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Ms Alison Mutch OBE  
H.M. Senior Coroner for Greater Manchester South  
H.M. Coroner's Office  
1 Mount Tabor Street  
Stockport  
SK1 3AG

31 March 2026

Dear Ms Mutch,

## **RESPONSE TO REGULATION 28 REPORT TO PREVENT FUTURE DEATHS**

We write on behalf of the Department for Work and Pensions ("DWP") in response to your Prevention of Future Deaths Report dated 22 January 2026, made under Regulation 28 of the Coroners (Investigations) Regulations 2013.

We would like to take this opportunity to express our condolences, both personally and on behalf of DWP, to the family of Ms Tamara Logan ("Ms Logan").

You raised the following concerns in your report:

- 1. It was accepted that the assessment of her entitlement to benefits had been incorrectly determined despite it having been checked before the final decision was made. The impact of that on her was very significant. The evidence before the inquest was that the person carrying out the initial assessment carried out the assessment [in]correctly and that the checking process had not picked up on the errors. The purpose of the check was to avoid these errors being made and it was unclear why it had not picked up the incorrect approach.***

**2. It was clear from the evidence that her vulnerabilities were recognised by the Department of Work and Pensions and their paperwork was flagged to that effect. Despite that a standard letter was sent with no attempt to reduce the risk that receipt of the letter would cause.**

We take these concerns very seriously and have investigated them thoroughly with the teams involved across DWP. The findings from our investigation are detailed below and can be summarised as follows:

1. It remains the case that the department accepts that its initial decision to reduce Ms Logan's benefits may have been unjustified on the evidence it had available. We explain more under the heading "**Our decision**" about our investigation into this particular decision and have provided information about what we are doing to minimise such decisions in future.
2. We share your concern that the impact of the department's decision on Ms Logan may have influenced her to take the course of action she took, rather than asking us to look at the decision again. We understand that her vulnerabilities significantly influenced her response and appreciate that other individuals in similar circumstances may react in comparable ways. While we are committed to making fair and accurate decisions, there will be occasions where the outcome leads to the removal of awards from vulnerable people. We describe below what actions the department is taking to support vulnerable people like Ms Logan at critical moments like the one she faced, and to help them understand the steps they can take; either to challenge a decision or find the support that can help them accept it.

## Our decision

You said in your report:

*The evidence before the inquest was that the person carrying out the initial assessment carried out the assessment [in]correctly and that the checking process had not picked up on the errors. The purpose of the check was to avoid these errors being made and it was unclear why it had not picked up the incorrect approach.*

## The assessment process

To provide clarity about the health assessment and decision-making process by which DWP determines someone's eligibility for Personal Independence Payment ("PIP") we will briefly describe it here. The process as it applied to Ms Logan was as follows:

1. People apply for PIP by phone, post or online in certain postcode areas. Once basic entitlement conditions are established, DWP asks them to complete a 'How your disability affects you' questionnaire, referred to as the 'claimant questionnaire'.
2. At this stage we encourage people to provide any supporting evidence they already have that they feel we should consider alongside their claim information. This could include evidence from a health or other professional involved in their care or treatment.
3. They return the claimant questionnaire to DWP. In cases where we need a Health Professional ("HP") to assess their health, we refer the case to an Assessment Provider ("AP") along with any supporting evidence provided.
4. The AP undertakes an initial review to identify whether they need further evidence. They can often assess cases from the paper evidence, while a telephone, video or face-to-face consultation may be required.

5. The AP conducts the assessment, gathering any further evidence necessary before providing an assessment report to DWP.
6. Once all evidence gathering has taken place the DWP case manager (“CM”) will review the claim and all evidence provided. They then make a decision regarding the award of benefit and the length of time it is awarded for.
7. A few months before the award ends, in most PIP claims, DWP will instigate an Award Review. It will issue an Award Review form (“AR1”) for the person claiming to complete. They are encouraged to use the form to explain any changes that may have occurred to their conditions, any new conditions, if applicable, and whether their needs have changed in relation to their daily living and mobility activities.
8. A CM will scrutinise the completed form and, where possible, make a decision without the need for another assessment. Where there is conflicting evidence or the CM needs the support from a HP they will arrange a new assessment.
9. The AP carries out steps 4 and 5 again for the review and, once the report has been received, the CM completes step 6, which we will explain in more detail now.

We understand that by “the checking process” you are referring to the part of the process described in step 6. We will explain this process in more detail now.

When considering awarding PIP, CMs are encouraged to apply a holistic approach to decision-making by considering all available evidence together, rather than relying solely on the assessment report. A CM may request additional evidence from HPs or support services, contact the person directly, or return the report to the AP for amendments. Once all relevant evidence has been gathered and reviewed, the CM should be in a position to make a balanced, evidence-based decision on the appropriate level of award.

The CM must look at *all* evidence, not just the report. This means reviewing medical evidence, functional information, statements made by the person claiming, and the HP’s recommendations as one full picture. If clarification or more evidence is needed, the CM can request the AP sources further evidence, contact the person claiming to ask for further evidence, or return the report to the AP for amendments.

Only once they are satisfied that all the available evidence has been considered should the CM process the claim determining the level of award.

## Our review of the decision

During the course of preparing DWP’s statement for the inquest into Ms Logan’s death, the department carried out an internal informal review of the decision to reduce her PIP award. Our initial investigation suggested that the decision may have been unjustified on the evidence that was available. We have now carried out a full review of the assessment with input from the AP.

This review has concluded that the decision relating to the daily living component of PIP was not robust based on the evidence available at the time. It has identified learning opportunities and recommendations for improvement.

We accept that opportunities were missed to take a more holistic view of Ms Logan’s circumstances. This may have resulted in a decision which did not fully reflect the complexity of those circumstances.

## Action we are taking

We have attached a timetable at [Annex A](#) which summarises actions the department is taking following this case that aim to reduce the risk of similar cases arising in the future.

## Our communication

You said in your report:

*It was clear from the evidence that [Ms Logan's] vulnerabilities were recognised by the Department of Work and Pensions and their paperwork was flagged to that effect. Despite that a standard letter was sent with no attempt to reduce the risk that receipt of the letter would cause.*

DWP aims to make sure that all its decisions are accurate, consistent and in line with law and evidence. The nature of benefit decisions inevitably means that many decisions will be deemed negative from a claimant's perspective. In other words, we recognise that we will often need to tell people that their benefit is reducing, and that this may be particularly distressing for the most vulnerable people. Claimants can disagree with our decisions, and the mandatory reconsideration and appeal processes are available if they do.

### Relevant processes

DWP has two processes that its colleagues should follow in situations where benefit payments are stopped. These are an "enhanced to nil" process, which provides additional steps for CMs to take when people receiving a higher level of PIP have that benefit stopped, and a "stopping payments" process that mandates extra steps are taken before a vulnerable person's benefit is stopped.

Neither of these processes applied in Ms Logan's case as her benefit was not stopped. We recognise that there is instead a gap in circumstances where someone's benefit is reduced but not stopped. We are exploring what we can do to address this gap.

You referred in your concern to the fact that a "standard letter" was sent to Ms Logan. The letter was one sent whenever a DWP decision changes the amount of benefit someone receives. Such letters are system generated and so go out automatically, in one of a number of alternative formats that can be requested by someone who needs specific adjustments to help them manage their claim. They are the formal notification of the decision to the person receiving the benefit, which is required regardless of any other communication of it that may be made. They also formally notify someone of their mandatory reconsideration and appeal rights. Any other communication methods that DWP uses, or might consider using in the future, would be as well as, rather than instead of, letters like the one sent to Ms Logan.

Given the thousands of benefit decisions made daily, sending such a letter in someone's preferred format is the most practical and effective way to ensure that a decision, along with its related appeal rights, is communicated. We recognise, however, that for the most vulnerable people sending a standard letter may not be enough. We explain more about our efforts in this regard below.

### Supporting vulnerable people

DWP has clear guidance relating to additional support ("AS"), for people who need help managing their claim, and advanced customer support ("ACS") for the most vulnerable people. Under that guidance, decision-makers should consider AS and ACS at every point in the customer journey. This is repeated throughout PIP guidance, and operational managers have referred to it on an ongoing basis in compliance notes, change communications and Customer Experience Additional Support Team newsletters.

The department's PIP teams have a Vulnerable Customer Champion network which should always be consulted for advice or action in all cases with active ACS concerns. Even where ACS concerns are marked as closed – as they were in Ms Logan's case – DWP's guidance

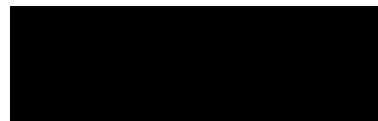
states that they should be considered at all stages of the customer journey. There is no evidence to show that the process was followed in Ms Logan's case, and we are taking action to reduce the likelihood of ACS markers being overlooked in the future.

### Action we are taking

Again, we have provided information regarding action the department is taking in [Annex A](#).

We hope that this information helps to assure you that the department recognises your concerns, takes them seriously, and is taking action to address them. Please do not hesitate to contact us should you have any further questions or require any further information.

Yours sincerely,



Director of Accessibility, Disability & Disputes



Chief Medical Advisor

**ANNEX A – Activity Timetable**

Statement	Activity	Progress	Completion
<p>The quality of the assessment provider report was not to the standard we would expect and the descriptor advice not fully justified.</p>	<p>Identify learning opportunities with the Assessment Provider and implement an action plan for improvement, with a commitment to share learning across all Assessment Providers to support system-wide learning.</p>	<p>The Assessment Provider has identified a set of recommendations for improvement with a corresponding action plan for implementation.</p> <p>Actions include:</p> <ul style="list-style-type: none"> <li>i) Deliver updated clinical guidance and targeted learning for Health Professionals on probing depth and accurate descriptor rationale.</li> <li>ii) Provide reflective learning to auditors on grading thresholds, focusing on identifying omissions that require amendments or learning.</li> <li>iii) Conduct a review of Initial Review processes and conformity.</li> <li>iv) Issue a communication to Health Professionals in respect of channel review selection and justifications.</li> <li>v) Undertake a systems-based follow-up to explore if there are other relevant contributory / system factors.</li> <li>vi) Learning outcomes and reflections as detailed above to be circulated to relevant parties including DWP and other Assessment Providers.</li> </ul>	<p>Varying dates for completion of actions.</p> <p>Actions i to v to be completed by <b><u>end of June 2026</u></b></p> <p>Action vi to share learning with other health assessment providers to be completed by <b><u>end of August 2026</u></b></p>

<p>The decision to reduce Ms Logan's benefits may have been unjustified on the evidence DWP had available</p>	<p>Circulate a memorandum across Disability Services to focus on the importance of gathering all of the evidence available before making a decision.</p>	<p>Complete; resource stored centrally for accessibility.</p>	<p><b><u>February 2026</u></b></p>
<p>Instructions on Advanced Customer Support and Additional Support concerns must be clear and robust.</p>	<p>Review the Advanced Customer Support and Additional Support instructions to ensure they are fit for purpose and there are no gaps or parts that could be open to misinterpretation.</p>	<p>Review complete. The instructions were reviewed and determined to be robust. The department then looked to see what further improvements could be made leading to: i) the Customer Support Information hub, ii) a mandatory notes field when an AS marker is amended, iii) a 'pop up' message to consider AS whenever the PIP2 timer is extended. See below</p>	<p><b><u>February 2026</u></b></p>
<p>Instructions relating to supporting vulnerable people are held across various parts of the department's intranet.</p>	<p>Introduce the Customer Support Information hub, a consolidated reference point for all relevant guidance and support materials for vulnerable people.</p>	<p>Complete.</p>	<p><b><u>March 2026</u></b></p>
<p>Make it easier for Case Managers to understand why changes have been made to someone's Additional Support marker.</p>	<p>Introduce a mandatory notes field on the PIP computer system when the Additional Support marker is amended to explain why the change has been made. The case manager will be unable to close the action until a note is added.</p>	<p>Formal change request submitted to Digital.</p>	<p><b><u>Awaiting implementation date</u></b></p>

	Instructions will be updated to coincide with the update.		
Reinforce the importance of considering Additional Support.	Introduce a 'pop up' message on the PIP computer system to consider Additional Support whenever the PIP2 timer is extended.  Instructions will be updated to coincide with the update.	Formal change request submitted to Digital.	<b><u>Awaiting implementation date</u></b>
Reinforce the importance of considering inactive Advanced Customer Support markers.	Review the inactive Advanced Customer Support marker process and communicate to PIP colleagues that, even when an Advanced Customer Support concern is marked as inactive, the vulnerability identified at the time must still be considered.	At 'Proof of Concept' stage.	Process review and any updates to instructions scheduled for completion in <b><u>Q3 2026</u></b>
Consider introducing a process to provide Advanced Customer Support where a PIP award is reduced but not stopped.	Review the enhanced to nil process to consider including award reductions.	At data gather stage to understand the volume of cases that may be affected.	Process review and implementation of any improvements scheduled for completion in <b><u>Q2 2026</u></b>
Reinforce the importance of considering Additional Support and Advanced Customer Support.	Run Voice of the Customer: Active Learning ("VOCAL") events utilising case studies to discuss the consequences of not addressing identified vulnerabilities.	Ongoing.	VOCAL events occur <b><u>every 2 months</u></b> (not all will focus on Additional Support and Advanced Customer Support)
Improve capability of case managers to assess evidence to make independent reduction or disallowance decisions where appropriate.	Adverse decision-making test and learn exercise.	At 'Proof of Concept' stage; a mandatory call to the person claiming the benefit at an earlier stage of the decision-making process already implemented.	Proof of Concept stage scheduled for completion in <b><u>Q2 2026</u></b>

<p>Utilise existing processes to feed back learning from this case to case managers.</p>	<p>Run a VOCAL event using an anonymised version of this case to remind case managers that all available evidence should be considered and that, where inconsistencies are identified, they have the discretion to gather further information to clarify and resolve these gaps.</p>	<p>Scheduling dependent on completion of the adverse decision-making test and learn exercise and subsequent analysis of the results.</p>	<p>Scheduled for <b><u>Q3 2026</u></b></p>
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