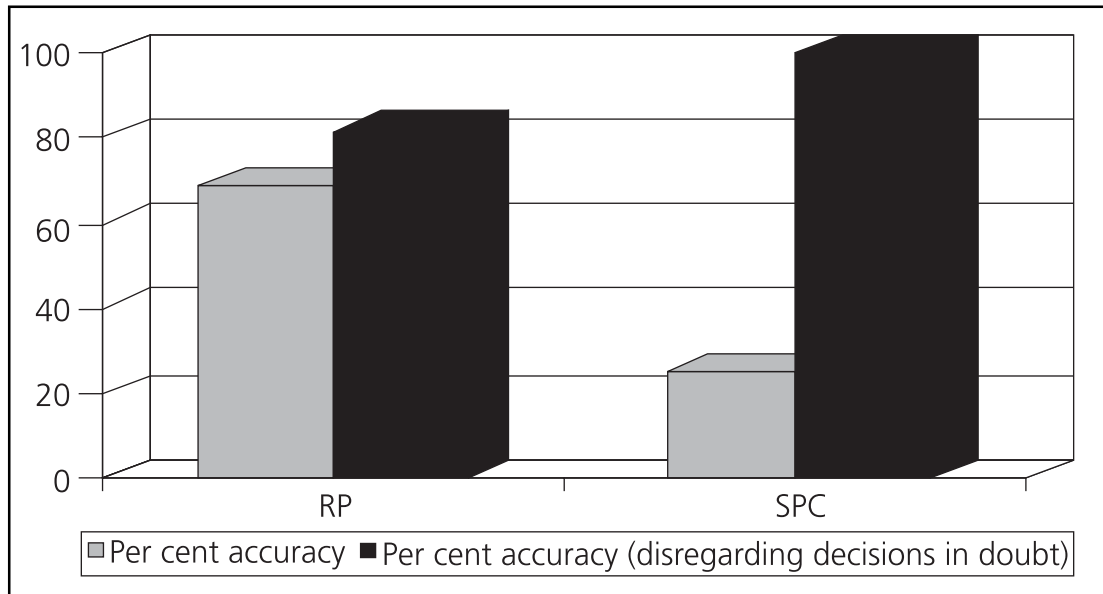
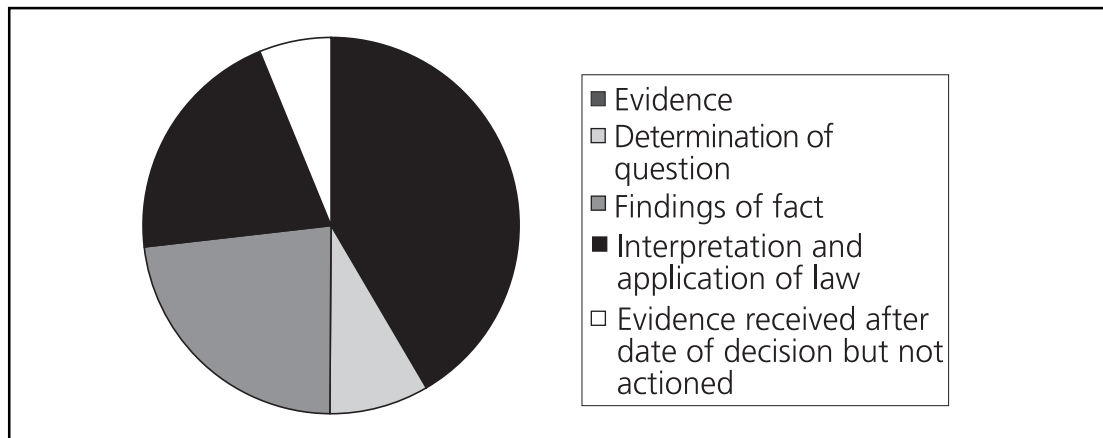
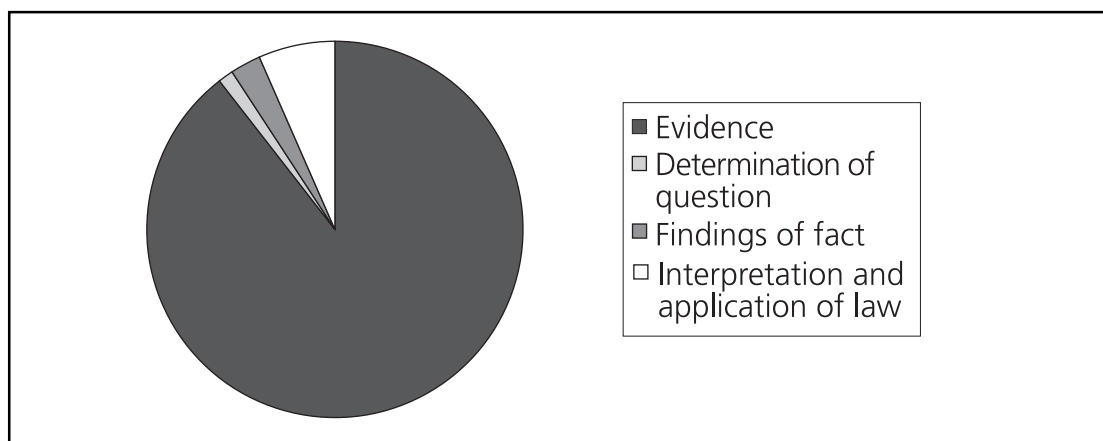
Figure 6 Outcome decisions**Figure 7 Reconsideration decisions**

Figure 8 Appeals**Figure 9 Outcome errors****Figure 10 Reconsideration errors**

Retirement Pension

RP was introduced on 1 January 1909 and is paid to people who have reached the State Pension age (65 for men, 60 for women) and who fulfil the residency and contributions conditions.

Outcome decisions

Although volumes of outcome decisions have not been quantified, of those checked, 83 per cent were correct and 17 per cent were wrong.

Error categories:

- **Evidence** was the highest level of error at 45 per cent, 87 per cent of these are due to missing case papers.
- **Interpretation and application of law** accounted for 18 per cent of all errors, 88 per cent of these were due to the rate of benefit awarded.

Reconsideration decisions

Although volumes of reconsideration decisions have not been quantified, of those checked, 68 per cent were correct and 32 per cent were wrong.

Error categories:

- **Evidence** accounted for 61 per cent of all errors, 88 per cent of these were due to missing case papers.

Appeals

Although volumes of appeal submissions have not been quantified, of those checked, 69 per cent were correct and 31 per cent were wrong.

Conclusions for Retirement Pension

RP is a well established benefit based almost entirely on contribution conditions. Apart from those checks, mentioned earlier, which could not be carried out because of missing papers, the main DMA errors concerned new claims and the award – rate of benefit, both failure to get answers to all relevant questions and to interpret and apply regulations correctly.

State Pension Credit

SPC was introduced on 6 October 2003 and replaced the Minimum Income Guarantee (MIG). For people age 60 or over, SPC will guarantee an income at a set level. People age 65 or over (and couples where one member is 65 or over) may be entitled to a savings credit. This will reward pensioners who have modest income or savings.

Outcome decisions

Although volumes of outcome decisions have not been quantified, of those checked, 58 per cent were correct and 42 per cent were wrong.

Error categories:

- **Evidence** errors accounted for 37 per cent of all errors, of these 48 per cent are due to missing papers.
- There were almost as many **Findings of fact** errors – 35 per cent of errors, 48 per cent of which were due to 'Income'.
- A significant number of errors arose from incorrect **Interpretation and application of law** in relation to AIPs.

Reconsideration decisions

Although volumes of reconsideration decisions have not been quantified, of those checked, 52 per cent were correct and 48 per cent were wrong.

Error categories:

- Ninety-five per cent of all errors are due to **Evidence**, 67 per cent of these are due to missing papers.

Appeals

Although volumes of appeal submissions have not been quantified, of those checked, 25 per cent were correct and 75 per cent were wrong.

Conclusions for State Pension Credit

SPC cannot yet be described as well-established but experience in decision making is growing. The area of decision making weakness in SPC is establishing the correct facts from the information held – Finding of Facts. Errors occur particularly in decisions relating to income and capital. Errors in Interpretation and Application of Law on AIPs are high. This has a knock-on effect on income and capital decision making. TPS is working to improve this area of decision making.

Disability and Carer's Service

Generic information for Disability and Carer's Service

Independent checking of DLA/AA benefit decision making is carried out by the DAAT. This is achieved by continuous monitoring of a random selection of cases and is reported to the IAS. AMAT carry out the checks for CA.

Overall conclusions for the DCS

The reported decision making standards for DLA and AA outcome and reconsideration decisions are disappointing. The volume of 'decisions in doubt', which includes insufficient evidence and failure to determine all relevant questions, are too high. The majority of full DMA errors relate to interpretation and application of the law, with awards or disallowances given inappropriately on the evidence held. Staff need to be more effectively trained and individually monitored (see *Recommendations 6 and 7*). Reported accuracy rates excluding decisions in doubt exceed 90 per cent, however, there remains a high overturn rate at appeal tribunal stage. This continues to undermine the credibility of the reported standards of decision making. Improving decision making at outcome and reconsideration stage is critical (see *Recommendation 2*). The business is working hard to address this and it is an issue they must resolve.

There has been an encouraging five per cent improvement in the standard of appeal submissions from 2003. However, almost 20 per cent are still inaccurate. It is a cause for concern that the majority of errors arose because the submission defended an incorrect decision. More than half of those were as a result of insufficient evidence to support a disallowance, mostly relating to the Middle Rate Care component and the Main Meal component. The business still has some way to go to ensure that DMs do their utmost to resolve matters before a case gets to a tribunal hearing.

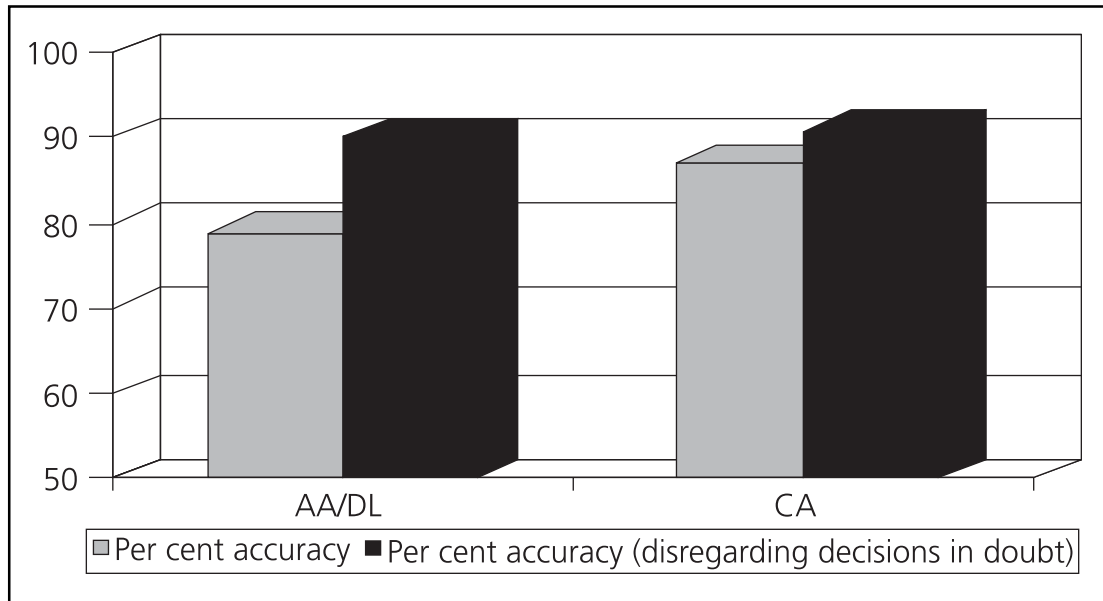
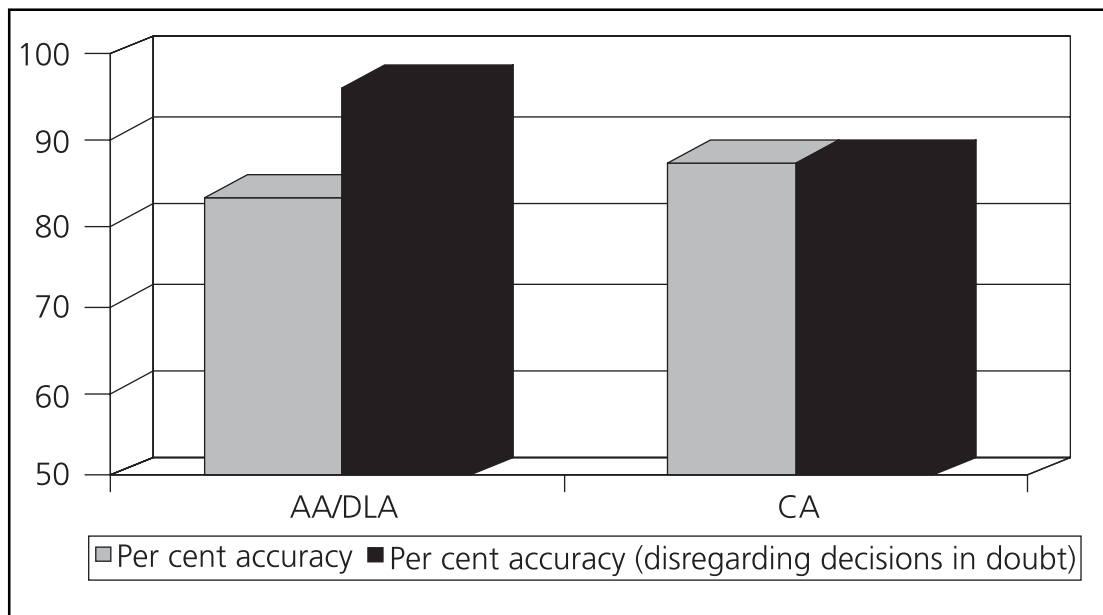
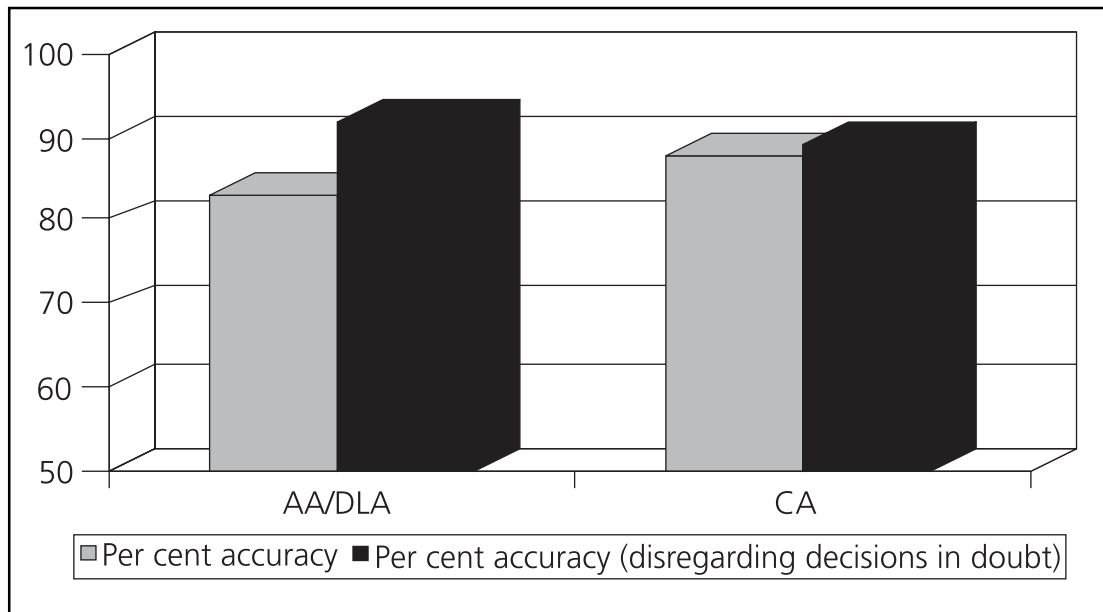
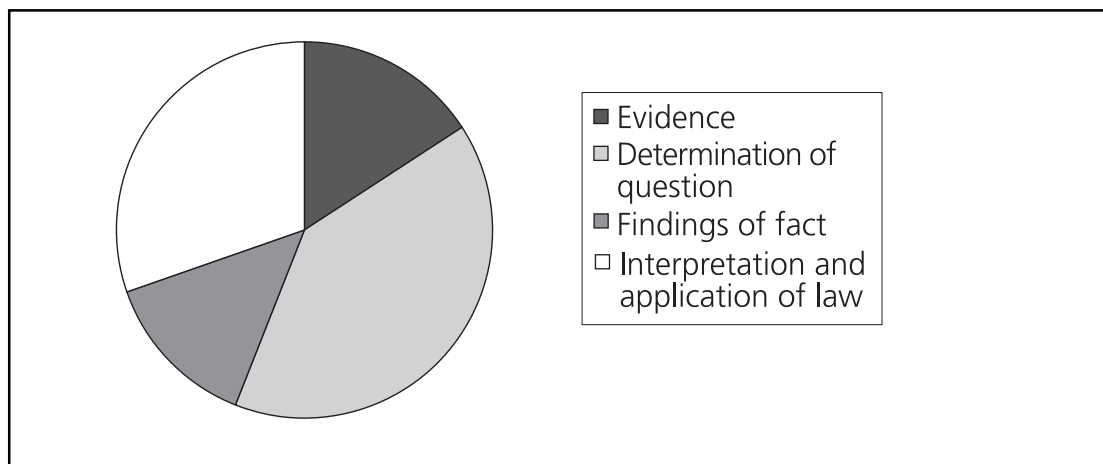
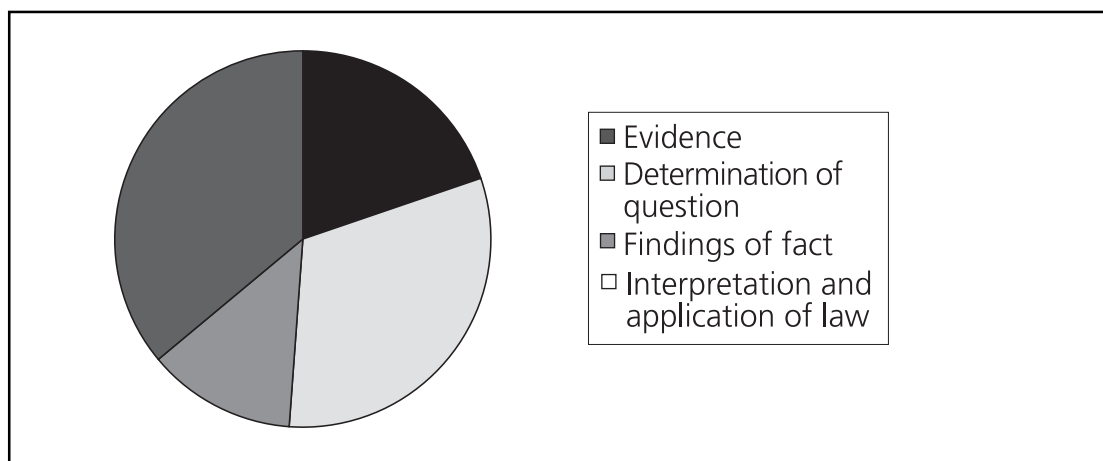
Figure 11 Outcome decisions**Figure 12 Appeals**

Figure 13 Reconsideration decisions**Figure 14 Outcome errors****Figure 15 Reconsideration errors**

Disability Living Allowance/Attendance Allowance

AA was introduced on 6 December 1971 and is a benefit for people over the age of 65 who are so severely disabled, physically or mentally, that they need a great deal of help with personal care or supervision. This assistance could be required during the day or at night. Those requiring constant help receive the higher rate of benefit.

DLA was introduced on 1 April 1992 and is a benefit for people who have become disabled before the age of 65 and who need assistance with personal care or mobility.

Outcome decisions

Although volumes of outcome decisions have not been quantified, of those checked, 79 per cent were correct and 21 per cent were wrong.

Error categories:

- **Determination of question** errors accounted for 45 per cent of all errors, of these 62 per cent were due to errors on the disability care component.
- **Interpretation and application of law** accounted for 34 per cent of errors, 31 per cent of these were due to errors on the date of claim.

Reconsideration decisions

Although volumes of reconsideration decisions have not been quantified, of those checked, 83 per cent were correct and 17 per cent were wrong.

Error categories:

- **Interpretation and application of law** errors account for 38 per cent of the total errors, 45 per cent of these are due to errors on the outcome decision.
- **Determination of question** errors account for 35 per cent of all errors. Of these, 59 per cent were due to errors on the disability care component.

Appeals

Although volumes of appeals submissions have not been quantified, of those checked, 87 per cent were correct and 13 per cent were wrong.

Carer's Allowance

CA (formerly Invalid Care Allowance) was introduced on 5 July 1976, it is paid to someone who looks after a severely disabled person for at least 35 hours a week. The severely disabled person must be getting either higher or middle rate DLA care component or AA or constant AA at the maximum rate under War Pensions or Industrial Injuries Scheme.

Outcome decisions

Although volumes of outcome decisions have not been quantified, of those checked, 87 per cent were correct and 13 per cent were wrong.

Error categories:

- **Findings of fact** errors account for 39 per cent of all errors. These are evenly spread amongst all subcategories.
- **Determination of question** errors account for 24 per cent of all errors, 46 per cent of these are under the 'Employment' subcategory.

Reconsideration decisions

Although volumes of reconsideration decisions have not been quantified, of those checked, 88 per cent were correct and 12 per cent were wrong.

Error categories:

- **Findings of fact errors** account for 78 per cent of all errors, again, 71 per cent of these are due to errors on employment.
- The other 29 per cent of errors are due **Interpretation and application of law**, there are no errors within the other categories.

Appeals

Although volumes of appeal submissions have not been quantified, of those checked, 83 per cent were correct and 17 per cent were wrong.

Reconsideration and Appeals questionnaire – Summary report

Introduction

The Committee was delighted to receive over 1300 responses to a questionnaire issued with the December 2004 edition of 'Touchbase', and 350 responses from DWP DMs, and would like to extend thanks to all who participated. The results have made a valuable contribution to the Committee's understanding of the problems relating to reconsiderations and appeals and have assisted with the formulation of recommendations for improvement. This report contains a summary of the main findings and indicates when the Committee has made relevant recommendations. A copy of the full report can be found at Appendix D.

Reconsideration process

- 1 Contacting DMs to request a reconsideration or discuss a case is usually very difficult, and the absence of this opportunity for a meaningful dialogue was felt, by customer representatives, to prevent disputes being resolved.
- 2 The explanations stage of the process is not considered to be working effectively. Customers felt that explanations were too brief, and DMs identified how difficult it can be to explain complex areas of law within time-constraints.
- 3 There is wide variation in how the process is applied by DMs, and recording processes are not fail-safe. Missing files and time constraints make the process more difficult, and in some offices there is no opportunity for a different DM to look at the case.

- 4 DMs can have difficulty in obtaining the evidence they need to reconsider a case. Timescales in evidence gathering are causing problems for DMs and customers/representatives, but for different reasons. Customers and representatives perceive that there are problems in the approach taken to weighing of evidence by DMs.
- 5 There is less confidence in the process for IB and DLA than for other benefits. Many of the issues related to the treatment of medical evidence. There were positive responses in relation to IS and JSA – in almost all cases some degree of success in clarifying evidence or resolving conflicting issues was identified.
- 6 The reconsideration process can be a very effective way of resolving disputes, however a widespread lack of confidence was expressed. There is a broad consensus that if the process is applied properly, with a thorough look at the case by a different DM who is able to give full reasons for the decision, it can work very well. However, there were many reports that this does not always happen in practice. Certain customer groups may fare worse than others.

The Committee is recommending that the DWP initiates telephone contact with the customer or their representative to clarify issues and obtain further information as standard procedure and that a clear, reasoned, written explanation is issued to the customer following any reconsideration.

The Committee has also made recommendations concerning the identification of DMA training needs for all DWP staff, including telephony staff, on improvements in DMs' ability to weigh evidence, and performance measurement for individual DMs.

Appeals

- 7 The DMA Process could be more effective in ensuring the right cases go to appeal. Both DMs and customers/representatives support the use of a further reconsideration at appeal stage, however, inconsistencies in approach may be reducing effectiveness. Time limits for appealing and advice from frontline DWP staff were felt to influence the decision to go straight to appeal.
- 8 Unresolved evidence issues lead to appeals, which could have been avoided. There are variations in approach regarding when a DM looks at a case again prior to it going to appeal, which is leading to missed opportunities to resolve disputes. Customers and representatives expressed greater confidence in tAS to arrive at the correct decision.
- 9 The attendance at appeal hearings by POs was valued but according to customer representatives, quite rare. There is a range of factors which influence whether a case is presented, including complexity, request of tribunal Chair, staffing levels and location. Some POs indicated that they do not have sufficient time to prepare cases

- 10 Feedback mechanisms to DMs from tribunal hearings are not robust. One-third of DMs said they never received feedback, and whilst many who did would use it to inform/change practice, it is not being used to maximum effect.

The Committee is recommending that DWP businesses follow their own guidance on attendance of POs at Appeal Tribunals.

The Committee is recommending that the DWP businesses work with tAS to develop mechanisms for giving feedback to DMs on reasons for tribunal decisions. It is recommending that an analysis is conducted to identify patterns of cases consistently overturned at tribunal and that resources are focused on improving decision making in those areas.

2005/06 work programme

Generic cross-departmental issues:

'Initial decision making'

Aim: To assess whether the current decision making process encourages good quality decision making?

Study:

- application forms and process;
- telephone contact;
- decision making on the claim; and
- decision notification.

Exploration of overpayment decision making.

Agency specific issues

The Pension Service

Remote storage.

Jobcentre Plus

Standard Operating Model.

Effective Case Management Framework.

Additional issues

- monitoring progress towards meeting Committee recommendations;
- work with CCG;
- drafting the annual report;
- monitoring progress towards meeting NAO recommendations.

Agency specific reports

Report on Jobcentre Plus

- 1 The effectiveness of the reconsideration and appeal processes for JSA, IS and IB was investigated throughout the work period through a series of meetings and visits including time spent with IAS(PM) checking staff, DMs and appeal writers at Bournemouth, Fareham, Manchester and Glasgow offices plus other meetings with staff concerned with performance. Throughout, a structured questionnaire was used to ensure a standardised approach and comparable information. Without exception, the staff who took part in the numerous discussion groups were highly committed, enthusiastic and relished the opportunity to contribute their knowledge and experience. In addition, information was also obtained from various briefings and papers provided by Jobcentre Plus. Finally, additional perspectives were obtained from the surveys of DMs and customer representative groups – these are covered in more detail on pages 33 – 35 and at Appendix D but key points relating to these benefits are reflected below.

Reconsiderations

- 2 The reconsideration process should enable a customer who disputes a benefit decision to request that it be looked at again, often by an independent DM. In some cases, the customer may be able to offer additional evidence to assist in the reconsideration, but this is not mandatory. Whole decisions are reconsidered, even if there is no more evidence. Having undertaken the reconsideration, the outcomes will be either no change to the original decision or a revision of that decision. The customer is notified and has further rights of appeal.

How effective is the reconsideration process?

- 3 Effectiveness can be measured in three key ways:
- reducing the number of disputes going to appeal;
 - enabling errors to be corrected at the earliest opportunity;
 - improving customer service.

Causes of errors and disputes

- 4 There are probably three broad reasons for errors/disputes:
- A Customer/staff error as to basic facts – such might be an error in transcribing, inputting data, misreading information. These are probably often resolved by changes that take place frequently without any formal reconsideration. It seems that there is no record as to the number of such revisions. These will contribute to resolving errors at the earliest opportunity.
- B Customer (and staff) not understanding criteria to be considered in decision making. This is likely to be due to a combination of: benefits complexity, new initiatives that further increase complexity and the number of potential areas for dispute, inadequate staff training, difficult information leaflets, unhelpful or ineffective notification letters and explanations of decisions, etc. These error/disputes may be best resolved through reconsideration when both staff and customer should have the opportunity to resolve problems and seek/provide further information.
- C Different weighting/interpretation and/or incompleteness of evidence. This is likely to be most prevalent where DMs have to exercise judgement/discretion in weighing evidence on the balance of probabilities. Although it may be appropriate for many such disputes to be resolved by an appeal tribunal, there is still scope for the reconsideration process to provide further evidence to assist the DM.

Measuring effectiveness

- 5
- **Volumes.** Jobcentre Plus has no nationally reliable data on the number of reconsiderations or revisions that occur, the outcomes of such and thus, the effect of DMA on disputes. IAS(PM) have reported few revisions in their checking sample which may be due to inconsistent recording rather than the low occurrence reported by DMs. Some system records indicate that a reconsideration has taken place but this is not otherwise apparent from the papers or system. IAS(PM) suggested that there are many revisions without reconsiderations and that some changes are incorrectly recorded as supersessions. Much of this activity may be the result of work by processing staff rather than DMs.

- **Quality of decision making.** There is no specific PSA target for DMA, hence no DMA data is included in the information regularly provided to the Jobcentre Plus Management Board nor is DMA specifically included in any risk register. In addition, DMA accuracy data has been difficult to compare with performance in previous years due to changes in checking methodology; and data can be distorted by the substantial number of decisions in doubt when case papers are not recovered for checking. Where checking does occur, the quality of some aspects of decision making is not checked, for example LM determinations (these have been included in the checking methodology for the year 2005 although data will be kept separate for that year: error rates are expected to rise by a very small amount). Clerical cases continue to be excluded from checking and, while the numbers may be small, these may be more prone to error due to human fallibility/complexity. Some causes of disputes (see paragraph 4c) may be not apparent to IAS(PM) checks as they concern more judgement/discretion, hence, the checking methodology may not be effective in identifying potential problem areas. Jobcentre Plus has not formally sought the views of customers/representative groups on reconsiderations or satisfaction with DMA. The Citizens' Advice Bureau (CAB) report '*Hanging on the Line*' and the Committee survey suggest that some customers may be frustrated in their attempts to contact DMs and resolve issues and, therefore, go straight to appeal.

Conclusion

- 6 There seems to be no reliable data to indicate whether or not the DMA reconsideration process is effective. Anecdotal data from IAS(PM), staff and customer representative groups plus the survey suggests that the number of reconsiderations may be few (indicating the process is not wholly effective) and that customers have little confidence in the process and thus go straight to appeal.

How the reconsideration process is working

- 7 The following comments relate to the reconsideration process that is undertaken before a customer lodges an appeal. The process (see paragraph 2) seems reasonably embedded in the main Jobcentre Plus benefits at the offices visited. Although the Committee survey indicated that implementation of the process is inconsistent elsewhere. There is a general trend for staff to retain papers for some weeks in case of a dispute in order to avoid the problems of recovering papers from remote storage/elsewhere in the offices. Staff will often seek further evidence from the customer or others, by phone or letter but the survey suggested that such activity is often limited by time constraints. Inadequate reasons for decisions were cited by survey respondents as a major cause of customers proceeding to appeal. Recording the occurrence of a reconsideration seemed to be very patchy. Some are recorded on IT

systems – although not consistently, some may also or only be recorded clerically and some are not recorded at all. It is, therefore, unclear how IAS(PM) is able to identify a representative sample. Lack of adequate records can mean that levels of activity are not appreciated and potentially under-resourced. There may also be scope for checking and other data to be skewed.

- **Job Seeker's Allowance.** Both the benefits and LM offices visited were giving priority to reconsiderations – the former working to the ten-day response time of the customer charter. Staff will talk to customers which often gives opportunity to provide (further) explanation and resolve disputes. Reconsiderations should be recorded on the Jobseeker's Allowance Payment System (JSAPS) but this is not possible when a case has been closed, typically due to the customer Failing To Attend (FTA), thus the record has to be made clerically. LM aspects of a reconsideration are handled by separate DMs and should be recorded on the LM IT system but this is not always possible, again resulting in clerical records. The outcome of the LM determination is passed to JSA staff who produce the final reconsideration and notification letter. IAS(PM) will include LM determinations in the DMA checks in 2005 and anticipate some difficulty as these decisions have more scope for discretion and complexity.
- **Income Support.** It seems that both processing staff and DMs will produce revisions but that only the latter conduct reconsiderations and report that few occur. Records of such seem patchy and the IS IT system does not appear to be able to collect such data. Staff suggested that clerical cases may increase in large cities where more customers cannot provide National Insurance (NI) numbers when claiming. It seems that customers have difficulty talking to a DM to pursue a reconsideration.
- **Incapacity Benefit.** Initial claims for IB are based on sick notes and NI contributions and appear to produce very few disputes. Subsequently, the customer is frequently subject to a PCA, which is the main cause of dispute/appeals. Additionally, some disputes arise if a customer fails to return the relevant form (form IB50) or fails to attend the PCA. Most customers will go straight to appeal in order to be eligible for IS and this may contribute to the Committee's survey findings that reconsiderations are the least effective for this benefit. Processing staff may make revisions without reconsiderations on disputes as to FTA whereas formal reconsiderations will be undertaken by DMs. Evidence is considered to be the most difficult aspect of IB decisions/reconsiderations: GP reports are not sufficiently full and computer-processed Medical Service reports are too broad-brush to be specific to a customer. Reconsiderations should be recorded on the IB IT system in various dialogues.

Why the reconsideration process is not working

- 8 Corporate Governance suggests that there is poor staff compliance with processes. Contributing factors include: benefit complexity, staff turnover with resultant impact on training/experience, non-user-friendly IT systems, pressure of work and target-driven behaviour. The findings of the Committee survey echo many of these points in that inconsistent use of the reconsideration process is reducing customer confidence in it. However, customer representative groups reported that the reconsideration process would be preferable to appealing if the process was rigorous, allowed time for gathering any further evidence, was undertaken by a different DM and produced a clear explanation of the decision. Limited data plus other issues, as described already, offer some insight into the problems of the reconsiderations process. Other issues raised by staff include:
- **Job Seeker's Allowance.** There seems to be some risk that requests for reconsideration could be lost between the jobcentre and LM DMs.
 - **Income Support.** Frontline staff may misadvise customers to go straight to appeal due to poor understanding of the reconsideration process.
 - **Incapacity Benefit.** Customers have little incentive to request a reconsideration as they must appeal if they are to receive IS in place of IB pending the outcome of the appeal – and they seem to have a 50:50 chance of winning the appeal. Reports from Medical Services are not sufficiently specific, need to be consistent, focus less on symptoms and more on consequences of conditions. It has been suggested that there is insufficient published research regarding the consequences of disabling conditions to inform the IT system which also appears to pay inadequate attention to other sources of evidence, e.g. Community Psychiatric Nurses (CPNs), Occupational Therapists (OTs), relevant professional bodies, disability groups, other governmental areas of expertise such as Social Services, DCS, Veteran's Agency, etc. It seems surprising that DWP has not commissioned specific research into such consequences when they are clearly so important. (Jobcentre Plus is currently reviewing these reports). Staff also seemed unsure as to what evidence they should obtain, and sought more evidence/centralisation with other DMs. Staff understanding of subjective/objective in a legal context, weighing evidence and the balance of probabilities was patchy and also cause for adverse comment in the survey.

Conclusions

- 9 The reconsideration process is never likely to be effective or much used for IB while customers are incentivised to go direct to appeal. Reconsiderations seem to be particularly effective for JSA perhaps because there is more personal contact with customers which can resolve issues. Overall, however, reconsiderations need to be more consistently processed and better promoted to customers so that they use this option.

What can be done to improve the process?

- 10 The following amplify and complement the generic recommendations made in this report. In addition, these actions are relevant to the Jobcentre Plus Risk Register (v14) and should contribute to reducing risks.
- 11 **Jobcentre Plus needs to develop a more robust method of collecting, monitoring and analysing data to measure the effectiveness of DMA in rectifying errors quickly, reducing the number of appeals and improving customer service.** See also generic *Recommendation 1*. This might include data for each key benefit (JSA, IS and IB) on:
- the number and accuracy of outcome decisions (new claims, revisions, supersessions and disallowances);
 - the number of explanations (verbal and written);
 - the number, accuracy and outcomes of reconsiderations – both those occurring before and after the lodging of appeals;
 - customer surveys covering satisfaction with communications, usability of dispute processes, etc.

Correlation of the above data with that of payment accuracy, tAS findings, complaints, etc should be undertaken to assist with targeting remedial action. Care should be taken to ensure that any erroneous issue of appeal rights does not inflate numbers. Clerical cases should be included. Accuracy data should include the quality of all elements of decisions rather than just occurrence. The forthcoming Working Age Transformation and Change (WATCH) Management Information system should be capable of including such DMA data. Pending introduction of that system, the current Jobcentre Plus initiative to use databases to collect more information about reconsiderations/reasons should be encouraged. The data resulting from all the above should then be available for:

- consideration of the effectiveness/continuance of DMA;
- provision to the Management Board, Corporate Governance, other management tiers (down to centralised benefit offices), the Committee and external bodies (PAC, NAO, customer representative groups) in a timely, relevant and regular manner. There may be a risk that centralisation can magnify any error trends. Hence, data must be quickly available to highlight problems for action;
- inclusion in annual reports published by the Secretary of State and the Committee;
- identifying decision areas most prone to risk of explanations, errors, reconsiderations and appeals in order to target remedial action, training, guidance and checking;
- ensuring that allocation of resources is appropriate to work-loads;

- identifying areas of benefit complexity prone to cause errors with a view to possible simplification;
- assisting in identifying the impact of new initiatives/regulations upon DMA accuracy, numbers of appeals and customer satisfaction.

In addition to the issues outlined here, inadequate data may also be a factor in the Jobcentre Plus Risk, Register items 5.2, 1.1, 3.3 and 4.1.

- 12 **Jobcentre Plus should improve and monitor the effectiveness of all means of communicating with customers and promote increased use of reconsiderations.** See also generic *Recommendations 1, 3 and 14*. The recent Ombudsman report highlighted the increasing problems with DWP effectively communicating with customers and the need for staff to ensure that customers understand what is being said to them. Letters need to be written in plain and straightforward terms and leaflets should be clear and unambiguous. JSA tend to have more phone contact between customers and DMs so that decisions and benefit criteria can be better explained and thus, disputes resolved/more evidence obtained. Customers need more information about the reconsideration process and how it can be effective for them. Specific areas for consideration are:

- much better information for customers from leaflets, First Contact Officers (FCOs), Financial Assessors (FAs), notification letters, from DMs, in explanations;
- introduction of a policy that it will be normal practice for a DM or appeal writer to contact the customer by telephone in the event of a dispute (request for reconsideration or appeal);
- more effective promotion of the opportunity for reconsiderations in the event of a dispute;
- more effective and systematic appreciation of problems encountered by customers when receiving communications (in any format) from Jobcentre Plus in order to make improvements.

Again such actions might contribute to Risk Register item 2.1.

- 13 **Jobcentre Plus should ensure that staff are adequately trained and experienced to undertake their roles relating to decision making.** See also generic *Recommendations 4, 5 and 7*.

Specific areas for action/consideration are:

- in addition to the data collected (see paragraph 11), maintaining records regularly (at least annually) on:
 - staff training needs, training undertaken and the effectiveness of such training in improving individual and collective decision making performance – this should enable more effective training to be developed if required;

- the understanding of benefits by frontline staff (FCOs, FAs, Personal Advisers (PAs) and those responding to queries in person or by phone) so that they understand the nuances of benefits – thus reflecting the transfer of many aspects of benefit processing/decision making to the frontline;
- the understanding of DMA, especially the reconsideration process, by frontline staff – this should improve advice on the options available to customers who dispute decisions and encourage more customers to use the reconsideration process rather than going direct to appeal;
- clarification of policy and guidance to staff as to whether every revision of a claim should be preceded by a reconsideration;
- optimising centralisation of staff so that they can better share knowledge;
- re emphasising to IB staff that they are not constrained to follow Medical Services' reports – Circular 63/02 as amended;
- training of all staff handling reconsiderations and appeals in telephone communications with customers – this should aim to make them more confident to initiate such contact, provide comprehensible explanations and elicit any additional information;
- providing DMs and appeal writers with better understanding of tAS, their operation, requirements and decision making process. This might include training, regular meetings covering trends in overturned decisions in addition to processes, increased attendance/observation at tribunals, increased and more effective use of feedback from tAS and POs, exposure to tAS reports;
- increasing and monitoring effectiveness of training for DMs and appeal writers in the burden and standard of proof, weighing evidence, legal terms of objective and subjective;
- increasing the accountability of DMs for their decisions with feedback from checking, appeal writers, POs, tAS and reflect such in performance appraisals plus training need assessments;
- targeting training activity based on individuals' training needs plus risk areas revealed by data.

Such actions should contribute to Investors In People (IIP) and Risk Register items 2.1 and 3.3.

- 14 **Jobcentre Plus should enable staff to retain case papers until the deadline for lodging appeals is past.** (See generic *Recommendation 6*.) Retention of papers in case of dispute should be formalised and thus, resourced – case papers would only then be transferred to remote storage well after the deadline for disputes. If it were possible for IAS(PM) checking to take place during that retention period, the number of deemed errors might also be reduced.

- 15 **Ongoing work.** The Committee should be regularly updated on the review and improvement of Medical Services' reports and closer links be established with Corporate Governance.

Appeals

- 16 Appeal submissions are written by dedicated appeal writers who will recover the evidence/case papers, conduct a reconsideration and then set out the issues in dispute with reference to the appropriate law. The submission is then sent to tAS and a copy sent to the appellant customer.
- 17 **How effective is the DMA process in ensuring that only the right cases go to appeal?** A number of common themes were observed during visits to offices handling JSA, IS and IB. Typically, efforts are made to recover original evidence though this can be difficult due to remote storage. There seems to be a trend within offices towards retaining copies of papers in case of a dispute which assists. Most appeal writers will seek further evidence where appropriate. Data on appeals is mainly held on separate appeals IT systems rather than the legacy systems for each benefit. While these systems offer data on clearance times, it seemed that there was patchy data as to the numbers of appeals lapsed after reconsideration and the number withdrawn by the customer. Hence it can be difficult to assess the effectiveness of the reconsideration stage of appeals other than anecdotally. Lack of the original notification letter can present difficulties in creating appeal submissions. POs do not often attend tribunals and there is no systematic feedback mechanism from them to appeal writers or DMs. Many staff said that sometimes they could not understand tAS decisions. Very brief feedback is provided by tAS unless a longer Statement of Reasons is sought – which is rarely done. Very few staff had any knowledge of tAS quarterly or annual reports. TAS comments that Jobcentre Plus needs to be more proactive in resolving issues by actively seeking additional evidence and verifying the accuracy of information. According to tAS, typical problems include: insufficient investigation of the circumstances surrounding a decision, frequent understatement of the significance of the customer's evidence, staff giving insufficient weight to the customer's evidence, unresolved discrepancies, and the need for the customer to be better questioned earlier in the process. These comments reinforce findings relating to staff difficulties with weighing evidence:
- **Jobseeker's Allowance.** Some disputes still go to appeal on such issues as backdating, Pay In Lieu Of Notice (PILON), redundancy, capital, savings and living together because customers/staff do not understand the benefit criteria. The appeal-stage reconsideration can be successful in resolving these disputes: mainly where experienced staff can better explain the criteria by talking to the customer, setting the criteria out clearly in the appeal submission or identifying previous official error

and revising the decision. In one office handling benefit aspect appeals, some 33-50 per cent of appeals were lapsed (this would suggest that, if there had been a previous reconsideration, such had not been effective in resolving the issues). JSA appeals relating to LM determinations are handled separately but there was no clear data on the number of appeals revised/lapsed during the reconsideration/appeal submission stages. TAS has recently commented on the high standard of decision making in JSA with 65 per cent of decisions being upheld.

- **Income Support.** Staff suggested that LT decisions are those most likely to be overturned at appeal because DMs often do not understand the two criteria elements to this decision. At the office visited, there did not seem to be a formal reconsideration process by appeal writers but rather an informal check that the decision was correct. There also seemed to be some reluctance to return cases to DMs upon revision as such may not be well received. Appeal writers acknowledged that they might place more weight on original evidence than any provided during the dispute process and that pressure of work sometimes prevented them making all the enquiries appropriate. Staff suggested that they had most problems identifying the applicable law and evidence. They felt that they had good relations with DMs and could provide feedback and advice on difficult issues. TAS considers that there is a lower standard of decision making with only 47 per cent of decisions being upheld.
- **Incapacity Benefit.** The majority (99 per cent) of IB appeals are due to PCA disputes and about 50 per cent of those decisions are overturned by tAS. The most frequent reasons for tAS overturning decisions are because of additional evidence provided to the tribunal and different weight given to the evidence by the tribunal. This would suggest that many of these appeals could be resolved earlier if: the claim process obtained better evidence from customers and others capable of commenting on the consequences of their disability, Medical Service reports were improved (see paragraph 7) and staff were better trained to weigh evidence (see paragraph 13). A key factor may be that tribunals can accept oral evidence from customers whereas DMs want documentary corroboration, which may be difficult for the customer to obtain/carry little weight if it is from a family member/friend. However, the appeal reconsideration stage was being effective at the office visited as they reported that about a third of appeals were lapsed at this stage. There was a marked conflict in attitudes of staff: they felt that most tribunal Chairs are experienced and able but they also felt that many tribunal decisions were perverse, with appeals being upheld without proper justification. Staff could be quite disillusioned, as they perceived that they were doing their best with the processes and information that they had, and yet their submissions were still not accepted. The results of the current IB pilots in 2006 should provide more insight and opportunity for improving decision making.

- 18 **Cases that are progressed to appeal wrongly.** Staff felt that cases that should not go to appeal were those for which the legal criteria were clear. For example, JSA cases as listed in paragraph 17 and appeals lodged outside the statutory 13-month time limit – although tribunals will sometimes allow these. With some 50 per cent of IB appeals being successful, it is likely that a number are being taken forward wrongly. Some of these appeals might be resolved earlier if particular care was being given to: customers with mental health problems plus the issues raised in paragraph 17. However, a sizeable proportion of these cases will still require an independent objective reassessment of the case, its evidence and the law. This would suggest that the benefit system will always make IB appeals most likely (due to the link with IS). Rigorous reconsiderations at this stage might resolve more but others will still need resolution by tAS.
- 19 **Cases which should have reached appeal but currently do not.** IAS(PM) payment accuracy checking and MVFE top ten error types indicate major causes of underpayments to customers following incorrect decisions. However, many of these decisions may not be appealed because customers are unaware of the error/benefits criteria. Additionally, some customers will be discouraged from lodging/pursuing appeals because the paperwork is incomprehensible for them. The benefits system is aimed at the most disadvantaged members of society yet has systems and criteria that may be beyond many of them (and many members of staff).
- **Jobseeker's Allowance.** Staff suggested that customers tend to quickly return to work whereas staff do not raise questions about entitlement/impose sanctions until later. Meanwhile, benefits will have been in payment, the customer has returned to work and is disinclined to appeal the sanctions.
 - **Incapacity Benefit.** It is noticeable that the most common payment errors in the past have been due to NI contributions, yet this does not seem to be a cause of appeals. Perhaps customers do not understand the benefits criteria sufficiently to pursue an appeal.

What can be done to improve the process?

- 20 The following amplify and complement the generic *Recommendations made in this report, particularly 8, 9 and 10* relating to appeals to increase mutual confidence between tAS and staff and improve feedback mechanisms from tAS and POs. In addition, these actions are relevant to the Jobcentre Plus Risk Register (v14) and should contribute to reducing risks.

- 21 **Jobcentre Plus needs to develop a more robust method of collecting, monitoring and analysing data to measure the effectiveness of DMA in rectifying errors quickly, reducing the number of appeals and improving customer service.** See also generic *Recommendations 1, 9*. In addition to the data requirement set out in paragraph 11, Jobcentre Plus should also collect information on the:

- number, accuracy and outcomes of appeals (lapsed, withdrawn and proceeding to appeal);
- number and outcomes of appeals considered by tribunals (decisions upheld or overturned);

The resultant data should be used to target the most significant areas of risk: where decisions are most often wrong or are likely to be taken to appeal, or most likely to be overturned at appeal.

- 22 **Jobcentre Plus should improve and monitor the effectiveness of all means of communicating with customers.** See also generic *Recommendations 1, 3 and 14*. It would seem that customers need accessible information and paperwork throughout the appeal process so that the procedures do not deter them from pursuing appropriate disputes. A recent Market and Opinion Research International (MORI) survey for tAS also echoed the need for more effective communications with customers. Staff need to use every opportunity to talk to customers or their representatives to resolve disputes/obtain further evidence.

- 23 **Jobcentre Plus should ensure that staff are adequately trained and experienced to undertake their roles relating to decision making.** See also generic *Recommendations 4, 5, 7, 8 and 10*.

All appeal writers should comply with a rigorous and consistent reconsideration process before writing appeal submissions. They need to appreciate and be accountable for the significance of their role and thus not hesitate in overturning incorrect decisions, be more compliant with processes and have the time and training to do so.

Conclusions

- 24 Three causes of disputes were suggested in paragraph 4.

Cause A should often be capable of rectification by revisions undertaken by processing staff as now seems the case. Cause B should be at least partly resolved by better understanding of benefit criteria by both customers and staff. This could be achieved by better training and more effective communications. The opportunity for a customer to talk to a DM may be the best method of resolving these types of disputes – reconsideration without discussion may not be effective. Cause C will rely on all the above being effective and thus narrowing the potential areas for dispute. The solution will depend on good weighing of evidence following appropriate training.

Recommendation

25 In addition to the generic *Recommendations*, it is recommended that:

Jobcentre Plus should make proposals to the Committee by April 2006 as to how communications with customers will be improved and monitored (see paragraphs 12 and 22 above).

Report on The Pension Service

Introduction

- 1 TPS has embarked upon another major programme of change. This will eventually lead to a comprehensive transformation of TPS providing, among other outcomes, improved customer service and processes. This report of the Committee for 2004/05 covers the process for disputing benefit decisions as it is currently performed. We are aware that some improvements are already incorporated in the Pensions Transformation Programme (PTP). We have acknowledged this where we know it is happening.
- 2 Other changes taking place this year are resulting in considerable staff reductions. We have been conscious of this and the resulting pressures on the workforce as we have carried out our enquiries.
- 3 The Committee 2004/05 work programme has focused on that part of the dispute process where decisions are looked at again. We have concentrated on the reconsideration process and the procedures surrounding appeal submissions. We have visited six Pension Centres, met TPS Appeals Review Team and visited the PTP. We thank all members of staff who welcomed us and helped us to understand how the DMA process is carried out in TPS.
- 4 Throughout all these visits we were impressed by the determination of TPS to give customers a good service and to make sure they are awarded the correct amount of benefit. However, we also became aware of considerable confusion over the definition of terms used in the dispute process and of inconsistencies in the way it is carried out.
- 5 TPS administer RP, SPC and Winter Fuel Payments (WFPs). The reconsideration process is the same for RP and SPC. Where results differ we have noted this. We did not include WFPs.
- 6 We have also consulted external advisers working with pensioners to get a view of how the reconsideration process seems to customers. We are grateful to them for their response. We have looked at this alongside the wider response to questionnaires about DWP decision making received from 1317 external respondents and 340 DWP DMs. The following report considers the effectiveness of reconsiderations and looks at procedures surrounding appeal submissions in TPS.

Reconsiderations

The request process

- 7 A customer wishing to query a decision must telephone a national low rate call number which automatically makes the connection to the appropriate Pension Centre, identified by the caller's telephone code. The customer may be passed on to a different Pension Centre if the first cannot take the call. Initially, the customer will speak to a telephony agent who will identify the reason for the call and if possible resolve it. Telephony agents do not receive training in the DMA process but are able to provide simple explanations.
- 8 More complex enquiries are passed to a DM who will provide more information and clarify the reasons for the decision, relevant to the issue raised by the customer. It is unlikely the customer would speak to the original DM. Specialist decision makers (SDMs) become involved if the enquiry requires their expertise.
- 9 Initially we found this seemed to be working. Pension Centre DMs were happy with it. Customer representatives found it satisfactory, they said that telephony staff were usually helpful. However, they did point out that they had little experience of SPC enquiries since it is quite a new benefit and they were rarely involved in queries relating to RP. Representatives commented that a high proportion of TPS frontline staff are recent recruits and inexperienced. They were concerned to find these staff lacking in a basic knowledge of SPC calculations, in particular they reported that they do not understand additional amounts included for severe disability and for carers.
- 10 Customer representatives reported that their clients were confused by notifications describing the process for requesting change. When they spoke to TPS they did not know if the person they spoke to was a DM with authority to change an award. They were not clear where they were in the process.
- 11 There seemed to be differing views of the effectiveness of explanation provision. Some representatives told us that they can never get constructive reasons for decisions and that only when they see the appeal papers do they have any idea of the reasons to be disputed. Are telephony agents able to explain a decision if they are not trained in the dispute process? Is it clear when an enquiry should be passed to a processor/DM? Is it clear when the expertise of an SDM is needed? We understand that the PTP will focus on effective communication with pensioners. We recommend that particular attention is given to the role of the customer adviser in explaining the reason for decisions.

TPS specific recommendation: that in developing the Pensions Transformation Programme, attention is given to the process for providing explanations to customers. The Standards Committee to be kept informed and involved.

Monitoring performance of staff (DMs): (see generic Recommendation 7)

The reconsideration process

- 12 When a pensioner is not satisfied with an explanation and asks for a decision to be looked at again, that pensioner can apply for the original decision to be revised. Looking at the decision again has come to be known as reconsideration. This is the process the Committee reviewed this year.
- 13 We found considerable confusion around this area of work. There were doubts about who should be carrying out reconsideration, how it should be recorded and exactly how much of an award should be reconsidered.
- 14 **Who should carry out reconsideration?** If a customer disagrees with a decision the dispute process allows a DM to reconsider the facts of the case and revise the decision if it is appropriate to do so. The first confusion we encountered was about who should be doing the reconsideration. There seemed to be a view in TPS that only SDMs or very experienced staff carry out reconsiderations and that this would apply only to decisions involving complicated issues.
- 15 In our view those staff processing a claim are DMs. Processing staff do reconsiderations. They discuss decisions with customers and when requested, they may reconsider and revise a decision. However, for the most part this does not seem to be recognised. This may be because the staff processing applications are not called or thought of as DMs.
- 16 **Recording reconsiderations** – we found that, with the exception of those carried out by SDMs, very few reconsiderations are properly recorded. Checkers said there was a shortage of reconsiderations for checking. On the other hand we were also told that many changes to decisions take place but do not go through the formal reconsideration process. Sometimes reconsiderations resulting in revisions are recorded as change of circumstances. There is a problem with the IT system which leads to notifications going to customers stating that because of a change of circumstances a decision has been changed when in fact the decision has been revised and the circumstances have not changed.
- 17 There is a procedure for recording reconsiderations and revisions electronically using dialogues IS150 and RP610. These should always be used for reconsiderations. An internal review of the DMA process found that these dialogues were used infrequently resulting in a lack of recorded information on reconsiderations and revisions. This of course means that there are fewer cases available for selection for checking and any reconsideration data is not reliable.
- 18 Pension Centre staff told us that in their opinion DMA training is inadequate. Only one half day of training is provided for new DMs and this does not include use of dialogues IS150 and RP610.

- 19 **How much of an award should be reconsidered?** – In all our discussions with TPS we were told that they would only reconsider the issue disputed by the customer. This seemed to be in line with Social Security Act 1998 s9. However, it is in conflict with the 'Disputes and Reconsideration Guide' which says that the DM must ensure '*that the whole decision is correct i.e. do not just look at the points the customer raises*'. These opposing instructions must be very confusing for DMs, they need to be reconciled and made much clearer.
- 20 DMs can correct accidental errors, including slips of the pen and arithmetical mistakes by simply striking out the error, inserting the correction and notifying the customer. The correction of an accidental error does not involve re-examination of the facts of the case, i.e. reconsideration. This informal method of changing decisions seems to further complicate the reconsideration process; it may be that it is at times used inappropriately. This would explain why so few reconsiderations are recorded.
- 21 Confusion about reconsiderations was echoed in the results of Committee surveys carried out among DMs and customer representatives. The term reconsideration does not come from the DMA legislation. There are different interpretations of how this work is to be done.
- 22 TPS are already aware of the flaws in their dispute process. Their Appeals Review Team visited all Pension Centres, looking at DMA procedures. They reported: 'It soon became apparent that the DMA process across TPS is not being followed uniformly'. They have made recommendations for improvement and have taken steps to help DMs, e.g. providing a workflow management deskaid clarifying the process. They are also working with the PTP to ensure that DMA improvements are incorporated into the planned changes. TPS are reviewing the quality of explanations through mystery shopping. We suggest they review their procedures to ensure reconsiderations are properly carried out.

TPS specific recommendation: The Pension Service, in consultation with ACI, review their process for reconsidering a decision, looking particularly at defining who should do reconsiderations and how they should be recorded. All staff involved in communicating with customers to be made aware of the results of this review.

DMA training needs: see generic *Recommendation 6*.

How much of the award to reconsider – see generic *Recommendation 4*.

Evidence

- 23 TPS does not seem to have a problem in getting the necessary evidence from customers. Pensioner benefits are more clear-cut with fewer discretionary decisions than benefits, for example, requiring medical evidence. Those

customers who have difficulty in providing evidence can be referred for assistance to the Local Service.

Reconsideration before a case goes to appeal

- 24 As part of the dispute process a reconsideration must be carried out on every case before it goes to appeal. This is usually undertaken by the originating Pension Centre. If a case has been received by appeals staff without reconsideration having taken place, it will normally be returned to the appropriate Pension Centre for reconsideration. In some Pension Centres appeals staff do reconsiderations but this practice is expected to change. This check for reconsideration should ensure that only appropriate cases go forward to appeal.

Effectiveness of the reconsideration process

- 25 It was assumed that carrying out reconsiderations would reduce the number of appeals. It would also provide customers with an informal procedure for resolving disputes rather than having to go through the stress of appealing.
- 26 There is very little valid data available to show whether reconsiderations have been effective. Early signs are that when properly applied, the reconsideration process is beginning to work for SPC – there are fewer cases going to appeal than was forecast. We understand that 30 per cent of appeal cases are withdrawn/revoked before reaching a hearing. Checkers monitoring the quality of TPS reconsiderations said they could see them working although they were concerned that there were not more to be checked.
- 27 RP generates few reconsiderations; most of the appeals are to do with backdating rules which allow little discretion. It is difficult to gain a picture of the effectiveness of reconsiderations for RP.
- 28 Reconsideration is generally felt to be potentially a useful process. DMs commented, *'If we haven't got the right result the first time, at the end of the day DMA will get it right.'* Representatives said they would prefer to ask for a revision than go straight to appeal.
- 29 In the case of pensioners, the DMA process is considered by advisers to be preferable to going to appeal. One commented, *'Generally pensioners won't appeal (even if very high chance of success for them) so we always have to try reconsideration first. Hence the importance of this stage of the decision making process working effectively.'*
- 30 Others reported that in TPS the system does not work in all cases – *'there are still too many examples of the system not working effectively and appeals are sent to tAS when issues could have been resolved at an earlier stage'*.

Lack of valid DMA data: see generic *Recommendation 3*.

Improving reconsiderations for customer: see generic *Recommendations 1 and 2*.

Conclusions on reconsiderations

- 31 It is early days for SPC but there is some indication that, when properly applied, the reconsideration process is effective in reducing appeals. It is also seen to be more acceptable for pensioners than appealing. But it is not being properly carried out. Reconsiderations could be much more effective in TPS if they were done correctly.

Appeal submission process

- 32 Some disputes are best dealt with through the appeals process. DMs suggested that decisions that are purely discretionary, e.g. LT and habitual residence decisions were probably better dealt with at appeal. They did carry out reconsiderations on such decisions but felt it was important that customers should realise that if they are unhappy with the result they still have the right to appeal.
- 33 The appeals staff we met were all very experienced and knowledgeable. In most cases they had worked on appeals since before the introduction of DMA. They do not receive feedback on cases for which they have prepared submissions nor do they provide feedback for DMs. If they are particularly concerned by an appeals decision they can ask for a reasoned explanation.
- 34 It is regrettable that there appears to be no feedback system giving DMs and submission writers the opportunity to learn from tribunal decisions.
- 35 Appeals staff pointed out that no formal training exists for TPS appeals submission writers (or for POs); they felt this would become a serious issue when the time comes to recruit their replacements.

The need for feedback systems: see generic *Recommendations 9, 10 and 11*.

Training in preparation and presenting of appeals: see generic *Recommendation 11*.

Document retrieval

- 36 At each Pension Centre visited the problem of document retrieval was highlighted. It is a particular issue for appeals writers. Whenever we asked for suggestions for improving the DMA process the answers included:
- get the papers more quickly;
 - locate paperwork;
 - improve storage and retrieval of documents.

Since the introduction of DMA every report on the quality of decision making has identified missing evidence as the major cause of error. There was some

optimism among staff that a recent exercise carried out at the storage facility at Heywood would bring about improvement. This would be a welcome development.

Document retrieval: see generic *Recommendation 8*.

Additional evidence

- 37 The question of additional evidence is an issue for TPS appeals staff. It is also an issue for customer representatives. We were told by appeals staff that if further evidence were to be received prior to the actual submission of an appeal then the decision would be reconsidered. If evidence, which may lead to a revised decision being made, was received following the submission having been sent, then a supplementary submission would be written and forwarded to tAS.
- 38 The issue which bothered submission writers most was the arrival of fresh evidence given to the tribunal on the day of the hearing. In this case they would probably ask for an adjournment so that the decision could be looked at again in the light of the fresh evidence. Customer representatives reported that inevitably, when attending tribunal hearings, late evidence, which they had submitted, had not been looked at by appeals staff.
- 39 This problem is not confined to TPS. In his last four reports the President of Appeal Tribunals has highlighted the issue of additional evidence. It is the main reason for overturned cases (62 per cent). The figures show the position is worsening.

Presenting officers

- 40 At present TPS is inconsistent in sending POs to tribunal hearings. We had the impression that they rarely do so. We spoke to appeals staff who had previously presented cases at appeal but a change in tAS procedures, among other things, prevented them from attending now.
- 41 Reports from the President of Appeal Tribunals regularly press for the attendance of POs at tribunals. The NAO report *'Improving decision making and appeals in social security benefits'* recommends that DWP consider sending a PO *'to all complex appeal tribunals to represent them, to advise the tribunal and to provide direct feedback to DMs'*.
- 42 Criteria for attendance of POs are:
- complex evidence or legislation;
 - a difficult judgmental element;
 - new legislation; or
 - a request by the Tribunal for a PO to attend.

- 43 When asked, 'What is your experience of the PO role in TPS?' advisers replied – 'Never met one', 'What PO? – none appear', 'Never seen one', 'None encountered' and 'Please send more Presenting Officers. It can help smooth the process'.

Attendance of Presenting Officers at Appeal Tribunals: see generic *Recommendation 11*.

The way forward for appeals

- 44 Last year TPS carried out a review of the management and processes in place for appeals. A number of recommendations were made with a view to improving the management of all appeal-related work and to address what were perceived to be inefficiencies in the decision making and dispute process. The main thrust of the review recommended that appeals process and management should be centralised on a single site. A pilot was set up at the International Pension Centre (IPC) in Newcastle to test this proposal. They take the appeals workload from Plymouth, York, Liverpool and London (Newcastle) Pension Centres. The pilot will run from 1 November 2004 to 31 March 2005.
- 45 The Committee visited the pilot and also discussed progress with the Appeals Review Team. Staff at the pilot were very positive about centralising the appeals submission writing and presentation work. They found that they were working closely with the DMs at Pension Centres, suggesting reconsiderations when required and providing useful feedback. Some appeals staff were delivering DMA awareness sessions at the nearby Pension Centre.
- 46 The appeals pilot aims to follow the agreed criteria for the attendance of POs at tribunals. They are trialling presenting appeals via video conference and they are building up a team of experienced POs throughout the country.
- 47 When it comes to an end, the pilot will be evaluated by the Appeals Review Team. They are also looking at the impact this method of handling appeals has had on reconsiderations. The Committee supports the work of the Appeals Review Team to improve decision making in TPS.

Conclusions

- 48 We found some positive features in TPS reconsideration and appeals processes, not least the determination of all staff to provide a good service to pensioners. But we also found a lack of understanding of the process among these willing staff and a lack of clarity about the procedures. The DMA process is not working as intended in relation to reconsiderations in TPS.
- 49 The opportunity to learn from experience is being lost because there is very little feedback from appeal decisions.

- 50 It seemed that the current DMA process was geared around the old Benefits Agency system and did not embrace the new technology and new procedures introduced with the arrival of TPS. Work is going on to improve this.
- 51 The PTP will not be in place for some time. In the meantime there is a need for TPS to review their process for providing pensioners with a procedure which allows them to have a sensible discussion with staff about the reasons for a decision, to give grounds for disputing that decision, to ask for it to be looked at again and, if the problem is not resolved, to explain why they wish to appeal.

Report on the Disability and Carers Service

Introduction

- 1 The Committee has examined the effectiveness of the DMA process in relation to reconsiderations and appeals as part of its work programme for 2004/05.
- 2 In order to carry out this work, the Committee undertook a range of activities. In relation to DCS we visited Sutton and Newcastle DBCs, Disability Benefits Units (DBU), Decision Makers Advice and Procedures Team (DMAPT) and the DAAT Team. We spoke with managers and conducted focus groups with DMs. We consulted with the CCG specifically on reconsiderations and appeals in relation to DCS, and met with the President of tAS and regional Chairs. Alongside this the Committee undertook an internal and external consultation exercise across the three agencies which resulted in 340 response from DMs and 1,317 responses from customers and their representatives.
- 3 This report represents the findings and recommendations in relation to the DCS. We chose to focus exclusively on DLA and AA, as CA is rarely identified as causing problems in this area. In writing this report we are mindful that the business has undergone a number of structural changes since attaining agency status and has embarked upon a huge programme of modernisation and change. We are aware that a range of improvements are being incorporated into this programme, and have acknowledged this where we know it is happening.

Reconsiderations

- 4 The reconsideration process can operate very effectively for DLA/AA. We were given a number of examples by customers of where, with sufficient evidence, disputes have been resolved at this stage. We found many examples of good practice during our visits. There was clarity in the business regarding who should be carrying out reconsiderations – work is divided into teams and DMs seem clear that their role is to look at the whole decision again and to make a fresh determination. In all sites visited, arrangements were in

place to ensure that a different DM looks at the case. However, we also found a range of operational problems which contribute to making the process less effective and received a number of reports from customers and their representatives regarding the failure of the process.

Request process

- 5 The process for requesting a reconsideration from DCS appears to be working well. Customers might request a reconsideration by telephone via the helpline or at their local DBC, or in writing. Customers did not report difficulty in understanding how to make a request, although staff said that they sometimes needed to clarify what the customer was asking for. Customers find the terminology confusing and don't know always know which stage of the process they are at.

Explanations and notifications

See generic *Recommendations 1* and *2*.

- 6 We have visited the Central Explanations Team (CET) and talked to DMs and customer representatives, all of whom highlighted explanations as an area of concern. Explanations to customers are not full enough and often do not explain the decision in sufficient detail. DMs suggested that there was an in-built incentive to say as little as possible when recording reasons for the original decision in order to get work done more quickly. The CET are only able to read what is on the screen, and appear to have some difficulty in putting customers through to DMs. Customer representatives reported great difficulty in accessing DMs to discuss areas of dispute.
- 7 Reconsideration DMs felt that a more robust requirement to justify a decision thoroughly would improve standards of initial decision making and at least enable customers to understand how a decision has been reached. Notifications at reconsideration stage are not adequate. The facility to state 'no new points raised' as the explanation given for refusal to change a decision gives a misleading impression of the process undertaken and is insufficient to enable a customer to understand why their request was unsuccessful. We understand that explanations are recorded on the system from initial decision onwards, and consider that it would be in the customer's interest to have this information in full at any notification stage.
- 8 The business has been piloting the provision of fuller reasoned decisions at the reconsideration stage and have found that this has reduced the number of cases going forward to appeal. In Glasgow as part of the piloting of new, shortened forms, reasoned explanations were sent at the initial outcome decision stage and this too reduced the number of cases disputed. Customer representatives were very positive about the explanations when they were shown examples. It is not clear how this aspect of the pilot is being taken forward.

Procedures and recording

See generic *Recommendation 2*.

- 9 The business has a clear recording mechanism in place – a 17-page form must be completed at first reconsideration stage and all staff were clear what paperwork they should be using. However, there is little to prevent a DM ticking the boxes without conducting a proper reconsideration should they be driven to do so. We were informed that the paperwork does not always enable checkers to determine if the process has been conducted thoroughly and that they can only guess at how some decisions have been arrived at. This points back to the issue of explanations and the need for DMs to be required to defend the decision properly. Requiring DMs to give a fully reasoned explanation for their decision would help customers to decide whether there were still points in dispute.

Evidence

See generic *Recommendation 9*.

- 10 There are multiple problems with the collection and interpretation of evidence. DMs are strongly in favour of Medical Services' reports, feel frustrated at the restrictions imposed in the commissioning of medical reports, and many do not feel the GP Factual Report is working. There are also variations in ability to seek evidence required, depending on budgetary pressures in the particular section the DM works in. This is likely to lead to inconsistent decision making. DAAT report that they see a number of cases where sufficient evidence has not been obtained. This view was echoed by appeal writers who think it is increasingly the case that initial decisions are not supportable. TAS reports that deficiencies in evidence gathered by the Department are increasing.
- 11 DMs were aware of an increased steer from the business to engage with customers by talking to them on the telephone. This is a significant change in approach for many DMs to make. Whilst some said they would do so as required without difficulty, many reported that they do not have time to engage with customers to gather evidence and that this is not an effective means of gathering evidence. There are still some DMs who state that it will '*compromise their independence*' to talk to customers. Whilst this is a misconception which needs to be addressed, we perceived that behind this there was a nervousness or reluctance to engage with customers.
- 12 The interpretation of evidence is a major issue. The report by the President of The Appeals Tribunals 2003/04 identified that the DM did not give the relevant facts/evidence due weight in 14 per cent of cases, and that the tribunal formed a different view of the same evidence in 39 per cent of cases. Twenty-five percent of cases are overturned by tAS on the same evidence in paper hearings. It was obvious on our visits that many DMs are keen to

engage with the source of evidence that best knows how the customer's disability affects them. However, it was equally clear that many take a hierarchical approach to the weighing of evidence so that a Medical Services' report or a consultant's report is given more weight than any other source, irrespective of other sources' knowledge of how the customer's disability affects their daily living.

- 13 Customer representatives refer to DMs failing to take evidence into account and failing to give reasons for rejecting additional evidence submitted at the reconsideration stage. Many perceive that DMs weigh evidence poorly and less well than tAS. This further diminishes confidence in the business and leads to a greater risk that customers will go straight to appeal.
- 14 A number of cultural attitudes and assumptions exist at DM level and the greatest risks that they pose centre on the interpretation of evidence and customer confidence, particularly with the emphasis the business has placed on increased engagement with customers. We found some of the stereotypical views expressed towards groups of customers and certain sources of evidence cause for grave concern.

Clearance targets

See generic *Recommendation 15 (DCS-specific)* DCS should consider a small scale pilot where work clearance targets are not set and assess the impact on clearance times and decision making quality.

- 15 Clearance targets can act as a major barrier to the effective operation of the process. DMs don't feel they have enough time to undertake a thorough reconsideration when pressure on targets is high. The priority is to clear cases rather than get the decision right. Pressure to clear cases leads to a range of behaviours which run counter to good decision making. DMs reported that although the decision wasn't necessarily the correct one, when pressured they had either a tendency to side with previous DM, or conversely, a tendency to give an award/increased award, and/or a tendency to award but make it a short award. This contributes to the volume of renewal cases and, therefore, pressure on targets. It is a vicious circle. This issue was identified by managers and DMs as one of the major problems, and it was suggested that the business could usefully trial an alternative to target-driven decision making. Clearly there is a balance to be struck as customers want their claims processed as quickly as possible.

Quality and consistency

See generic *Recommendations 6 and 7*.

- 16 We were impressed with the commitment to quality expressed by the DMs we spoke to, and a genuine desire to do the best they could came across clearly. However, the business needs to do more to convince its staff that it takes

quality seriously, as they reported to us that they do not believe that it does. DMs said that whilst the Decision Makers Exchange (DME) and other sources of support were good, they did not have sufficient time to update their knowledge on developments in the law or in medical issues due to processing targets. They said that whilst quality checks were part of the Personal Development System (PDS), it was quite hard to fail them. We were concerned to discover that line managers may have no background in decision making and, therefore, limited ability to analyse and challenge the quality of decisions made by individual members of staff.

- 17 We found a number of issues which are likely to be contributing to inequalities in outcome for customers and to a lack of trust in DCS decision making. Customer representative groups report a great degree of variability in the way the process is applied. They stated that, as a consequence, they would be more likely to go straight to appeal, although their preference would be to resolve the dispute without an appeal. It is not clear that any incentives exist for DMs to resolve disputes at reconsideration stage.
- 18 It is not apparent that the business monitors consistency within units closely enough to identify problems at individual DM level. The phrase 'hit and miss' occurred repeatedly during our investigations. Both DMs and customer representatives stated that the quality of reconsideration depended on how experienced the DM was. Staff were not aware of the DCS Quality Standard. We identified some wide differences of approach taken by different commands at DBU, particularly in relation to clearance targets and evidence.

Appeals

Reconsideration prior to appeal

- 19 It seems that DMs had been encouraged to operate a 'cerebral/informal' reconsideration at appeal stage, driven by clearance pressures, which was a quick look at the decision to identify very obvious mistakes. We are pleased to note that the business is steering DMs towards taking a more thorough look.
- 20 In fact, greater incentives exist to reconsider the case at appeal stage. If the decision can be overturned it prevents the work involved in drafting an appeal submission. The process of writing an appeal submission forces the DM to think about whether the decision can be defended and to justify this in writing. DMs felt that if this was done at an earlier stage in the process, not only would the DM have to justify themselves but the customer would get the full explanation earlier. This is significant because it is likely that many customers do not read the explanation for decision given in the appeal submission as it is contained in a very large bundle of papers.

- 21 DMA Data reports an accuracy rate of 85.99 per cent² for appeal submissions. However, as is well documented overturn rates by tAS stood at 39 per cent in 2003/04. Part of the problem is that evidence is made available to the tribunal that was not to the DM. DMs reported to us that they did not always know whether they had seen all the evidence relating to the case, particularly if that evidence had been submitted to tAS at a late stage. The business is conducting a pilot within DBU to contact customers after an appeal has been lodged to urge them to submit any evidence they have in order that the case can be looked at again. We believe that this is a positive step although this activity should take place at an earlier stage in the process.

Presenting cases and feedback mechanisms

See generic *Recommendations 10, 11, 12 and 13.*

- 22 We found the DMs we had contact with to be experienced and committed to their work. However, most were demoralised by continual overturn of their decisions by tAS. They do not understand why this is happening to the degree that it is when they believe they have made the correct decision. Customer representatives tend to deal with cases end-to-end and refer to 'obvious' cases that tribunals routinely overturn. They have confidence in their predictions of the likely outcome of tribunals in a way that DMs do not.
- 23 Whilst some DMs had observed tribunals, none that we spoke to ever presented cases at tribunal hearings unless they had been a PO at any point in their career. We believe that substantial learning opportunities are being missed here.
- 24 The number of POs has been reduced and they are only able to represent in a small number of cases, although this has recently been increased. They represent in a prescribed range of circumstances, particularly where the case is identified as complex. Yet it is not only complex cases which are being overturned, and it is important to understand the lessons from 'routine' overturned cases.
- 25 The mechanisms for feeding back useful lessons are patchy and insufficient, such that whilst a PO may be able to identify who handled the case and give feedback to a DM on a case local to that DBC, this does not happen that often in practice. We were advised that it is not possible at all to identify the DM if they are based at the DBU.

² Stage 1 only 2004/05.

Customers/representatives opt to go to appeal

- 26 The majority of customer representatives do not opt to go straight to appeal and prefer to use the reconsideration process as this is successful and is less stressful for customers. The performance measurement methods and culture of the representative organisation may be influencing decisions to appeal in some cases. The reduction in time limits for appeal from three to one month, introduced as part of DMA, drives a need to lodge an appeal quickly within time to protect a customer's position, and if the customer believes there is no prospect of a successful reconsideration they will shorten the overall timescale to go straight to appeal.
- 27 DCS credibility levels are low with some customers and representatives. This is born, in part, out of their experience of going through the reconsideration process unsuccessfully and then winning the case at tribunal. There is a variable relationship between customers and representatives and DMs and in some instances, there is mutual hostility. A closer alignment between the decisions made by DCS and decisions made by tAS would restore confidence.

Conclusion

- 28 We found some positive aspects of the reconsideration process within DCS, but it needs to be strengthened to increase its effectiveness. There is a need for DMs to justify their decisions more thoroughly and for customers to receive a clear and detailed explanation. Many DMs and customer representatives identified that this was indeed what happened under the old review process. There seems to be general agreement that many of the positive aspects of the review process were lost with the introduction of DMA. Difficulties in gathering and interpreting evidence are contributing to the ineffectiveness of the process. Inconsistency in decision making is causing a lack of customer confidence.
- 29 The commitment demonstrated by DCS staff to getting decisions right and avoiding appeals was very evident during our investigations. However, more must be done to bridge the gap in case outcomes between DCS and tAS. Strengthening feedback mechanisms would assist this. We acknowledge that the business is working to make significant improvements in this area and look forward to joint work in the coming year.

Appendix A

Progress made towards Committee Recommendations – up to 31 March 2005

Recommendation 1

The measurement of the accuracy of decision making should be awarded equal priority to payment accuracy and measured and reported accordingly. There should be targets for the quality of Decision Making through the Performance Framework of Jobcentre Plus and TPS (this already exists in DCS). The Department should confirm the value of decision making and its checking by setting appropriate high level customer focused targets and improvement feedback systems.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Responses

Jobcentre Plus

Jobcentre Plus already has targets in place for each of its major benefits to measure payment accuracy and we consider the standard of decision making to be an integral part of this measurement. There are no plans to introduce any new Key Management Indicators (KMI's) or performance targets to specifically measure decision making accuracy. However, other work is underway to standardise and improve decision

making standards and reconfirm its value. For example Jobcentre Plus are currently developing a Standard Operating Model (SOM), specifically for DMA. Jobcentre Plus have also developed a Decision Making and Appeals Management Framework (DMAMF) that shows the Key Compliance Standards that should be met as a minimum to be able to achieve both quality decision making and quality decision making.

The Pension Service

TPS has a SPC payment accuracy target of 96 per cent. There is no corresponding target for DMA. In view of the pressures facing TPS during 2004/05, the setting of a separate DMA target was not considered a priority area. This does not, however, mean that action is not underway to improve DMA accuracy and heighten its profile. For example, DMA performance began to appear in the Performance Management and Accountability Report (PMAR) from September 2004 and a lead Pension Centre (Dundee) was identified to champion DMA issues and spread good practice.

Disability and Carer's Service

DCS does have high level targets for the quality of decision making. They recognise the centrality of accurate decision making to the quality of their service. Following publication of the Committee Annual Report 2003/04, DCS outlined proposals for a review of the checking regime. The target structure will be re-examined for 2006/07 with a view to develop more relevant 'customer-focused' targets.

Standards Committee conclusions

The Committee continues to encourage the businesses to give high priority to decision making accuracy as the basis of ensuring that payments made to customers are accurate in every respect. The insistence of the Committee on decision making accuracy rather than the simpler, snapshot measure of payment accuracy is based on our recognition of the knock-on effect of wrong decisions on longer-term accuracy and the additional costs to the business of reworking. 'Getting it right first time' must be the most cost effective option. We suggest that DWP should take on the issues of such standards and priority and require such as policy across all business areas – thus, supporting the original legislation on DMA.

Checking methodology

Recommendation 2

On the basis of the principle of '*Getting it right first time*' a level of pre-payment checking should be incorporated within the checking regime where it makes good business sense to do so.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Responses

Jobcentre Plus

Similar to TPS, Jobcentre Plus has a suite of performance targets and a range of other checks, including a prepayment check on 100 per cent of all casework carried out by new entrant benefit processors and a pre-payment check is already carried out on a minimum of two per cent of all cases. The pre-payment checks not only examine whether the payment is correct but also *whether the decision made to arrive at the payment is correct*. There is currently a review taking place across IS, JSA and IB to introduce an improved suite of checks which will:

- be risk-based (allowing the targeting of areas of the process known to cause errors);
- be on a pre-payment basis where there is a clear business need;
- be easy to manage, allowing managers to monitor more effectively at local level trends in error and performance; and
- reflect geographical performance variation. The new checking regime is currently being piloted in two regions and will be introduced toward the end of 2005.

The Pension Service

TPS has a VAT 2000 pre-payment check which is set at 1.75 per cent based on activity volumes. These checks are selected by individual centres to target their areas of weakness. Analysis of the results is undertaken locally and is used to target refresher training/individual support, etc.

Disability and Carer's Service

The DCS checking regime remains under review – pre-payment checking is a feature of this review. The new computer based Customer Case Management (CCM) system will incorporate a level of pre-payment checking.

Standards Committee conclusions

The Committee accept that with the exception of DCS who are still in the process of reviewing their checking regime, the businesses have considered the proposal and have made business decisions on the level of pre-payment checking that is feasible.

Recommendation 3

The number of decisions in doubt means that the data on decision making accuracy provided to the Committee does not provide robust data on the standards of decision making within the Department. This is unacceptable. The number of decisions in doubt should be reduced significantly.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Responses

Jobcentre Plus

While Jobcentre Plus accepts that it needs to provide robust data, the sample sizes selected for checking cases where decisions are in doubt are generally small and only statistically valid at national level. Failure, therefore, by individual districts to provide what may be a very small number of cases required for checking purposes can have a significant impact on national statistics. Jobcentre Plus are taking steps not only to examine and improve the ways in which we check those cases but also the process for requesting and retrieving documents stored remotely or at other parts of DWP.

The Pension Service

TPS has introduced targets to monitor and control outstanding cases. Exception reports are required when the targets are not hit. The targets are as follows:

- 50 per cent of cases should be available to Performance Measurement checkers on day 1 of the visit;
- 80 per cent by week 3;
- a minimum of 97 per cent by the end of the re-visit. Whilst the aim is to secure 100 per cent of the sample, a three per cent tolerance level has been built in between actual and deemed error results.

Disability and Carer's Service

Members acknowledged in the report that 'DCS have achieved considerable improvement in this area due to managerial action', additionally, an internal monitoring system has now been introduced to record the reasons why evidence is not being obtained, with a view to further reduce the 'Decisions in doubt'. The results will be analysed and included in the '*Decisions in doubt report*' which is due to be produced in June 2005, which will be shared with the Committee. New remote storage arrangements are not yet showing good results hence, the current *Recommendation 8* relating to local retention.

Standards Committee conclusions

The Committee accept that the businesses have made efforts to reduce the number of 'Decisions in doubt'. There has been some improvement in TPS in outcome decisions but increases in SPC on overpayments and appeals. In Jobcentre Plus there have been increases for all aspects of all benefits. In DCS there have been small increases in the percentage but they remain in single figures on the whole. This is an important issue which places considerable doubt on the validity of the data used for monitoring the quality of decision making. Action on this will continue to be monitored by the Committee. In the 2004/05 work programme one of the Committee members will be undertaking work on remote storage at the request of TPS.

Recommendation 4

On an interim basis and as one means of reducing these cases the businesses should adopt stringent targets to reduce the numbers of missing files. Only cases where the file is actually missing should be defined as decisions in doubt.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Responses

Jobcentre Plus

Cross-benefit work is being conducted by the IS, JSA and IB Benefit Lead Teams in Jobcentre Plus to review checks (working with Governance Division) and propose a suite of checks that reflect a risk-based approach. The proposals will include pre-checking decisions. The new checking regime will be introduced toward the end of 2005 and is relevant to reconsiderations and appeals as well as outcome decisions.

The Pension Service

See response to Recommendation 3. TPS have asked the Committee to undertake work with them on remote storage.

Disability and Carer's Service

Prior to publication of the report, DCS had already taken steps to reduce the number of missing files, and the success of this action was acknowledged within the report. However, as part of the ongoing review of the checking regime consideration will be given to setting a internal standard, which will ensure that this level of performance is maintained.

Standards Committee conclusions

The Committee made this recommendation in order to have an impact on the decisions in doubt referred to in the previous recommendation. TPS accepted that and did achieve the short-term targets. DCS had already taken management action and Jobcentre Plus continue to work on *Recommendation 3*. This recommendation will, therefore, be closed and monitoring will continue under *Recommendation 3*.

Recommendation 5

In all benefits where the length of award attracts a right of appeal, the related decision comes under the scope of DMA and should not be classified as a procedure. Such errors should be classified as full DMA errors.

Responsibility

IAS(PM).

Responses

ACI have presented the 2004/05 specifications for DMA measurement to the Committee and are working with the Committee, to revise the specification and ensure it reflects *Recommendation 5*.

IAS(PM) have the responsibility for ensuring that the specification is met for Jobcentre Plus and TPS.

Standards Committee conclusions

The Committee consider that this recommendation has been met.

Recommendation 6

Data should be available to show the consequences of re-categorisation of errors. Any changes in checking methodology need to provide data which is capable of comparison with that produced by previous methodologies.

Responsibility

IAS(PM).

Responses

IAS(PM).

The DMA specification and methodology will be reviewed annually to ensure it aligns with business and customer requirements and will take into account the need to be able to compare results with previous data.

Standards Committee conclusions

The Committee was pleased that the businesses accepted that this was an important issue and that the principle has been accepted by all concerned. This recommendation is considered closed with the proviso that each year in which there are changes, the results of comparisons will be made available to the Committee.

Recommendation 7

A means should be developed by which the impact of decision making quality on different customer groups can be measured. Since many of these customers will be in receipt of a range of benefits, the investigation should be customer-focused and, therefore, across the businesses rather than being focused on specific benefits.

Responsibility

DWP, Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Standards Committee conclusions

Although the businesses are all taking pro-active steps to ensure that they meet the needs of some 'harder-to-reach' customers, there are few areas where the businesses can demonstrate that all their customer groups are receiving the same level of service. Also, DWP is not monitoring whether customers who interact with several Agencies receive the same high standards from all. It is unacceptable that the DWP is unable to produce data which demonstrates equality of treatment. Continuing anecdotal evidence including that of the President of the Appeals service indicates that some groups such as people with mental health problems receive a poorer quality of service.

The Disability Discrimination Act 2005 places a duty on public bodies, such as the Agencies, to promote the equality of disabled people and, in particular, involve such existing and potential customers in impact assessments of existing practices and future policies. It will, therefore, be important that Agencies have adequate data for such assessments and for establishing baselines for measuring improvement. In view of the fact that this issue needs to be progressed on a DWP-wide basis the Committee have considered the issue with the DWP Equality and Diversity Team

(EDT). EDT have proposed that the Committee provide specialist input on decision making to their work on minimum standards for equality and diversity. This would be part of their strategy for tackling equality and diversity. If the businesses are in agreement with this approach the Committee would be willing to progress this issue with EDT to develop recommendations to ensure that all the different customer groups receive the same standard of decision making.

Recommendation 8

Data on errors, whether payment or decision making, needs to be available sufficiently quickly at both a national and local levels in order to remedy problems in the year. This should include data from previous years for trends to be monitored.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Responses

Jobcentre Plus

DMA data is available locally, data on performance is also provided nationally each month via the MI portal. Only payment errors are covered on the national (MI portal), which includes decision, making. In addition, a monthly DMA report (year to date headline figures) is sent to field directors, although it's not broken down in to regions as the sample is not big enough to be statistically valid at that level.

The Pension Service

The system here is the same as that in Jobcentre Plus. TPS' PMAR is available to members of the Committee.

Disability and Carer's Service

DCS do provide data in respect of DLA/AA at the earliest possible opportunity. DAAT issues the monitoring results on a monthly basis and produces six-monthly reports containing the monitoring findings and comparison of results. The local checking teams also have the facility to provide data on a regular basis.

IAS(PM)

Data will be provided on a rolling programme in line with the Service Level Agreement (SLA) for analysis for in-year feedback to improve performance. Data will continue to be provided following each IAS(PM) visit to districts and pension centres.

Standards Committee conclusions

This recommendation is considered to have been largely met any outstanding issues will be subsumed under continuing monitoring of *Recommendation 17*.

Recommendation 9

That JSA decision making checks include LM decisions.

Responsibility

Jobcentre Plus.

Responses

Jobcentre Plus

The intention is that the first year of checking (2005/06) the LM decisions would not feed into the PSA figures and would provide a period in which any methodology/compliance problems could be ironed out. There will be dual recording under the old/new methodology so that separate figures for the end of the old target and the start of the new can be calculated. The current working assumption is that the results of the LM decision checks will be used as a part of calculating the new PSA baseline figure.

Standards Committee conclusions

The Committee accepts that this recommendation can now be deemed as cleared.

Recommendation 10

That regular monitoring information on MVE is provided by DCS from 2005/06.

Responsibility

Disability and Carer's Service.

Responses

Disability and Carer's Service

With effect from April 2005, the live-load system scans have been changed to include all the business events identified under the DMA check. It is not possible to obtain a Monetary Value of Error (MVE) figure from the DAAT DMA monitoring sample, as MVE is derived from a sample across the entire live load, and only reflects the level of official error. The sample sizes required to supply a statistically valid level of MVE would warrant a significant increase in resource, and as we know from both pilot and full National Benefit Reviews (NBRs) that the level of official error in DCS is less than one per cent. MVE, however, will be provided when the DLA NBR stats are published in July 2005.

Standards Committee conclusions

The Committee accept the DCS position and consider this recommendation closed to be subsumed in DCS review of checking methodology.

Recommendation 11

The approach of TPS in developing a programme protection (PP) strategy is in line with good risk management practice. We commend the approach of designing errors out of the system and look forward to hearing how the other businesses are adopting similar approaches.

Responsibility

Jobcentre Plus and Disability and Carer's Service.

Responses

Jobcentre Plus

Jobcentre Plus is pleased to report to the Committee that it is developing an effective PP strategy. Since April 2003, Jobcentre Plus has put in place a National Tier Division to address PP issues. The Division plays an active role in ensuring that PP is built into all that we do, particularly in the development of new IT systems and in influencing regions to adopt risk-based methodologies.

Disability and Carer's Service

DCS is currently developing a CCM system the first phase of this new system will be introduced in 2005/06 with the full strategic solution coming on line in 2006/07.

Standards Committee conclusions

The Committee consider this recommendation closed.

Hearing the customer

Recommendation 12

When new technologies/processes are developed, an impact assessment of the effect on decision making is included during the planning and pilot stages and the evaluation is reported to the Committee.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Responses

Jobcentre Plus

Changes to IT systems, policy, legislation and processing functions are subject to strict change control process involving approval and sign off of all products by key stakeholders. This ensures they support the overall Jobcentre Plus business plans, are fit for purpose and do not adversely impact on decision making or payment accuracy, but improve process and reduce the potential for error. The Committee representative for Jobcentre Plus has regular meetings with the national benefit leads and has been provided with details of their work plans. A process has now been put in place for benefit leads to provide the Committee representative for Jobcentre Plus for additional information on new initiatives being developed (e.g. Working Age Transformation and Change (WATCh)) and we have arranged a number of visits in support of her role.

The Pension Service

The formation of Business Design Directorate brought together Delivery Assurance and Pensions Programme Office. Delivery Assurance currently performs impact analysis when new processes and products are being designed and implemented. These combined units have formed centre of excellence, which strengthens the processes. At all stages the legislative and Operational teams provide key stakeholders to oversee and sign up to the projects progress and products. There is a mandatory strand of the project which requires sign off of all legislative processes, which is

where DMA sits, although it is not stated individually. No project is allowed to proceed to implementation without passing through Preliminary and Critical Design Gates chaired by a senior director and has senior managers to decide if the project is ready to go forward.

Disability and Carer's Service

A Business Change Management Team has been introduced to undertake an impact analysis of all change initiatives on current and future processes/technology across all DCS business areas prior to implementation, and part of their remit is to ensure the effects on decision making are considered.

Standards Committee conclusions

The Committee is continuing to examine ways to monitor this, as it is not clear that sufficient attention is given to decision making when changes are introduced.

Recommendation 13

All businesses should consider including specific questions on the decision making process in future customer surveys and the results reported to the Committee.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Responses

Jobcentre Plus

Jobcentre Plus are waiting to see what value is added to the TPS and DCS questionnaires before incorporating similar questions in their surveys, as such, inclusion must be backed by a business case.

The Pension Service

The questionnaire developed for TPS Customer Survey 2003 had three questions about the decision making process. These were:

- Q120 Was The Pension Service required to make a decision for this enquiry?
- Q121 You said the enquiry was concluded. Did The Pension Service clearly explain the decision they had made?
- Q122 And did you feel that the decision was fair?

The survey found that the majority of TPS customers (87 per cent), whose conclusive enquiry required a decision, said that they had received a fairly/very clear explanation, whilst four per cent of customers said that they had received no explanation at all. In addition, the majority of customers (83 per cent) reported that TPS decision was fair, with a significant minority (13 per cent) of customers feeling the decision was unfair.

Following advice from the Committee, the 2005 TPS Customer Survey has included questions to check that the customer is aware of the procedure for disputing a decision if they think it is wrong, i.e:

- are they aware they can ask for an explanation?
- do they know they can ask for the decision to be looked at again?
- are they aware of the appeal procedure?

Disability and Carer's Service

The next DCS customer survey will include specific questions on the decision making process. The findings from this survey when available will be shared with the Committee.

Standards Committee conclusions

The Committee are pleased that DCS and TPS have accepted this recommendation and feel that TPS are setting a useful example.

Recommendation 14

The approach of TPS in identifying cases with a high risk of decision making error for face-to-face interviews is a very positive one. We recommend that a risk-based approach to tailoring the interface with the customer to meet their individual needs should be adopted by all the businesses.

Responsibility

Jobcentre Plus and Disability and Carer's Service.

Responses

Jobcentre Plus

As part of the future service delivery model for Jobcentre Plus, we are developing a risk-based approach for dealing with customer interventions. The objective is to develop the most effective (in terms of managing risk to fraud and error) and efficient (in terms of staff resources) method of reviewing cases and dealing with

customers. Currently, the proposal is to develop a three-tier approach to managing the risk:

- highest risk – face-to-face interviews;
- medium risk – telephone contact; and
- lowest risk – postal contact.

This three-tier strategy will focus on customer groups, tailoring our service to help some of the most disadvantaged customer groups giving them maximum support when they access the benefits system.

Disability and Carer's Service

DCS are exploring a number of initiatives aimed at improving evidence gathering and the interface with the customer. We are continuing to assess the operational impact of the DLA claim form and are looking to incorporate lessons learned around forms design in the development of the CCM system.

Standards Committee conclusions

The Committee are concerned that DCS have not given this possibility sufficient consideration. We look forward to receiving further information on the implementation of the Jobcentre Plus proposal which would enable the recommendation to be closed.

Recommendation 15

That the businesses provide information on the ways in which they ensure that frontline staff are appropriately trained to adopt a wider customer service role.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service.

Responses

Jobcentre Plus

Jobcentre Plus Learning and Development (L&D) have provided a range of learning products and packages to support frontline staff in the rollout of the Jobcentre Plus Operational model. This includes customer service learning products and packages. Quality assessment frameworks have been designed and are used to assess the effectiveness of frontline staff. National tier benefit leads are working closely with a number of key stakeholders, including the field through the target focus groups, to

assess the effectiveness of those key front facing roles, and where appropriate, deliver improvements to allow us to deliver services more effectively and accurately.

The Pension Service

A wide range of initiatives have been developed to ensure that staff are appropriately trained and their work monitored and evaluated to ensure they are equipped to carry out their functions. (Committee supplied with details).

Disability and Carer's Service

Within DCS we have a number of procedures and processes to evaluate the effectiveness of learning undertaken by our staff, which encompasses customer service, related training. Continuous improvement drivers have also been introduced to enable individual units to measure and record progress in areas identified for improvement.

Standards Committee conclusions

All the businesses are clearly making considerable efforts to ensure their staff are well trained. Committee customer feedback indicates that in complex areas the effects of this in TPS are unfortunately not yet clear in the field. This may well be related to high staff turnover. Committee will continue to monitor this through its CCG. The recommendation as it stands is considered closed.

Recommendation 16

That the businesses provide information on how they are proposing to monitor the quality of customer communication with the use of different ICT systems.

Responsibility

Jobcentre Plus, The Pension Service and Disability and Carer's Service

Responses

Jobcentre Plus

The introduction of scripts gives Jobcentre Plus the opportunity to standardise and improve the quality of customer communications. In addition, all FCO telephone calls are recorded and a random selection is checked to monitor the quality of customer communication. Irrespective of the IT systems available to local office staff, staff in Contact Centres or Benefit Processing Centres are assessed by the mystery-shopping programme which measures the verbal responses provided by individual members of staff to specific questions asked over the phone or face-to-face.

The Pension Service

The Customer Service Team rolled out a national mystery-shopping programme across TPS in April 2004. Mystery shopping was delivered by an independent contractor and assessed performance in four key areas: speed of response, quality of interaction, accuracy of information, and ease of access. Mystery shopping data will be used to drive improvement activity at local and national level (this includes links into L&D activity). The new call recording will further support performance improvement and quality monitoring guidance developed to improve the quality and accuracy of our telephone communication. The Customer Service Team monitors the quality and accuracy of written communication via a mandatory local check and is seeking to enhance the current mystery-shopping programme to include an assessment of written correspondence/emails. The new mystery-shopping programme for 2005/06 will include testing of leaflet provision and accuracy in local service outlets and extend the assessment of pension service calls to include a test of leaflet provision. In addition, the Customer Services Team will be exploring the limits of mystery shopping service delivery to determine where it can also be used to supplement existing internal quality checks. Projects are encouraged to conduct mystery shopping as part of the evaluation of new processes. Gender Recognition Project conducted mystery shopping to evaluate the communications products issued to Pension Centres.

Disability and Carer's Service

Team leaders, through call listening, currently conduct routine monitoring on The Helpline. These are measured using a scoring system, which measures for example, the quality of the salutation, the clarity and accuracy of the response and how well the call was controlled/closed. These scores are recorded on the KPI and the team leader provides individual feedback. Additionally, all calls are now recorded using the Verint system, thereby allowing DCS to identify calls should a customer complain about the service provided. The customer would need to advise the approximate time of the call and the telephone number from which the call was made for the recording to be located. Once located, the call would be listened to and the findings reported.

Standards Committee conclusions

The Committee members have agreed closure of this recommendation.

Operational efficiency proposals

Recommendation 17

That an agreement should be reached between the Businesses and the Committee on a specification of the data to be provided to the Committee on a regular and timely basis.

Responsibility

DWP.

Responses

Jobcentre Plus

Data on performance is available on a monthly basis through the MI portal. Arrangements have been put in place to ensure Jobcentre Plus representatives receive that information on a regular basis. It has also been agreed that where specific information is required Jobcentre Plus will examine the feasibility of providing that information to the Committee. Progress of the Jobcentre Plus Regional DMA Improvement Programme will be provided to Committee members at each Committee meeting and members will have a role in overseeing its progress.

The Pension Service

TPS regularly consults with Committee members to establish their needs regarding specification of data. TPS is then responsible for discussing the provision of the requirements made by the Committee, with IAS(PM), TPS has arranged for Committee members to receive a monthly copy of the PMAR via the Committee Secretariat.

Disability and Carer's Service

DCS provide data on a regular and timely basis.

Standards Committee conclusions

Although the specification has been agreed with IAS(PM) they have not been able to supply the information required by the specification. See *Recommendation 18*.

Recommendation 18

That a process is agreed for the systematic involvement of the Committee in the design and testing of decision making monitoring specifications checking methodologies.

Responsibility

DWP.

Responses

Jobcentre Plus

A system has now been agreed and put in place to engage and consult the Committee earlier on in the process in the design and testing of decision making monitoring specifications checking methodologies; ACI have presented the specification for checking methodologies for 2005/06 to Committee members and they will be involved in quality assurance throughout its design.

The Pension Service

IAS(PM) and ACI Division are responsible for the checking methodology and specification. They would determine Committee involvement in the design and testing of changes to the decision making methodologies. It is anticipated that there will be the opportunity for Committee members to be involved in the design or possible re-design of the monitoring of decision making when developing processes, if the Centralisation of Appeals Project is approved. This project is currently at the governance stage.

Disability and Carers' Service

DCS have accepted this recommendation and act accordingly.

Standards Committee conclusions

There continue to be problems with the provision of timely, accurate data to the Committee. The new arrangements for IAS(PM) have not improved the situation. In the absence of timely, accurate monitoring data the work of the Committee is significantly undermined. The Committee will continue to press for the necessary information to be provided. With the exception of DCS, this is not within the scope of the businesses.

Appendix B

Recommendations from NAO report

Recommendations from NAO Report

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
<p>1 The Department should further develop the skills of all their decision makers through enhancing existing feedback on the on-the-job training.</p>	<p>Jobcentre Plus are currently enhancing their DMA L&D support. The national tier L&D team have issued a full list of available DMA L&D products to DMA Improvement Programme Officers (DIPOs) in each region and are actively working with the DIPOs to establish what other DMA L&D products are required. This is a high priority on the work programme of the national tier L&D team. The most recent L&D product list has been requested in order to update DIPOs (early March).</p> <p>Each of the DIPOs are initiating best practice forums within their regions to examine all aspects of DMA delivery including standards, speed of reconsiderations, appeals processing, performance measurement, etc. Best practices are then shared at the national DIPO meetings which are held bi-monthly and attended by the Jobcentre Plus Committee representative.</p>	<p>It is acknowledged within the business that there is a high degree of inexperience amongst DMs, in view of this, it is acknowledged that training material will not only need to address the preparation and presentation of appeals it must incorporate the whole of the DMA process.</p> <p>TPS L&D have an ongoing programme of redeveloping and streamlining DMA learning modules. DMA modules are to be delivered in-house by local trainers supported by experienced DMs to improve assimilation of these skills. In addition, a network of experienced and inexperienced DMs is to be trialled, with a view to develop mentor relationships between them.</p> <p>There currently exists a good practice whereby trends on incorrect decisions are analysed and fed back to DMs by appeals officers by way of awareness sessions or formal training.</p>	<p>DMs are kept informed of the tribunal service's, Committees and monitoring teams' findings on the standards of decision making. There is also discussion between DMs involved at different tiers of decision making, and at different sites. Where problem areas are identified (a more recent example is overpayments), advice is provided on the correct procedure to follow. Further possible ways of improving feedback from appeal tribunals will be considered jointly with tAS. There are also initiatives to improve medical evidence gathering and DMs understanding of the effects of disabilities. In addition to the existing DM training modules on general awareness, learning disabilities and mental health problems, two further modules entitled 'Attention Deficit Hyperactivity Disorder (ADHD) and children's mental health' & 'Cognitive impairment/neurology, including hydrocephalus, brain injury and dementia' are currently being</p>

Continued

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
	<p>Jobcentre Plus are also planning to introduce the rotation of DMA staff aligned to the introduction of Benefit Processing Centres, to further develop the skills of DMs, in line with the NAO recommendation from the audit report.</p> <p>The LM side of Jobcentre Plus already has feedback loops in place between reconsideration officers and DMs. Jobcentre Plus will build on these to ensure this practice is introduced for all Jobcentre Plus benefits.</p>		<p>developed. A feasibility study has also commenced to consider whether or not it might be possible/appropriate for DM training to be subject to a system of accreditation.</p>

Standards Committee conclusions

This recommendation has been subsumed under Recommendation 6 for 2004/05 and will continue to be monitored under that heading.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
<p>2 The Department should investigate and reduce the variations in treatment of cases across the country where benefits are locally administered (e.g. identification of doubts about eligibility for JSA).</p>	<p>Jobcentre Plus is undertaking research into variations for JSA nationally. Following analysis a good practice tool will be produced and integrated into the SOM.</p>	<p>Variations in performance will automatically reduce with the reduction in Pension Centres, i.e. we will eventually go down to just 12 transformation sites; refresher training is being developed on reconsiderations – this will be implemented nationally which again will encourage uniformity; accuracy newsletters are issued monthly which spread good practice and identify discrepancies; all DMA error sheets are being analysed for error trends – once this piece of work is completed, we will be able to identify centres which are not conforming with national standards; Pension Credit Initiative has been cascaded to all centres by face-to-face meetings – again encouraging uniformity. A DMA network is under consideration which again will assist in reducing any variations in performance.</p>	<p>DCS have formed a Capacity Improvement Team (CIT), who will examine the issues leading to performance variations across and within the Agency. The impact of this team will be evaluated after an initial period of nine months.</p>

Standards Committee conclusions

The Committee have been provided with no information on geographical variation and the action being taken by the businesses will take time to have a measurable impact. This is, however, an important issue and the Committee will ask for an update, with data in one year's time.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
<p>3 The Department should set minimum standards, in all benefits, for the process of looking at a decision again, to which all offices are expected to adhere, and communicate these to customers.</p>	<p>Jobcentre Plus are developing appropriate standards for the quality of decision making to be agreed with Committee, ACI and tAS, which will be the DMAMF, to be introduced for the 2005/06 operational year.</p>	<p>Refresher training on reconsiderations is being developed and will be ready by 31 October 2005. This, coupled with the DMA network, will allow us to consider whether TPS needs to set up minimum standards on reconsiderations. If so, these will be trialled in the DMA lead Pension Centre (Dundee).</p> <p>TPS has a Joint Operations Improvement. When it is next reviewed, we will consider including information on DMA in it.</p>	<p>The evaluation of the Bristol Pilot which looked at a more robust reconsideration process, including greater customer contact, on appeals cases is due to be discussed at the next joint Steering Committee meeting with tAS and ACI which is scheduled for 2 March. This work will help determine the way forward on reconsiderations standards. DCS already sets management targets for clearance times on reconsiderations.</p>

Standards Committee conclusions

Minimum standards which are circulated to customers and results against those standards published would be a positive step forward. This recommendation is along the same lines as the Standards Committee Recommendation 1 (2003/04) on targets. The current year's work on reconsiderations has shown how important the issue is and the Committee has made recommendations for improvement. The Committee will continue to press for transparency of standards for decision making.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
<p>4 The Department should increase, where there are benefits to doing so, the proportion of decisions that are pre-checked, to reduce the number of errors and hence, appeals.</p>	<p>Cross-benefit work is being conducted by the IS, JSA and IB Benefit Lead Teams in Jobcentre Plus to review checks (working with Governance Division) and propose a suite of checks that reflect a risk-based approach. The proposals will include pre-checking decisions. The new checking regime will be introduced toward the end of 2005.</p>	<p>The SPC pre-payment accuracy check was designed to identify and correct areas of highest risk, inform training needs and improve performance within Pension Centres. All checks undertaken are targeted at known areas of risk. 3.5 per cent of all SPC work processes are checked for accuracy based on activity volumes.</p>	<p>Consideration is currently being given to the ACI checking specification for 2004 document and the implications for checking in DCS. The targeting of prepayment checking will then be considered further.</p>

Standards Committee conclusions

This recommendation has been monitored under Recommendation 2 (2003/04) and is considered closed.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
<p>5 The Disability and Carer's Service should make more effective use of personal communication with customers to collect initial or follow-up evidence on DLA and AA claims.</p>	<p>Not appropriate for Jobcentre Plus.</p>	<p>Not appropriate for TPS.</p>	<p>The DCS Change Programme has piloted a new approach to claim taking, involving greater customer contact, and is currently considering how best to take this forward. Revised AA claim forms have recently been introduced, revised DLA claim forms are currently being tested, both now involve greater contact with customers during the claim process. DMs have been given a clear steer that telephone customer contact is to be used whenever possible and sensible to resolve issues connected with customers' benefit claims.</p>

Standards Committee Conclusions

Although DCS has made some progress on this, it remains an issue which is now subsumed under *Recommendations 1, 2, 3, and 6* for 2004/05 and *Recommendation 14* for 2003/04.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
<p>6 The Department should consider implementing a 'spend-to-save' scheme to send a PO to all complex appeal tribunals, to represent them, to advise the tribunal and to provide direct feedback to decision-makers.</p>	<p>Jobcentre Plus are currently carrying out some IB pilots, which include 100 per cent PO attendance. The pilot is due to be completed by October 2005, however, interim results have been quite inconclusive as to the outcome of a tribunal if the PO does or does not attend.</p> <p>Guidelines for PO attendance will be updated with the findings from the IB pilots and an agreed list of complex decisions.</p>	<p>TPS has identified various issues that impact on the management of appeals presentation e.g. location of the tribunal and availability of trained POs.</p> <p>Presentation of appeals by video-conference is an option we are considering. Following negotiation with tAS a pilot commenced in Pension Centres in the North West. An appropriate caseload is awaited for Warrington Pension Centre to trial at Liverpool Appeals Service. Subject to trial, further rollout is anticipated.</p>	<p>DCS have trialled 100 per cent presenting in the Liverpool area, the subsequent evaluation suggests no dramatic change in outcomes. DCS is currently raising the level of presenting to 20 per cent plus, targeted at complex cases. DCS have been working closely with tAS and ACI to clarify the role of POs and improve guidance and training for them. Attendance at complex appeals are risks we are addressing at the moment. For the year ending 31 March 2005, DCS achieved a 22 per cent attendance by POs at DLA/AA appeals and 86 per cent attendance at complex case appeals.</p>

Standards Committee Conclusions

The Committee have taken this up under Recommendation 13 (2005-6.) It will continue to be monitored under that heading by the Committee.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
<p>7 The Department should reduce the geographical variations in the time taken to prepare appeals submissions, in order to provide a consistent and improved level of service for all customers.</p>	<p>In response to the NAO recommendation, the Jobcentre Plus KMI has been reduced from:</p> <ul style="list-style-type: none"> • 95 per cent of cases in 90 days; to • 90 per cent of cases in 60 days for 2003/04 	<p>Please see response to <i>Recommendation 2</i>.</p> <p>TPS pilot objectives to include:</p> <ul style="list-style-type: none"> • Gain an understanding of one accountable manager approach to appeals. • Obtain a consistent approach to the management of workflow. • Obtain a consistent approach to the dispute process prior to acceptance of the appeal. <p>All of which should contribute to an improved and consistent level of service for customers.</p>	<p>DCS has improved appeal submission preparation times quite considerably over recent years, including improvements in poorest performing units. DCS are currently achieving 30.1 days actual average clearance times on DLA against a target of 40 days, 27.6 days on AA again against a target of 40 days, and 26.1 days on CA against a target of 38 days. These are the best performing DWP benefits in these areas despite the additional complexity and in the case of DLA the highest volume.</p> <p>DCS have formed a CIT who will examine the issues leading to performance variations across and within the Agency. The impact of this team will be evaluated after an initial period of nine months.</p>

Standards Committee conclusions

This recommendation is being taken forward by TPS by piloting the centralisation of appeals. The other businesses are also taking steps to ensure there is less disparity in performance levels across all aspects of service delivery. Nevertheless, in the absence of data which demonstrates a lack of disparity this remains a serious issue.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
8 The Department should implement the published recommendations of the Comptroller and Auditor General with respect to improving the range, design and level of detail in the Secretary of State's report on standards of decision-making.	Departmental recommendation.	Departmental recommendation.	Departmental recommendation.

Standards Committee conclusions

In conjunction with NAO it has been agreed that the Secretary of State's report will be commented upon by the Committee prior to publication and Committee responses contained therein.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carers Service
9 The Department should publish, in full, the annual reports and work programmes of the Standards Committee.	Agreed.	Agreed.	Agreed.

Standards Committee Conclusions

The Committee report for 2003/04 was published and future reports will continue to be published.

Recommendations	Jobcentre Plus	The Pension Service	Disability and Carer's Service
<p>10 The Department should produce an action plan for achieving improvements to decision making and appeals, including measures for the long-, medium- and short-terms.</p>	<p>Jobcentre Plus have produced a DMA Implementation Plan, the elements of which include:</p> <ul style="list-style-type: none"> • communications strategy; • external Links; • structures and Operational practice; • analysis of MI; • DMA and MVFE alignment; and • monitoring standards. <p>Jobcentre Plus have put a regional representative in place for each of the regions (DIPOs) to take forward the DMA Improvement programme across all Jobcentre Plus benefits.</p> <p>Some of the actions within the DMA Improvement programme have been put on a slower track to take account of some wider large-scale organisational changes, such as the introduction of Benefit Processing Centres, of which DMA will be a key element.</p>	<p>Within the review carried out by TPS, an action plan has been produced that identifies possible solutions for the future and a number of 'quick wins'. The recommendations have been communicated to Operations and those that can be practically implemented have been adopted.</p> <p>The Appeals Centralisation pilot will identify any further actions for consideration by the organisation.</p>	<p>DCS aims to improve the professionalism of its DMs) in DLA and AA and their line managers, through the introduction of an externally validated accreditation system.</p> <p>Accreditation will enhance the performance of DMs through the introduction of a programme of professional development, delivered through an improved package of learning and development, supported by a performance framework to national quality standards and validated by an external academic partner.</p>

Standards Committee conclusions

The Committee look forward to further responses from the businesses on this issue.

Appendix C

DMA performance data error subcategories

Error subcategory	What it means
AIP not/incorrectly specified	AIP on SPC cases has not been specified or specified when legislation does not allow an AIP to be set/specified. This can result in the customer's savings credit being incorrect as only beneficial changes of circumstances are actioned if an AIP is set.
Capital	An error has accrued as a result of the DM incorrectly calculating the customer's capital, such as tariff income for example.
Claims	Errors under this descriptor would cover incorrect action on determining a claim to a specific benefit. The DM may have adjudicated on a claim that is not classed as a valid claim.
Condition of entitlement	The DM has made an incorrect decision on a condition of entitlement this will vary dependent on the benefit in payment, for example, the customer claiming IS as a single parent may not satisfy this condition and fail to satisfy any other of the entitlement conditions, or a customer claiming IB may fail to meet the Work Focused Interview condition of entitlement. This is not exhaustive.
Contribution conditions	The customer claiming IB, JSA(cont) or RP does not satisfy the contribution conditions for receipt of the specific benefit as they have not been paid or credited with sufficient 'class 1' contributions and/or credits in the relevant income tax year(s) on which benefit can be awarded.
Date of claim	The DM has adjudicated on the claim but decided on an incorrect date of claim, for example, incorrectly or not considered backdating requests.

Error subcategory	What it means
Dependants	The award of a dependency increase is incorrect or omitted, it could be that the dependant has income in excess of the increase and this has not been taken into account.
Disability – Care	An incorrect award of DLA care component has been input to the system, which may affect an award of IB. DLA may have ceased but the customer is still in receipt of a connected premium.
Disability – Mob	As above.
Disallowance	A DM has failed to or given an incorrect disallowance decision for example PILON or holiday pay, etc.
Disqualification/Disallowance	As above.
Entitlement/Disallowance	Once again an incorrect decision on either entitlement as the conditions are not meet or disallowance as noted earlier.
Hospital in-patients	No or incorrect adjustments made for in-patients.
Incapacity for work	Incorrect decision on incapacity claims, for example the PCA incorrectly allowed or disallowed.
Income	The customer's income has been incorrectly assessed.
Length of award	The award has been made for an incorrect period.
Mortgage/housing costs	The DM has incorrectly adjudicated on housing costs, for example, an incorrect balance outstanding has been used in assessing the Mortgage Interest Direct (MID) payments, the mortgage has been allowed from an incorrect date, service charges have been incorrectly allowed/disallowed etc.
Offsets/Overlapping benefits	Incorrect decisions given on offsetting action in case of overlapping benefits.
Outcome decision	The resulting decision that includes all previous decisions on the claim being brought forward into a single outcome decision.
Outstanding for evidence	Some information is required in order to confirm that the decision given is correct and that the DM had all available evidence when making the decision.
Qualifying benefits	The benefit that the customer is entitled to or the benefit that qualifies the award of an element of the specific benefit, for example the award of DLA may give entitlement to a premium on IS.
Qualifying period/pt	The length of time the customer is required to serve before benefit or benefit at a higher rate can be awarded.
Rate of award	The amount of benefit in payment or assessed rate.

Error subcategory	What it means
Residence	The customer's place of residence, for example, in the Habitual Residence Test, whether the customer can be classed as residing in the UK.
Timing of claim	The time at which the claim was made such as advanced claims.
Verification of life events	These include births, deaths, marriages, etc.
Whole claim unavailable	The claim was not available for check in other words, in the office. Failed to produce the whole unit including related papers.

Appendix D

Reconsideration and appeals questionnaire results – full report

1 Introduction

- 1.1 This report forms part of the DWP Committee Work Programme for 2004/05. The Committee is examining the effectiveness of the DMA process related to reconsiderations and appeals, and considering where improvements could be made.
- 1.2 As part of this work, the Committee has undertaken a consultation exercise with DWP DMs from Jobcentre Plus, TPS and DCS in the form of a questionnaire asking them for their views about the reconsideration and appeals process. It has also consulted with customers and their representatives via a questionnaire that was issued with the December edition of 'Touchbase'. Those who replied are referred to as 'external respondents' for the purpose of the report. The views of the CCG were also sought via a separate questionnaire and verbal discussion at the quarterly meetings of the group.
- 1.3 The Committee has been delighted with the scale of the response to the questionnaires and is grateful to all those who participated. There were 340 responses to the internal questionnaire for DMs, and 1,317 responses to the external questionnaire for customers and their representatives. The Committee acknowledges that this is not a statistically valid sample, however the responses were remarkably consistent with the findings of our visits throughout the country.

- 1.4 The Committee did not ask DMs to identify whether they worked for Jobcentre Plus, DCS or TPS, though inevitably, some of the problems raised were specific to the particular agency the DM worked for. Similarly, external respondents have given their view depending on the nature of work and customer groups they deal with. A significant number of comments related to improving the quality of decisions made at the initial stage. This is an issue that the Committee will focus on in its work programme for 2005/06.
- 1.5 This report presents the main findings and an analysis of responses. The main findings are summarised in italics at the start of each section. The Committee is grateful to the Committee Secretariat for their assistance in the collation and statistical analysis of the data.

2 Access to DMs and explanations for decisions

- **Accessing DMs to request a reconsideration or discuss a case is usually very difficult.**
 - **The explanations stage of the process is not working effectively.**
 - **Explanations and written reasons for decision need to be more detailed and provided by sufficiently knowledgeable and trained staff.**
- 2.1 Approximately 60 per cent of external respondents thought it was difficult, or very difficult, to talk to a DM and an equivalent number thought that the staff providing explanations did not have sufficient knowledge of the case. This is consistent with responses from DMs, who identified that when requesting a reconsideration, customers mainly talk to processing or counter staff, or Helpline staff, and only three per cent said that customers talked to original DMs.
- 2.2 Both external respondents and CCG members felt that it was important to be able to have a meaningful dialogue with a DM in order to resolve problems with a case, but this was increasingly difficult with the structural changes within DWP which result in loss of access and contact with local offices. A number of respondents reported that the Data Protection Act is being quoted to justify refusal to talk to customer representatives even when signed authority from the customer has been sent. A number of external respondents identified the need for a good working relationship with the offices which handle cases – many gave examples of good communication with DMs as giving rise to the ability to resolve disputes.

- 2.3 Whilst a quarter of external respondents found the explanations stage of the process helpful, over two-thirds did not. The majority response from both the external questionnaire and the CCG was that written explanations were inadequate because they were too brief, didn't relate sufficiently to the case, and in some cases, caused offence to customers through their standard remarks. This was so whether a written explanation had been requested or a decision had been issued at reconsideration stage. Respondents stated that the customer and adviser cannot understand how a decision has really been arrived at from the explanation given.
- 2.4 DMs also identified this as a problem area and a large number suggested that providing more in-depth explanations would improve the reconsideration process. However, they identified interpreting reasons for clients/explaining the law as some of the most difficult aspects of the process, and many identified that better training for staff, coupled with a relaxation of time constraints, would enable DMs to provide a better service. As one DM stated:
- 'If the customer has a clear understanding of the issues they can put together a better case for reconsideration or may decide not to pursue the case where the facts are not in dispute.'*

3 Reconsideration process

- **There is a widespread lack of confidence in the reconsideration process.**
 - **Practice varies significantly amongst DMs.**
 - **The terminology is confusing.**
 - **Cases are often reconsidered by the same DM.**
 - **Missing files and time constraints make the process more difficult.**
 - **Recording processes are not fail-safe.**
 - **Updating training on the DMA process would assist DMs.**
- 3.1 DMs reported a range of approaches to the reconsideration process. A significant number of DMs commented that they considered the reconsideration process to be an easy one. Almost 80 per cent thought there was a set procedure for requesting a reconsideration, and 20 per cent did not. It is noteworthy that external respondents reported a lack of clarity about the process – over half were not clear when they had moved onto the next stage of the process, i.e asking for a decision to be looked at again or revised. A very small number of external respondents said that they did not know there was a reconsideration process. External respondents reported that if they requested a reconsideration by telephone they did not feel confident that the process had been started, and most preferred to use written communication.

- 3.2 A number of DMs and external respondents expressed dissatisfaction with the terminology used within DMA. Since a decision will be revised or superseded, the term reconsideration was considered to add an unnecessary layer of confusion to an already complicated process.
- 3.3 DMs identified failure of staff to comply with set procedures as one of the difficulties they had with the process. However, the major difficulty identified was in relation to missing files, which will clearly hinder the DMs' ability to conduct a thorough reconsideration. External respondents also expressed frustration at the degree of lost and missing paperwork.
- 3.4 It seems that opportunities for a 'fresh pair of eyes' to look at a decision are either unavailable or not utilised in many cases. In 22 per cent of cases, the same DM as made the original decision will conduct the reconsideration 'most of the time', and in nearly four per cent of cases 'all of the time'. DMs said they never reconsidered their own cases in only 37 per cent of the responses. The questionnaire did not ask for reasons on this issue. Some DMs reported in response to question 10 that they do not have the staff available to pass the case on to for a second opinion, and many suggested the need for the case to be looked at by a different DM as an improvement to the process. This implies that it is not an option available to them.
- 3.5 Over 70 per cent of DMs thought that reconsiderations were a priority even though nearly 40 per cent said they were not set targets. Targets and time constraints were identified as significant difficulties in the process. One DM stated that *'reconsideration if done properly is a time consuming activity ... I do not think sufficient time is given to decision making which leads to decisions being rushed'*. Another commented that a *'move away from the culture of targets'* would result in significant improvements. A number of DMs and external respondents expressed concern about staffing cuts further impacting on quality of decision making.
- 3.6 This was echoed in the CCG where there were reports of huge variability in how long a reconsideration takes – some saying it was done so quickly they had no time to send in additional information. Others said it takes up to 11 weeks and this increases the incentive to go straight to appeal to shorten the time the customer has to wait for a resolution to the case. A number of respondents raised this as a problem in relation to customers with limited life expectancy.
- 3.7 Recording of reconsiderations are done either electronically or on hard copy, however, at appeal stage, 15 per cent of DMs said it was not easy to identify which cases had undergone a reconsideration. This would indicate that electronic or paper systems were not working effectively, albeit in a minority of cases. The scope for variability in the quantity and quality of what is recorded in the original decision was also raised as a problem by DMs.

- 3.8 DMs made a large number of constructive suggestions as to how the reconsideration process could be improved: *'Make it easier'* was a key message, in terms of the process and the legislation, for the benefit of staff and customers. As one DM suggested *'...simplify the process, as that was the intention when DMA was introduced, yet the opposite has occurred in reality'*.
- 3.9 A large number of DMs felt that there should be nationwide retraining of all staff on the DMA process, including frontline staff. Many suggested that only DMs with sufficient training and experience should be allowed to carry out reconsiderations, with some identifying that the role should sit with experienced DMs such as appeal writers. Some felt that more centralisation of the work to concentrate expertise would assist this. External respondents also said that they perceived that a lack of training on technical and legal matters was impeding DMs' ability to get decisions right. Many of the suggestions related, in some way or other, to addressing the problems caused by time constraints and targets, and a significant number identified the need to improve the access to and speed of document retrieval process.

4 Evidence

- **DMs can have difficulty in obtaining the evidence they need.**
 - **Timescales in evidence gathering are causing problems for DMs and customers/representatives.**
 - **Customers/representatives have a lack of confidence in the approach taken to weighing of evidence.**
- 4.1 When asked what influenced them to seek further evidence, the majority of DMs' answers related to the need to respond to new information provided by customers, or a need to clarify or corroborate information. DMs identified that they sought additional evidence in writing in three-quarters of cases, and were prompted to do so in response to new information from the customer, to clarify inconsistencies or fill gaps in evidence. They identified time constraints as a factor which prevented further evidence being obtained. In the suggestions for improvement, a number of DMs expressed strongly that they should be allowed to obtain evidence from the best source without restrictions.
- 4.2 Time limits for obtaining extra evidence are identified as a problem by all respondents but in different ways. In general, DMs felt that customers had too long to provide additional information or evidence and the timescales should be shortened. External respondents repeatedly stated that they felt that time limits for submitting further evidence were not long enough, and that by the time they had sent in the evidence the decision had been often been reconsidered and unchanged and, therefore, they had no choice but to appeal.

- 4.3 The external respondents reported that if fresh medical evidence is provided during the reconsideration process it can work very successfully, however, they felt that DMs did not always take the correct approach to consideration of evidence. They felt that DMs usually give more weight to evidence from Medical Services than from other sources, and appear to weigh evidence differently to tAS.
- 4.4 The CCG reported both a failure to take evidence into account and a failure to give reasons for rejecting additional evidence that had been submitted at reconsideration stage. They perceived that some DMs showed a limited understanding of the law when they interpreted evidence. This echoes the views of those who identified themselves as experienced DMs, who stressed the need for additional training to ensure that staff are properly equipped to do their job.
- 4.5 In relation to IB many DMs commented on the restrictions placed on them by the perceived requirement to accept Medical Services' view. This problem was also highlighted by external respondents who identified that DMs seem to have little power here. DMs indicated that they were responding to a guidance circular. This is a matter which the Committee has taken up with Jobcentre Plus and we understand is to be addressed.

5 Effectiveness of the reconsideration process – external respondents' views

- **There is a lack of confidence in process.**
 - **Customers' experience is variable.**
 - **The process can be a very effective way of resolving disputes.**
 - **Certain customer groups may fare worse than others.**
- 5.1 In both the external questionnaire and the dialogue with the Committee, CCG views on the effectiveness of the reconsideration were mixed. In response to the questionnaire 17 per cent said the process was good or very good, 20 per cent said neither good nor bad, 51 per cent said bad or very bad and 19 per cent did not respond.
- 5.2 It would seem that there is a broad consensus that if the process is applied properly: with a thorough look at the case by a different DM, who is able to give full reasons for the decision, it can work very effectively to *'weed out cases which have been wrongly decided'*.
- 5.3 However both internal and external respondents report that often this is not the way it happens in practice, and the key message which came out of the detailed answers given by respondents was that there was a lack of confidence in the reconsideration process as it currently operates.

- 5.4 Of those that did not think the reconsideration process was operating effectively, a phrase which arose repeatedly from the free text responses was 'hit and miss'. At best, comments related to frustration at the inconsistency in the quality of the reconsideration and variability in approach taken by DMs. The process was felt by many to be an arbitrary one. At worst, respondents felt the process was just not working. This quote from one external respondent summarises a view commonly expressed:

'In our experience the majority of reconsideration cases remain unchanged. In most cases it seems to us that the same decision has been rubber-stamped with a poor explanation as to why. We then have to take the case to appeal which is stressful and costly and the decision is usually overturned.'

- 5.5 There were certain customer groups who were raised as faring particularly badly in the process. Comments identifying problems for people with learning disabilities, deafness, mental health problems, those without English as a first language and those who are terminally ill, arose repeatedly. The Committee recommended that the impact of decision making quality on different customer groups be monitored in its Annual Report for 2003/2004, and the results of the questionnaire again reinforce the need for progress in this area.

6 Specific benefits

There is less confidence in the process for IB and DLA than for other benefits.

- 6.1 Whilst the questionnaire did not ask respondents to distinguish which benefits their experience referred to, some distinctions did emerge through the text responses given. The CCG were questioned in relation to their experience of each agency, and whilst views were mixed for all agencies clearer themes emerged.
- 6.2 Of all benefits identified, it would seem respondents felt that the reconsideration process was least effective in **IB** cases. Both DMs and external respondents raised the point that customers must have lodged an appeal in order to be entitled to claim reduced IS whilst their case is in dispute. Therefore, there is an inbuilt disincentive to use the reconsideration process. However, most external respondents identified that the reconsideration at appeal stage rarely resulted in an overturned decision, as DMs followed the view of Medical Services even where other significant medical evidence has been supplied. A number reported going on to win at tribunal, and this being *'the only way'* to get a decision overturned.

- 6.3 As with IB, the contentious nature of cases where medical evidence is involved means that respondents were far from satisfied about the reconsideration process in relation to **DLA**. The CCG demonstrated huge inconsistencies in experience; some advisers reported 50 – 80 per cent success in getting decisions put right at reconsideration stage, others said it was rarely successful so they didn't use it and went straight to appeal, where decisions were usually then overturned by the tribunal. Many of the issues related to treatment of evidence, which are outlined in the evidence section above. A number of questionnaire respondents identified that they had a much more positive experience of using the process with their local DBC than they did with Blackpool DBU.
- 6.4 In relation to **IS**, respondents were more positive. In almost all cases they reported some degree of success in clarifying evidence or resolving conflicting issues. This was also the case for **JSA**, although respondents reported less experience of seeking reconsiderations with this benefit.
- 6.5 Respondents reported less experience of using the process in relation to **TPS**, but again there were mixed views – some comments related to the need to appeal before a case was looked at again properly, and difficulties with frontline processes, e.g. basic mistakes about premiums needing correction.

7 Do the right cases go to appeal?

The DMA process could be more effective in ensuring the right cases go to appeal.

- 7.1 The questions concerning the appeal process were addressed mainly to DMs. Most felt it was important that customers have the right to appeal but many stated that appeal rights should be issued only when all other avenues have been exhausted.
- 7.2 Over half felt that the DMA process was effective in ensuring that the correct cases went to appeal, but a significant minority felt it was neither effective nor ineffective, which indicates that they don't think the DMA process makes any difference to whether a customer appeals. This is supported by the answer to the question 'What prevents customers appealing?', to which the most common answer was that nothing did. DMs also raised a concern that frontline staff issue appeal forms without advising on the possibility of asking for a reconsideration. This was supported by a number of comments from external respondents who felt that customers were encouraged by DWP staff to go straight to appeal.

- 7.3 DMs identified lack of knowledge and fear of the process as two significant factors which prevent customers from appealing. Again, a thorough explanation was consistently identified as a factor in avoiding the need for the customer to appeal. The length of time the case will take was considered to be a deterrent. Access to good advice and representation was identified as a significant factor in determining whether customers appeal.
- 7.4 The CCG felt that too many 'obvious' cases go to tribunal. They felt that many of their cases were overturned on the same evidence, and where the tribunal went for additional evidence this could have been done by the DM at an earlier stage. They felt that DMs were not fully aware of caselaw and that was causing poor decision making.

8 Reconsideration at appeal stage

- **The majority support the use of reconsideration at appeal stage.**
- **Inconsistencies in approach may be reducing effectiveness.**

- 8.1 There is a commitment on behalf of both the majority of DMs and external respondents to use the reconsideration process prior to appeal. Over 60 per cent of external respondents prefer to use the reconsideration process rather than go straight to appeal, and nearly 90 per cent of DMs say they automatically carry out a reconsideration prior to preparing an appeal. It was not clear from the data why ten per cent do not.
- 8.2 There were differences in approach regarding when the reconsideration would be carried out which may affect the outcome of a case. DMs were asked when a reconsideration prior to appeal would take place and responses were divided equally between three approaches – immediately upon receipt of a dispute letter, upon receipt of case papers, or once all evidence to be submitted to tAS has been obtained. Unless all DMs take the latter approach opportunities to ensure that all matters have been considered before a case gets to tribunal will be lost.
- 8.3 A number of external respondents said that they had tried to get DMs to reconsider a case at a late stage because additional evidence was available in order to avoid a tribunal but had been incorrectly told by DMs that they were not able to look at the case again once the appeal submission has been written.

9 Reasons for going straight to appeal

- **A lack of confidence in the reconsideration process, and correspondingly greater confidence in tAS.**
- **Time limits for appealing influence the decision.**
- **Unresolved evidence issues lead to appeals which could have been avoided.**

9.1 Unsurprisingly, two-thirds of external respondents said that they would prefer to appeal when they felt the decision of the Department was wrong **and** the reconsideration process had failed. However, 36 per cent of external respondents identified that they preferred simply to go straight to appeal, and in many cases said this was because the customer had requested it. A number of respondents identified they would go straight to appeal because the case is reconsidered prior to appeal in any case and asking for a separate reconsideration *'just slows the process down'*. External respondents were asked specifically *'In what circumstances do you prefer to appeal?'*. The responses below summarise many of the answers given:

'Where there have been legal mistakes and the case is complex'.

'None – much rather it is altered on reconsideration. But in reality there is little confidence in the reconsideration process, so we often have to take client to appeal. Usually at appeal we get a positive response for the client which could have been achieved at reconsideration stage'.

'When DMs fail to take into account significant evidence and make insufficient responses to points raised'.

9.2 Many gave reasons connected to problems with evidence. Some said they were given no choice but to appeal because the DM had made another decision before there had been time to submit additional evidence. Others said that if there is no further evidence to submit but the case is in dispute then they would go straight to appeal. This links to those who felt that there was no prospect of getting a decision overturned without additional evidence being submitted. It also implies they think that tAS may interpret evidence differently to the Department.

9.3 A number of respondents said that there was no opportunity for real understanding of why a decision has been made until appeal stage, therefore, many prefer to go straight to this process to get a full look at the papers. This reinforces the need for better reasons for decision at an earlier stage.

9.4 Respondents had greater confidence that tribunals would come to the correct decision. Those who lacked confidence in the reconsideration process felt that it was better to go straight to appeal to save time overall for the customer. They also felt that the appeal process was less confusing. Lodging

an appeal resolved concerns about deadlines and '*protects the client's position*'. Many identified the advantage of the tribunal being able to see the customer face-to-face.

10 Presentation of Appeals

- **POs often do not have sufficient time to prepare cases.**
- **Feedback mechanisms are not robust.**

- 10.1 The questionnaire asked who presented cases. The responses divided into appeal submission writers, DMs and POs. Appeal cases were presented 'some of the time' in just over 60 per cent of cases, with a minority saying their cases were either always or never presented – this may of course depend on the area of decision making they are operating in.
- 10.2 DMs identified a range of factors which would lead to the need for a PO, such as: complex cases, request of Chairs, overpayments, and fraud. A number of DMs identified staffing levels or location of the tribunal as determining factors. A proportion of DMs did not know what factors lead to the need for a PO, which appeared to be due to the way work is divided between sections.
- 10.3 In one-third of cases POs felt that they did not have sufficient time to prepare a case. The CCG reported that they rarely see POs at appeal tribunals. Comments on their usefulness were mixed, with many commenting that they often don't have anything to say at a hearing. However, the majority reported a positive experience when a PO was in attendance.
- 10.4 Opportunities to receive feedback from appeal tribunal hearings are restricted. In 36 per cent of cases DMs responded that feedback from POs is never given. It is given '*some of the time*' in 46 per cent of cases and only most/all of the time in 15 per cent of cases. When feedback is given it would appear that this is not always used to maximum effect. The questionnaire asked how often feedback from appeals changed practice: 13 per cent said all or most of the time, 62 per cent some of the time, and 24 per cent none of the time. The issue of feedback was identified as a problem by external respondents, who stated that in a large number of cases, tribunals make the same points about the problems with the decision making in the case, but no-one from the Department is there to hear it so lessons are never learned.

11 Conclusion

- 11.1 The reconsideration process is clearly not working effectively. It is poorly understood and operated inconsistently. Nevertheless, there is some agreement that it could be a useful process if it was made to operate effectively. DWP staff and customer representatives share a view regarding the importance of clear explanations for decisions and identified that making improvements here would benefit customers and the decision making process.
- 11.2 There are a number of problems with gathering appropriate evidence and how it is interpreted. This is clearly an important issue which the Committee will be examining as part of our work on improving outcome decisions during next year's work programme. There are particular concerns with IB and DLA. The lack of feedback systems and communication between tAS and DWP mean that learning opportunities are lost and confidence in the system is diminished.
- 11.3 In general, the process of DMA could be improved considerably with better information and understanding. More effective use of the processes of explanation and reconsideration could reduce the number of cases going to appeal and ensure customer issues were resolved at an earlier stage.
- 11.4 The Committee would like to thank all those who participated once again. The evidence from this exercise will be used, alongside other information gathered this year, to form overall conclusions and to make recommendations for improvements in its Annual Report for 2004/05.

Reconsiderations Questionnaire

The DWP Standards Committee is seeking your views on the Reconsiderations process. Please take the time to fill in this Questionnaire and return to the following address:

Deadline for return is Friday 14th January 2005.

DWP Standards Committee Secretariat
Room GS36
Quarry House
Leeds
LS2 7UB

EXPLANATIONS:

1. From experience do or your clients find the ‘explanations’ stage helpful? (ie: when asking for reasons for a decision.)

You (please tick one answer only)

Very helpful Helpful Neither helpful or unhelpful Unhelpful Very unhelpful

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Your client (please tick one answer only)

Very helpful Helpful Neither helpful or unhelpful Unhelpful Very unhelpful

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2. When telephoning for an explanation, do you find that the person you speak to has sufficient knowledge of your client’s case?

Yes

No

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3. Is it clear when you have moved on to the next decision-making stage – asking for a decision to be looked at again/revised? (please tick one answer only)

Very clear Clear Neither clear or unclear Unclear Very unclear

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RECONSIDERATIONS:

4. If you [your client] are unhappy with a decision do you *normally* begin by asking the decision-maker to look at the decision again or do you automatically appeal?

Ask decision maker to
look at decision again

Appeal

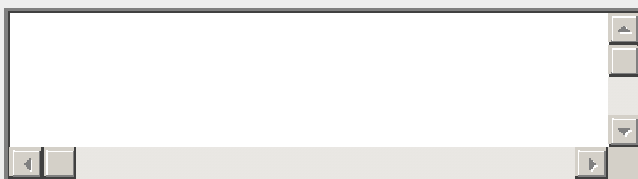
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Survey Name:

DWP Standards Committee Decision-maker's Questionnaire

Survey Description: The DWP Standards Committee is seeking your views on the Appeal and Reconsideration process. Please take the time to fill in this Questionnaire.

1 When requesting a reconsideration, to whom do customers talk?



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2 Is there a set procedure for registering a request for reconsideration?

(please tick one answer only)

- Yes
 No

3 Do you follow a set procedure when processing each reconsideration?

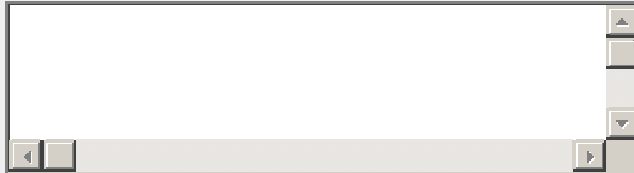
(please tick one answer only)

- All of the time
 Most of the time
 Some of the time
 None of the time

4 How often does the DM, who made the original decision, carry out the reconsiderations work?

(please tick one answer only)

- All of the time
 Most of the time
 Some of the time
 None of the time

5 What influences the decision maker to seek further evidence?

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6 How would you usually seek further evidence?

(please tick one answer only)

- Telephone
- Written request
- Interview
- Other

7 How is a reconsideration recorded?

(please tick one answer only)

- Electronic
- Hard Copy
- Management Info
- Not recorded

8 Do you have targets relating to reconsiderations?

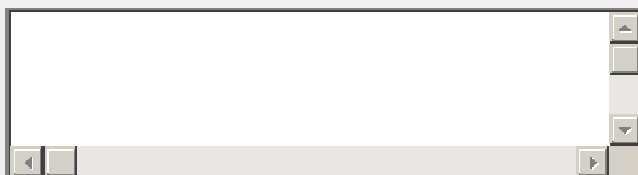
- All of the time
- Most of the time
- Some of the time
- None of the time

9 Are reconsiderations considered a priority?

(please tick one answer only)

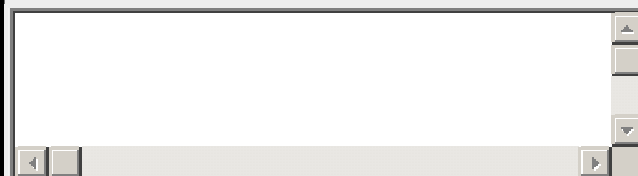
- All of the time
- Most of the time
- Some of the time
- None of the time

10 In your experience what proves to be the most difficult aspect of the reconsiderations process?

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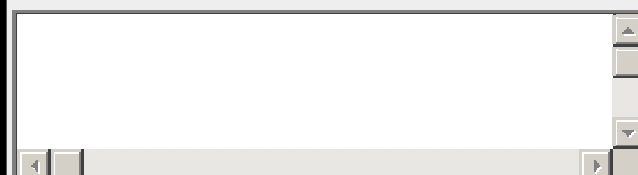
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11 Do you have any suggestions for improvements to the reconsiderations process?

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12 What sort of cases do you think should go to appeal?

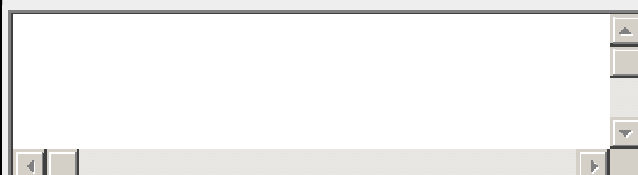
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13 How effective is the DMA process in ensuring the correct cases go to appeal?

- Very effective
- Effective
- Neither effective or ineffective
- Ineffective
- Very ineffective

14 What prevents customers from appealing?

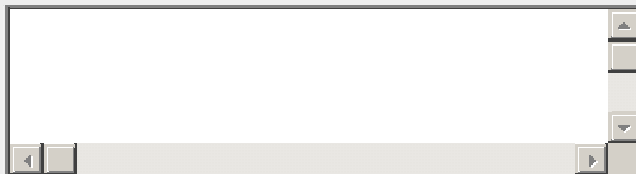
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15 Do you automatically carry out a reconsideration prior to preparing an appeal?

- All of the time
- Most of the time
- Some of the time
- None of the time

16 If you do carry out a reconsideration prior to preparing an appeal, when would this take place?



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17 Is it easy to identify requests for appeals that have already undergone a reconsideration?

- Yes
- No

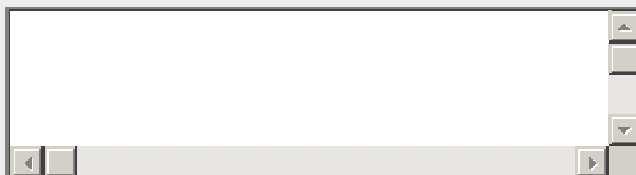
18 Does the feedback, from the appeals you previously prepared, ever change your practice?

- All of the time
- Most of the time
- Some of the time
- None of the time

19 Are your appeal cases presented?

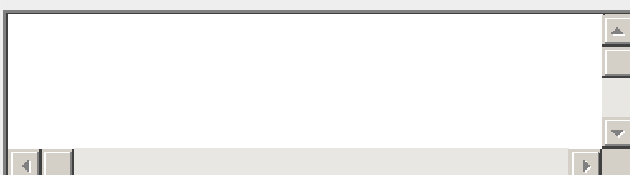
- All of the time
- Most of the time
- Some of the time
- None of the time

20 If they are presented, who presents these cases?

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21 What are the deciding factors leading to the need for a presenting officer?

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22 How often are presenting officers used?

- All of the time
- Most of the time
- Some of the time
- None of the time

23 On how many occasions do you think the appeal could have been avoided?

- 80-100% of the time
- 60-80% of the time
- 40-60% of the time
- 20-40% of the time
- 0-20% of the time

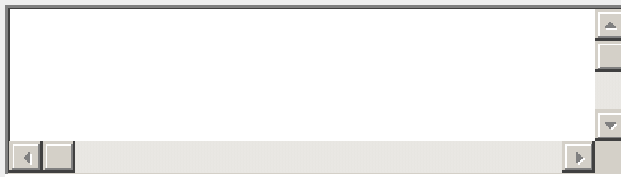
24 How often do you receive/give feedback from/as a presenting officer?

- All of the time
- Most of the time
- Some of the time
- None of the time

25 Do you have sufficient time to prepare cases for presentation?

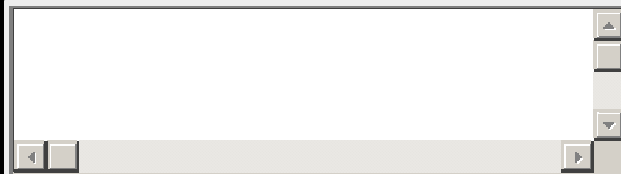
- More than sufficient time
 Sufficient time
 Insufficient time

26 What is the role of a presenting officer?

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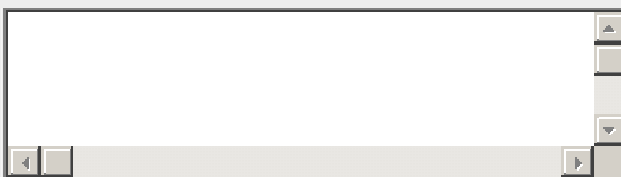
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27 Is the presenting officer's role important?

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28 If you think the presenting officer's role is important, please say why.

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Appendix E

List of visits for each Committee member 2004/05

Sandra

Date	Place
14.6.04	Work programme – Manchester (with Jenny Osborne and Tom Hughes)
15.6.04	Work programme – London (with Marjorie Brown and Penny Osborne)
21.7.04	DWP Customer Forum (with Marjorie Brown)
28.7.04	Presenting Annual Report to TPS
12.8.04	NAO – Jeremy Lonsdale
16.8.04	DAAT
24.9.04	Presenting Annual Report to DCS
19.10.04	Ethnic Minority Forum - London
26.10.04	Presenting Annual Report to Jobcentre Plus
28.10.04	Sutton DBC (with Jenny Osborne)
16.11.04	Appraisal John Griffiths – London

Continued

Date	Place
2.12.04	Newcastle DBC (with Jenny Osborne)
7.12.04	Birmingham Pensions Centre (with Marjorie Brown)
13.12.04	Pete Griffiths, DAAT, DMAPT (with Jenny Osborne)
19.1.05	TAS Steering Group (with all Committee members)
2.3.05	Braintree Jobcentre Plus
8.3.05	Liaison with NIJSC and CSASC – Belfast
9.3.05	TAS Tina Townsend and Norman Egan
9.3.05	John Griffiths – contracts

Barinder

Date	Place
10.5.04	Stephen Watson (with Penny Melville-Brown)

Penny

Date	Place
23.4.04	Craig Binns – London
10.5.04	Stephen Watson
20.5.04	MVFE TFG – Birmingham
15.6.04	Work Programme – London (with Marjorie Brown and Sandra Walmsley)
15.7.04	IB reforms pilot – Glasgow/Renfrewshire
21.7.04	Bournemouth QST
4.10.04	DIPO meeting – Sheffield
10.10.04	MVFE TFG – Leeds
12.10.04	Craig Binns – London
21.10.04	Fareham Jobcentre Plus
22.10.04	Bournemouth Jobcentre Plus

Continued

Date	Place
28.10.04	DWP Scotland Forum – Glasgow
1.11.04	Rusholme Jobcentre Plus
12.11.04	Bournemouth QST
30.11.04	MVFE TFG Birmingham
13.1.05	Craig Binns – London
19.1.05	TAS Steering Group (with all Committee members)
20.1.05	Customer Consultation group
27.1.05	Glasgow Benefits Centre

Jenny Osborne

Date	Place
14.6.04	Work programme – Manchester (with Sandra Walmsley and Tom Hughes)
28.6.04	Change Programme Norcross (Angela North)
4.5.04	Pete Griffiths
21.10.04	DWP Disability Forum (with Tom Hughes)
28.10.04	Sutton DBC (with Sandra Walmsley)
11.11.04	Customer Consultation Group (with Marjorie Brown)
2.12.04	Newcastle DBC (with Sandra Walmsley)
3.12.04	Warbreck DBU
13.12.04	Pete Griffiths, DAAT and DMAPT (with Sandra Walmsley)
19.1.05	TAS Steering Group (with all Committee members)

Marjorie Brown

Date	Place
6.5.04	Customer Consultation Group
11.5.04	Phil Bartlett (with Tom Hughes)

Continued

Date	Place
15.6.04	Work programme – London (with Sandrab Walmsley and Penny Melville-Brown)
23.6.04	TPS work plan – QH (with Tom Hughes)
15.7.04	Customer Consultation Group
11.11.04	Customer Consultation Group (with Jenny Osborne)
15.11.04	Norwich Baltic House
25.11.04	DWP Pensions Forum (with Tom Hughes)
7.12.04	Birmingham PC
10.1.05	Newcastle International Pensions Centre
11.1.05	Pensions Transformation Project, Newcastle (with Tom Hughes)
19.1.05	TAS Steering Group (with all Committee members)
9.2.05	Committee Recommendations Bernie, QH (with Tom Hughes)
10.2.05	Appeals Review Team, QH (with Tom Hughes)
9.3.05	Peter Owens, Adelphi (with Tom Hughes)

Tom Hughes

Date	Place
11.5.04	Phil Bartlett (with Marjorie Brown)
14.6.04	Work programme – Manchester (with Sandra Walmsley and Jenny Osborne)
23.6.04	TPS work plan – Leeds (with Marjorie Brown)
16.7.04	Performance and Change Board - Leeds
7.9.04	Wrexham QST
11.10.04	TPS Mystery Shopping - Leeds
21.10.04	DWP Disability Forum (with Jenny Osborne)
25.11.04	DWP Pensions Forum (with Marjorie Brown)
13.12.04	Burnley Pensions Centre

Continued

Date	Place
7.12.04	Derby Pensions Centre
11.1.05	Pensions Transformation Project – Newcastle (with Marjorie Brown)
19.1.05	TAS Steering Group (with all Committee members)
9.2.05	Committee recommendations – Leeds (with Marjorie Brown)
10.2.05	Appeals Review Team (with Marjorie Brown)
9.3.05	Peter Owens, Adelphi (with Marjorie Brown)

Standards Committee meetings

23.4.04	Annual report
13.5.04	Committee meeting – QST, AVT, CMU
18.5.04	Committee meeting – London
20.7.04	Committee meeting – Leeds
22.9.04	Committee meeting – London
28.9.04	Committee meeting – London
23.11.04	Committee meeting – Leeds
17.1.05	Committee meeting – London
23.2.05	Committee meeting – London
16.3.05	Committee meeting – Leeds

Appendix F

Terms of reference and membership of the Decision Making Standards Committee

1 Constitution

- 1.1 The Standards Committee is established by the Chief Executives of Jobcentre Plus, The Pension Service and the Disability and Carer's Service to advise them and their respective boards of directors in the discharge of their responsibilities to Secretary of State for monitoring and improving the standards of decision making in benefits and employment matters. The Committee fulfils three specific requirements:
- i) to provide independent advice and assurance as set out in the Terms of Reference; and
 - ii) to identify and make recommendations on the areas where standards can be improved; and
 - iii) in addition, the Chief Executives may ask the Committee to look at specific issues that they believe may affect the standard of decision making.

2 Membership

- 2.1 The membership shall be jointly appointed by the Chief Executives and shall consist of no less than six non-executive members, one of whom will be the Chairperson. Non-executive members will be appointed for terms of two to four years. Each member of the Committee will be required to undertake a specific role. The chair will control the Committees business and ensure that it discharges the requirements of the annual work programme. In addition, the Chair or other non-executive members may be invited to attend other committees and groups as appropriate. A quorum shall be four members, and in the event of a split vote the Chair will have the casting vote.

3 Attendance at meetings

- 3.1 There are no executive members of the Committee, but executive representatives will attend Committee meetings to assist the Committee discharge its responsibilities.
- 3.2 The Operations Directors from Jobcentre Plus and The Pension Service, the Performance Management Directors of the same two Agencies and the Chief Operating Officer of the Disability and Carer's Service Director or their representatives will attend these meetings.
- 3.3 A representative from the Working Age Client Group and/or Pension Group should be invited to attend the meeting when items specific to benefit or employment policy are due to be discussed.
- 3.4 The head of Adjudication and Constitutional Issues should normally attend meetings.
- 3.5 Representatives of Internal Assurance Services and National Audit Office should normally attend meetings.
- 3.6 A representative of the President of the appeal tribunals may attend these meetings.
- 3.7 The Committee may request other members of senior management from within the Department for Work and Pensions or its Agencies to attend as appropriate.
- 3.8 A member of the Standard Committee Secretariat will act as secretary to the Committee.

4 Frequency of meetings

- 4.1 Formal meetings of the Committee to consider progress against its work programme and recommendations will be held not less than quarterly. Working meetings of members, to consider findings etc. will be held at appropriate intervals.

5 Authority

- 5.1 The Committee is authorised by the Chief Executives of Jobcentre Plus, The Pension Service and Disability and Carer’s Service to receive information dealing with the standards of benefit decision making and employment matters that come within the accountabilities of the three Agencies (including decisions made on their behalf by the Debt Management Service), and within the Committees terms of reference and the agreed work programme.
- 5.2 It is authorised to seek any reasonable information it requires from any employee within Jobcentre Plus, The Pension Service and the Disability and Carer’s Service to discharge its duties within the terms of reference.
- 5.3 Interfaces with other areas of the Department for Work and Pensions shall be via the Agency Performance Management Directorates and the Chief Operating Officer of the Disability and Carer’s Service and with the agreement of the Client Group Directors.
- 5.4 The Committee is authorised by the Jobcentre Plus, The Pension Service and Disability and Carer’s Service Boards to take advice on the impact of decision making on customers from the Jobcentre Plus/The Pension Service/Disability and Carer’s Service Decision Making and Appeals Customer Contact group. Advice from other external groups shall be at the discretion of the Chief Executives.
- 5.5 The Committee’s scope is exclusively to Jobcentre Plus, The Pension Service and the Disability and Carer’s Service (including decisions made on their behalf by the Debt Management Service). Benefits administered by any other Agency, Authority or Department are outside the Terms of Reference of this Committee. If contact needs to be made with any other benefit administering body it will be via either the Agency Performance Management Directors or the Chief Operating Officer of the Disability and Carer’s Service.

6 Duties

- 6.1 The duties of the Committee shall cover two specific roles, providing opinions on the reported standards of decision making and identifying and making recommendations on the areas where standards can be improved. The Agencies will then take receipt of these recommendations and take a view on which they might follow up and how.

- 6.2 In order to discharge these two roles the Committee shall agree annually with each Chief Executive a programme of work for the forthcoming year. The Committee members with specific Agency responsibilities shall be responsible for agreeing the Agency specific content. The Chair will be responsible for signing off the complete, combined programme with each Chief Executive. The Agencies shall be responsible for agreeing work programmes with relevant client group directors before sign off. Any change to the annual work programme will be agreed with the relevant Chief Executive.
- 6.3 There is a generic test of whether decisions meet required standards. The Committee will use this test to make judgements about the standard of decision making. The test consists of the following five elements:
- Sufficient evidence (was all appropriate and necessary evidence to support the decision before the decision maker);
 - Determination of questions (even though the appropriate evidence was full and complete; were appropriate and necessary questions asked by decision maker before the decision was given?);
 - Findings of fact (the decision maker correctly determined the facts of the case from the evidence before them);
 - Interpretation and application of law (the decision maker correctly considered and applied both statute and case law appropriate to their decision);
 - Evidence that has been received that would have had a material affect on the award but has not been actioned (unactioned supersessions or revisions).
- 6.4 Decisions in this context includes not only awards of benefits, but revisions or supersessions to awards, decisions on the recoverability of overpayments and the standard of appeals submissions. It also includes decisions arising out of consideration of labour market requirements
- 6.5 **Providing opinions on the reported standards of decision making**
- 6.5.1 To assure the Chief Executives of Jobcentre Plus, The Pension Service and the Disability and Carer's Service that monitoring reports accurately reflect the standard of decision making
- 6.5.2 To assure the Chief Executives of Jobcentre Plus, The Pension Service and the Disability and Carer's Service that monitoring structure is robust and able to provide credible estimates of the standards of decision making at a national level.

6.5.3 To make recommendations to the Chief Executives of Jobcentre Plus, The Pension Service and the Disability and Carer’s Service on where measurement and reporting of decision standards might be improved

6.5.4 The Committee will normally draw on the following sources to provide their opinion:

- The measurement of decision making standards undertaken across the benefits and employment decisions by independent measurement teams;
- The measurement of accuracy of payments for Income Support, Jobseeker’s Allowance, Incapacity Benefit and Retirement Pensions (and State Pension Credit);
- Internal Audit assurance of the reported findings of this first tier measurement;
- Independent opinions on the accuracy of the reported results on decision making standards by the National Audit Office;
- The quarterly interim reports by the President of the Appeals Service on the standards of Secretary of State’s decision making in cases before appeal tribunals. And the annual report to Secretary of State, which is published;
- Customer opinions on the standard of decision making drawn from observations by The Decision Making Standards Committee consultation group.

6.6 Identifying and making recommendations on the areas where standards can be improved

6.6.1 The Committee will take appropriate steps to provide the Chief Executives of Jobcentre Plus, The Pension Service and the Disability and Carer’s Service with researched recommendations so that executive action can, if appropriate, be taken. The two functions are:

- Based on the results of measurement and analysis, make recommendations on the areas where decision making standards can be improved;
- Based upon reports and other information from Agencies on causes of poor decision making, make recommendations on the areas where standards can be improved.

6.6.2 The Committee has no executive authority, and it is for the appropriate Agency Boards to decide what, how and if corrective action is taken.

7 Reporting

7.1 The Committee shall submit:

- Quarterly reports separately to each Chief Executive providing assurance on reported benefit decision making standards and identifying and making recommendations on the areas where decision standards can be improved. These reports will also be supplied to the Client Group Directors in their capacity as specifier's of service delivery performance requirements;
- A separate annual report to the Chief Executives, evidencing appropriate coverage of the Committees terms of reference, a summary of the years activity and recommendations, and drawing attention to any matters of significance.

7.2 The reports shall be presented to each Chief Executive and their boards of directors. The Committee's Annual Reports shall be publicly published.

7.3 Subject specific reports from individual members shall only be circulated more widely with the Committee's and specific Agency's approval.

8 Review of terms of reference

8.1 Each Agency Board shall review these terms of reference annually and reaffirm or amend the content.

9 Performance appraisal

9.1 The non-executive chair and member's performance shall be assessed annually.