Centre for Health and Disability Assessments™
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Integrated Quality Audit System Process Guide

MED-IQASPG01

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This document is intended for the use by Centre for Health and Disability Assessments employees responsible for managing our contract with the Department for Work and Pensions.

The document should not be shared externally.

All Process and Team Guidance is produced and managed by the Process Design Team and all current versions stored on the CHDA Intranet, in the Knowledge Library.

Any comments in connection with this document should be directed to the Process Design Team.

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1. Introduction

1.1 Purpose

The Integrated Quality Audit System (IQAS) procedure is a core component of CHDA's quality assurance commitments. It focuses not only on retrospective/pre-emptive quality review of products (i.e. Approval, Target, National Audit), but also on real time quality review of products (i.e. Case Review).

All categories of quality reviews are captured on the Quality Review form.

IQAS requires that the auditing Healthcare Professional (HCP) justify the marking given on a reviewed piece of work using pre-defined attributes which identify omissions from the standard required.

Feedback, whether positive or negative, is given to the examining HCP by a variety of means. It is essential that this is done to assure the quality of the work produced by CHDA.

All data pertaining to the IQAS procedure is uploaded onto the Medical Skills Database (MSD).

This guide provides information with regard to the administration of the IQAS procedures, in terms of how and when the work is selected, and how it is recorded.

1.2 Applicability

This guide primarily applies to administrative staff involved in the IQAS process; however it can also be referenced by any clinical staff whose role impacts on this administrative process.

The Integrated Quality Audit Desk Aid for the HCP (MED-IDAHCP01) covers the audit process from the Auditor's perspective, including the Attributes lists used in IQAS.

1.3 System Access Required:

- Medical Skills Database (MSD)
- Siebel
- MSRS
- SMART

All abbreviations are defined in the CHDA Glossary of Terms

2. Setting up an IQA System

2.1 Quality Files

Sites will be required to keep a 'Quality File' for each Healthcare Professional (HCP) who completes work within their Business Support Centre (BSC). The files will be separate and distinct from their Personal Files. The file will become a repository for all documentation relating to the quality of an HCP's work. The HCP's Clinical Standards Lead (CSL) or the Self Employed HCP's Mentor, and the Audit Administrator will jointly maintain the file. The file will provide an 'audit trail' for all auditing of the HCP's work.

The files should contain only the HCP's name on the front and should be stored in a secure, lockable cabinet within the BSC. The files must only be accessed by the Audit Administrator, the CSLs/Mentors, the Quality Assurance Lead (QAL). The Audit Administrator will have responsibility for management of the quality file.

The file should contain a section for each of the following types of data held:

- Sampling information [i.e. the Quality Review (IQA) forms]
- A record of feedback given
- Local training given (if appropriate)

This data should be kept in chronological order within the file.

All Rework forms or photocopies are also to be maintained and retained in the IQAS Quality Files. These forms will be forwarded to the Audit Administrator from the Customer Service Desk (CSD).

Quality Files – i.e. IQAS and Rework related documentation - should be retained for a minimum of three years.

2.2 Forms

The primary form used in IQAS is the Quality Review (IQA) Form – for this and other relevant forms see Appendix C: Forms and Letters – which is used to record the following:

- Product details
- Audit outcome/comments
- Recommended further action to be taken (if necessary)
- Post Quality Review Action, e.g. feedback, retraining

2.3 MSD

The Medical Skills Database (MSD) is a national database of both the employed and self-employed clinical employees utilised by CHDA. It provides a national picture of clinical training and quality which can be monitored and reported upon at any time by the senior Clinical Standards Team.

All data pertaining to the IQAS procedure is uploaded onto the Medical Skills Database (MSD).

See MSD User Guide for information on how IQAS is recorded on the Medical Skills Database (MSD).

2.4 IQA Desk Aid

The IQA Desk Aid has been produced to assist the CSLs/Auditors and QALs by listing the 'Attributes' that are required to produce a quality product. If the auditor identifies any omissions at quality review they should select the relevant Attribute to best describe where improvement can be achieved, and add to the Quality Review Form.

The Attributes have been given codes to facilitate recording on MSD.

2.5 The Employee Roles involved in IQAS

2.5.1 Clinical Staff

2.5.1.1 CHDA Chief Medical Officer

CHDA CMO is the final approver of HCPs in the Appointment process, and is the final internal approver of HCPs in the Approval process before confirmation of approval by the DWP.

2.5.1.2 Clinical Quality Lead

The Clinical Quality Lead has overall national responsibility for the management of IQAS, and is involved in the validation of the independent audit by the DWP. A nominated person from the Clinical Standards Team is able to act on behalf of the CQL in circumstances where the CQL is unavailable.

2.5.1.3 Quality Assurance Lead (QAL)

The QAL is responsible for carrying out all AQA audit on auditors at a BSC. They are also responsible for validating the independent Assessment Assurance and independent AQA audit work related to their respective BSC. As part of the local leadership team, takes part in line-by-line review meetings, where all HCP quality data is discussed, risk identified and any support requirements considered.

2.5.1.4 Clinical Standards Lead (CSL)/Auditor

A Healthcare Professional trained to undertake audit work. They must check the work for quality and give markings and comments on all aspects, both positive and negative.

They will also provide support and feedback to a Healthcare Professional, and instigate any further action that is required.

2.5.2 Administrative Staff

2.5.2.1 Quality, Customer Service and Support (QCSS) Lead

A line manager who is responsible for the Audit Administrator at the BSC, including any management checks on work carried out.

2.5.2.2 Business Administrator - Audit Administrator

The Audit Administrator is the central point of contact charged with obtaining samples of Healthcare Professionals' work, inputting data onto MSD, distribution of the work to the CSL/Auditors, receipt of the completed audited work, carrying out any further clerical actions required and returning the work to the appropriate section. The Audit Administrator is also responsible for the filing in the quality files and holding them securely at the BSC.

2.5.2.3 Customer Service Representative (CSR)

Responsible for identifying audit cases at clearance stage and passing onto the Audit Administrator or directly to the Auditor (where convenient). The CSR is also responsible for putting non-WCA audit to P750 on SMART system when these cases are completed off-site.

2.5.2.4 Business Administrator – Assessment Assurance administrator (Fylde)

The single point of contact for independent National Audit of WCA work by DWP; responsible for tracking the work and upload to MSD.

2.5.2.5 Assessment Centre Manager

Part of the local leadership team. Takes part in line-by-line review meetings, where all HCP quality data is discussed, risk identified and any support requirements considered.

2.5.2.6 Performance Manager

Part of the local leadership team. Takes part in line-by-line review meetings, where all HCP quality data is discussed, risk identified and any support requirements considered.

2.5.2.7 Performance Director

Takes part in line-by-line review meetings, where all HCP quality data is discussed, risk identified and any support requirements considered, and ensures agreed actions are implemented and Assessment Centre Managers have the appropriate support in place.

3. Categories of Quality Review

3.1 Approval / Appointment Audit

Approval/Appointment audit is performed during Stage 4 of the HCP Approval/Appointment process. Once a newly trained HCP has completed stage 3 of the Approval/Appointment process, and once they are considered ready for approval, their work is subject to 100% Approval Audit until they have achieved the required sequence of grades. For WCA, the requirement is:

- A minimum of FOUR grade 'A' and ONE grade 'B' audit reports achieved in any sequence of five consecutive audits in assessment work.
- By the time this sequence is achieved FOUR grade 'A' audit reports also achieved with respect to 'Neuro' cases (this added neurological qualifying element only applies to nurses, not doctors or physios)

For WCA Filework, the requirement is:

- 40 'A' grades in filework [this comprises 20 Pre-board Check cases (including Terminally Ill cases) and 20 Re-referral cases]

Approval for work carried out by CHDA on behalf of the Department for Work and Pensions (DWP) is granted by the Chief Medical Officer of the DWP. Appointment is authorised by the Clinical Director for CHDA.

3.2 New Entrant Audit

Once a Healthcare Professional has achieved provisional approval they will continue to be subject to 100% New Entrant Audit until final approval has been granted by the Chief Medical Officer at the DWP, and until the QAL is satisfied that sufficient consolidation of skills has been achieved.

Best Practice Tip: New Entrant Audit cases should not be added to MSD until final approval has been granted – this will prevent the user from possibly having to change New Entrant Audit cases into Approval Audit cases on MSD in the event that the provisional approval request is rejected by any of the approvers following provisional approval.

3.3 Targeted Audit

Target Audit will be performed where an HCP has been placed on a formal and written performance improvements plan for either productivity or quality issues where a record of formal audit is required to finalise personnel related actions. The number of cases audited will be determined by the QAL.

3.4 Case Review

A 'real time' quality review carried out on closed cases (i.e. not open on system) that does not fall under any of the other quality review categories. A Case Review is carried out with respect to either a specific focus on a type of case due to a trend (e.g. short/long cases); a specific focus on an HCP; a regular rolling review; or a pick from the 1-2-3 process.

A Case Review can be carried out with or without reference to the case file.

Case Reviews are completed on a Quality Review Form.

3.5 Self Case Review

A 'self-quality review' based around reflective learning, to aid personal reflection and learning development. Like Case Review, it is carried out on closed cases and can be carried out with or without reference to the case file. No grade is recorded on the Quality Review form.

3.6 Opportunistic Audit

Where an HCP is handling a case for reasons other than quality review, and identifies a quality issue, they should carry out an Opportunistic Audit. This may include cases previously cleared which have been returned for clarification or advice.

3.7 National Random Audit

This type of audit is a controlled random selection of cases from non-WCA benefit streams (i.e. IIB, VUK, DLA Advice), which must be audited. These SMART controlled cases are selected manually. The Management Information Team (MI Team) will calculate the audit sample size required for each work area and BSC on a quarterly basis.

This type of audit is essentially looking at the product and not the Healthcare Professional. It is a contractual requirement.

N.B. National audit of *WCA* work is now carried out at Customer level by the auditors of the independent Assessment Assurance Audit team on behalf of DWP. See Assessment Assurance (i.e. Independent National Audit of WCA by DWP) in Section 11 for further information on CHDA's responsibility with respect to this process.

3.8 Audit Quality Assurance (AQA)

Audit Quality Assurance (AQA) refers to any quality review that is itself subsequently reviewed. The AQA grade relates to the quality of the quality review rather than the assessment.

3.8.1 Random AQA National Audit by Quality Assurance Leads (QALs) (local)

Random AQA National Audit requires that a random sample of non-WCA cases that have been audited at National Audit have further audit action (i.e. AQA action) by the QAL. The sample size for this will be set and reviewed by the Clinical Quality Lead to ensure a representative sample is achieved. Any changes to the sample size will be communicated to the business by the Clinical Quality Lead via the QALs.

N.B.: a random AQA audit of CHDA auditors work, with respect to WCA, can be carried out independently at Customer level by the auditors of the independent Assessment Assurance Audit team on behalf of and at the discretion of DWP. Please see External AQA (by DWP) in Section 10.2 for further information on CHDA's responsibility with respect to this process.

3.8.2 Rolling AQA Audit

Auditors who have not undergone any AQA audit (includes all audit/benefit types) in the last three months will be identified for Rolling AQA audit.

The MI Team will run a weekly report – 'AQA Audit Exception' report - to identify those auditors that have not undergone AQA audit in the last 3 months. This will be divided into four categories of ESA exam, ESA Filework, non-ESA and All benefits. Only those streams for which they are qualified to audit will be included.

Non-WCA is grouped together due to the low volumes. However, the QAL can at their discretion choose to target particular benefit types within this category.

Both Random AQA National Audit and Rolling AQA Audit will be carried out by the BSC's QAL.

3.9 AQA/AQA

A quality review of an AQA. As with AQA, the grade relates to the quality of the last review rather than the original assessment. AQA/AQA is carried out internally by CHDA at the discretion of the national Quality leadership. A random AQA/AQA audit of CHDA AQA audit work (re. 'small' benefits) is carried out externally by the independent auditor on behalf and at the discretion of DWP.

All these categories are summarised in the 'Quality Review Categories – Desk Aid' in the Appendices.

4. Case Review

A Case Review is a 'real time' quality review carried out on cases that are 'closed' on the system following assessment, and does not fall under any of the other quality review categories.

A case review is carried out with respect to either:

- A specific focus on a type of case due to a trend (e.g. short/long cases)
- A specific focus on an HCP
- A regular rolling review
- A pick from the '1-2-3' self risk rating process

A Case Review can be carried out with or without reference to the case file, and is completed on a Quality Review Form.

As a Case Review is carried out on 'closed' cases, the way it is selected and managed is different to quality reviews carried out on 'open' cases (i.e. Approval and Target Audit). This section outlines these differences.

4.1 Selecting Specific Cases for Case Review

The local leadership team should use their personal knowledge and information from the 'Line-by-Line' reviews (including complaints) to target specific cases for review to address any quality issues identified or just to provide useful indicators of quality issues:

For Face-to-Face Assessments:

- Short cases [less than 30 minutes Average Case Duration (ACD)], that may have been rushed
- Long cases (longer than 100 minutes), that may be extremely complex
- The last case of day or session
- Cases that are carried out on overtime, particularly weekend work
- Volume of face-to-face assessments per day is unusually high
- Any trend that appears out of sync with expectations, such as high Support Group (i.e. LCWRA) rate

For Filework:

- Any trend that appears out of sync with expectations, such as high Support Group (i.e.LCWRA) rate / call for face-to-face assessment / FE requests
- High volumes of filework completed as overtime

4.2 Reviewing Specific HCPs

4.2.1 Reviewing according to Support Level ratings

All HCPs conducting assessments are subject to rolling-style Case Reviews depending upon the level of support they require. Local leadership teams will decide on this support level rating at the Line-by-line reviews, which will also determine any other actions required to support the HCP.

4.2.1.1 Support Level 1 (Low Support)

An HCP is considered to require low support if they consistently demonstrate good quality reviews with no concerning patterns in HCP performance, and have been compliant with Self Case Reviews and the 1-2-3 Self Risk Rating process.

A 'low support' rated HCP may undergo:

- A minimum of 1 quality review per week or alternative supportive actions identified in the Line-by-Line Reviews.

Any additional support identified should be agreed by the local leadership team as a result of outcomes. Regular High Speed Reviews may still be considered.

If a 'low support' rated HCP receives a National Audit 'C' grade or a concerning volume of 'B'/'B#' grades from the Independent Audit Team, the local leadership team should use their judgement to reassess the support level for that HCP. For example, if the 'C' or 'B'/'B#' grades occurred the previous week and the HCP has had several acceptable quality reviews since then where the cause of these grades has correctly been addressed, then no further action may be needed.

If the HCP has not had quality reviews completed since the 'C' or 'B'/'B#' grades, then the local leadership team should consider if the HCP should be rated as requiring 'medium support'.

4.2.1.2 Support Level 2 (Medium Support)

An HCP is considered to require medium support when their quality reviews (and compliance in Self Case Review and 1-2-3 Self Risk Rating) are typically good but they have had some quality reviews that demonstrate more than just a one-time error. This could be trends of 'B'/'B#' grades, and not just 'C' grades.

A 'medium support' rated HCP may also show some recent minor or moderate issues in their patterns of performance and / or have some known out-of-work factors that could impact on their quality.

The local leadership team may also consider an HCP as requiring medium support if they suspect the HCP is going through a period of only adequate or deteriorating quality rather than good quality. This would especially be the case where the poor quality reviews were caused

by a lack of attention to detail, insufficient justification or other general reporting skills where the HCP is usually able to deliver good quality reports.

A ‘medium support’ rated HCP may undergo:

- Targeted quality reviews, which includes consideration of High Speed Reviews (volume agreed at Line by Line Reviews); observation sessions; other supportive actions agreed by the local leadership team.

If the HCP demonstrates clearly improved quality after an adequately sustained period, the local leadership team should consider reverting the HCP back to the ‘low support’ rating. If there are further poor quality reviews or more National Audit ‘C’ grades or ‘B’/’B#’ grade trends, the local leadership team should consider if the HCP should be rated as requiring ‘high support’.

4.2.1.3 Support Level 3 (High Support)

An HCP is considered to require high support if the local leadership team have identified any trends, behaviours or management issues as a result of ‘Line-by-Line’ outcomes, including compliance concerns with self case review, reflection on feedback and 1-2-3 Self Risk Rating.

For a ‘high support’ rated HCP the following actions should be considered:

- Targeted quality reviews, including reference to High Speed Reviews, should be considered where significant performance issues have been identified and other support actions have not been successful. All actions from medium support should be considered, as should 100% case review of targeted outcomes – for example, if a significant issue has been identified in LCWRA outcomes, then it would be appropriate to review 100% of those case types.

Escalation to HR should also be considered in line with policies.

If they demonstrate improved quality the local leadership team should consider reverting the HCP back to the ‘medium support’ rating.

4.3 Selecting Face-to-Face Assessment cases for Case Review

For Face-to-Face Assessments, the case can be selected by viewing MSRS – select the ‘View Appointments by MEC by Day’ screen, and filter appointments by ‘Examining Practitioner’.

Cases can also be selected from the 1-2-3 self-risk rating system.

DV (Domiciliary Visit) cases should be selected by hand and case reviewed with the WCA55.

Other than targeting specific cases, case selection for each reviewed HCP should generally be as random as possible from that HCP’s cases on the day reviewed. CSLs should not fall into a highly predictable Case Review selection pattern each day as it will reduce the effectiveness of the process in identifying the quality issues.

4.3.1 High Speed Reviews

With regard to targeting specific cases, a 'high speed review' can first be carried out on these targeted cases to ascertain if a Case Review is necessary. The process involves filtering the daily clearance data for a specific location and then filtering this data according to the target cases (e.g. a certain report outcome for an HCP requiring high support in that area). These cases are then 'speed checked' by a CSL via MSRS and scored as 'pass' or 'fail', with the 'fails' undergoing a further Case Review.

4.4 Selecting Filework cases for Case Review

For Filework, the case should be selected and reviewed using the case file (where available).

Other than targeting specific cases, case selection for each reviewed HCP should generally be as random as possible from that HCP's cases on the day reviewed. CSLs should not fall into a highly predictable Case Review selection pattern each day as it will reduce the effectiveness of the process in identifying the quality issues.

4.5 Case Reviews Requiring Feedback

Where the reviewed HCP requires feedback, this should be carried out **within 24 hours** by a CSL, who should then complete the 'Feedback Actions' box in Part 4 of the Quality Review form.

The best feedback option would be face-to-face but can be done via phone or email if there are geographical constraints; it is good practice to follow up verbally to confirm the HCP's understanding of the feedback.

4.6 Case Reviews Requiring Amendment

If the HCP being quality reviewed is advised to amend the product, the Auditor/CSL 'signing off' this reviewed amended report should sign and date the 'Amendment Action' box in Part 4.

See 'F2F Assessment Cases Requiring Amendment on MSRS where case has been closed on system (e.g. Case Review)' and 'Filework Cases Requiring Amendment on MSRS where case has been closed on system (e.g. Case Review)' in Sections 9.4 and 9.5 for further information on amending cases following Case Review.

4.7 Saving the Quality Review form for Case Reviews

Once outcome and feedback/amendment action has been completed on the Quality Review Form, then the CSL should name and save the form on the global shared drive in the following way:

- Click file then 'Save As'

- Click the down arrow in the Save In box then click on ‘My Computer’/’Global’ in the menu
- Click on the folder relevant to your BSC
- Click on ‘Completed Quality Reviews’ folder
- Click on the appropriate HCP file name (i.e. the HCP you are reviewing)
- Rename the Quality Review Form you are saving as the NINo of the case you are reviewing
- Click on the ‘Save’ button located at the bottom right of the ‘Save As’ box

4.8 Uploading the Quality Review form

The MSD administrator should check the folder relating to their own BSC on the global shared drive on a daily basis.

The MSD Administrator will print all electronic Quality Review forms in the ‘Completed Quality Reviews’ folder in the shared drive and input the results on MSD (or the other way round if preferred) – see 'MSD User Guide MEDMSDUG01’ for information on how to do this. The electronic Quality Review file is deleted from the folder once it is printed.

The printed forms are then filed in the HCPs’ Quality Files.

The completed Case Review Quality Review forms should be transferred to MSD within 24 hours of appearing in the completed folder.

5. Selecting the Sample for Approval / Target / National Audit

Audit sampling involves selecting cases for audit prior to the case being completed – it is carried out on either Approval, Target or National Audit.

This type of pre-emptive audit sampling is not carried out on Case Review or Opportunistic Audit, where the cases are selected once the case has been closed on the system.

The selection of the audit sample for Approval, Target and National Audit is undertaken by the Audit Administrator in liaison with colleagues from the other administrative operational teams.

How the audit sample is chosen will depend on:

- The type of auditing to be undertaken, i.e. Approval, Target or National
- The type/strand of benefit being audited
- The system it is processed on - WCA referrals are processed on MSRS, and the audit type and sample size can be generated **automatically** by MSRS via Siebel; IIB audit has to be **manually** selected as SMART is unable to automatically generate it).

Cases that are requested for audit have a 2 day target before the audit hyperlink (or the P750 on SMART) should be closed, and the case returned to the appropriate team/Customer. There should be enough clinical resource on any particular day to undertake the auditing required.

5.1 System Generated Audit Sampling (WCA Approval / Target Audit)

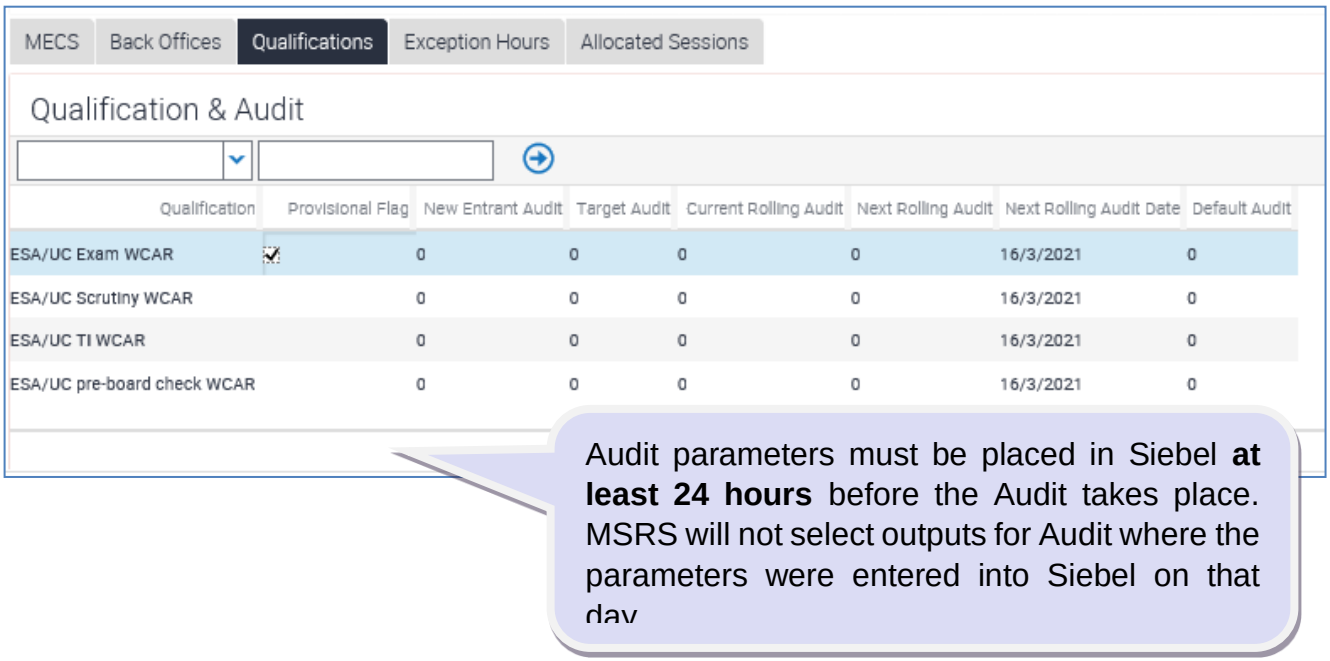
Each Healthcare Professional is trained to undertake certain work for CHDA. This is recorded on Siebel as a “Qualification”. The qualifications available on Siebel are:

- ESA/UC TI WCAR – ESA/UC TI Check outputs
- ESA/UC Exam WCAR – ESA/UC WCAR Assessment outputs
- ESA/UC Scrutiny WCAR – Filework: ESA/UC Re-referral and IBR outputs
- ESA/UC Pre-Board Check WCAR – Filework: ESA/UC Pre-Board Check outputs.
- ESA/UC Advice – ESA/UC Advice outputs
- CSD – CSD referral outputs

Against each qualification there are three Audit types available within Siebel (see screenshot below):

- **New Entrant** - This field is to be used when the practitioner is undergoing Approval/New Entrant Audit
- **Target** - This field is to be used if the practitioner is on Targeted Audit. Targeted auditing is at the discretion of the QAL and CSL

- **Rolling** - This audit is no longer carried out so the last four columns (in screenshot below) should not be used – 'Current Rolling Audit', 'Next Rolling Audit' and 'Default Audit' should all be set to '0'. Case Review is now the chosen form of regular quality review (see Case Review in Section 4).



The number that you enter in to the field for the desired audit type is the number of outputs that MSRS will select for audit. When MSRS selects an output for audit, the figure in the chosen field decreases by '1'. Once the number reaches '0' MSRS will stop selecting outputs of that type for audit.

N.B.: For Approval Audit, to ensure that sufficient numbers are selected by MSRS, you should enter a high number. Once the Healthcare Professional is approved, you should reduce this number to '0' to ensure that MSRS stops selecting outputs for this audit type.

5.1.1 The Provisional Flag

When this column is ticked on a Healthcare Professional's Siebel record, all of that HCP's 'Support Group' cases will be automatically flagged by MSRS as requiring 'sign off' by somebody from the local clinical leadership team (i.e. the QAL or CSL). The Audit Administrator will add this 'flag' at the behest of the QAL or CSL.

5.2 Manually selected Audit Sampling (non-WCA Approval/Target/ National Audit)

For non-WCA, audit sampling is selected manually as, unlike WCA, these cases are not controlled by the Siebel system. The Sampling Form (see Sampling Form – for the request of audit cases (non-WCA) in Appendix C) can be used for the request of these audit cases, giving details of the files required for the sample.

See Collecting the Sample– Pre and Post Audit in Section 7 for details on how this audit is collected.

5.2.1 Manual Random Sampling

If it is National Audit, then the sample must be completely random (except for 100% National Audit of low volume Minority Benefits) and directed by the sample size calculated by Management Information (MI) Team using agreed principles and modelling.

Random sampling ensures that a fair and impartial method of choosing the referrals to be included in the sample of work to be monitored in any one period. Random sampling is also required by the Customer to fulfil our contractual obligations.

See Selecting National Audit of non-WCA products in Section 6 for selection process of National Audit cases.

N.B.: If a case is chosen as part of the sample for any of the types of monitoring described above, all audit activities must be completed before the case is cleared from MSRS or SMART and returned to the Customer

6. Selecting National Audit of non-WCA products

Whilst National Audit of WCA work is carried out by the auditors of the Independent Assessment Assurance Audit team on behalf of DWP (see Assessment Assurance (i.e. Independent National Audit of WCA by DWP) in Section 11), National Audit of non-WCA work is carried out by CHDA. This incorporates the following:

- A random selection of National Audit on IIB, VUK and DLA/AA Advice
- 100% National Audit of 'low volume' benefit streams (e.g. DLA/AA Assessment, Vaccine Damage Payments Scheme).

National Audit essentially focuses on the product rather than the HCP.

6.1 Random National Audit Process (for IIB, VUK, DLA/AA Advice)

6.1.1 Management Information (MI) Action – Producing the Sample Size

For National Audit, sample sizes for each non-WCA work area and BSC will be calculated by the MI Team. The MI Team will undertake this task, as they hold national volumes for all centres and benefit streams required.

The MI Team will perform an initial exercise whereby they obtain the latest national volumes. These volumes will then be fed into a model that will calculate a national quarterly sample size for each main work area. The main benefit sample will be divided on a proportional volumetric basis for each of the individual benefit strands and each BSC. The sample sizes will be notified to each BSC in order that random sampling may begin.

A new calculation will be made on a **QUARTERLY** basis by the MI Team - individual BSCs will be notified prior to the commencement of the quarter, of the new sample size. BSCs will be provided with a spreadsheet, which will supply them with the numbers required as sample sizes for each work area.

6.1.2 BSC Action - Selecting an Auditing Event Day

In order to ensure both randomness of the sample and that the work is undertaken within the given time constraints, an Event Date Selector has been incorporated into the **Random Sampling Matrix Programme ('Ransamp')** spreadsheet (see Appendix D: Random Sampling Matrix Programme (Ransamp)).

The Event Date Selector must be used prior to the onset of the new period to ensure that each day is given an equal chance of selection within that period.

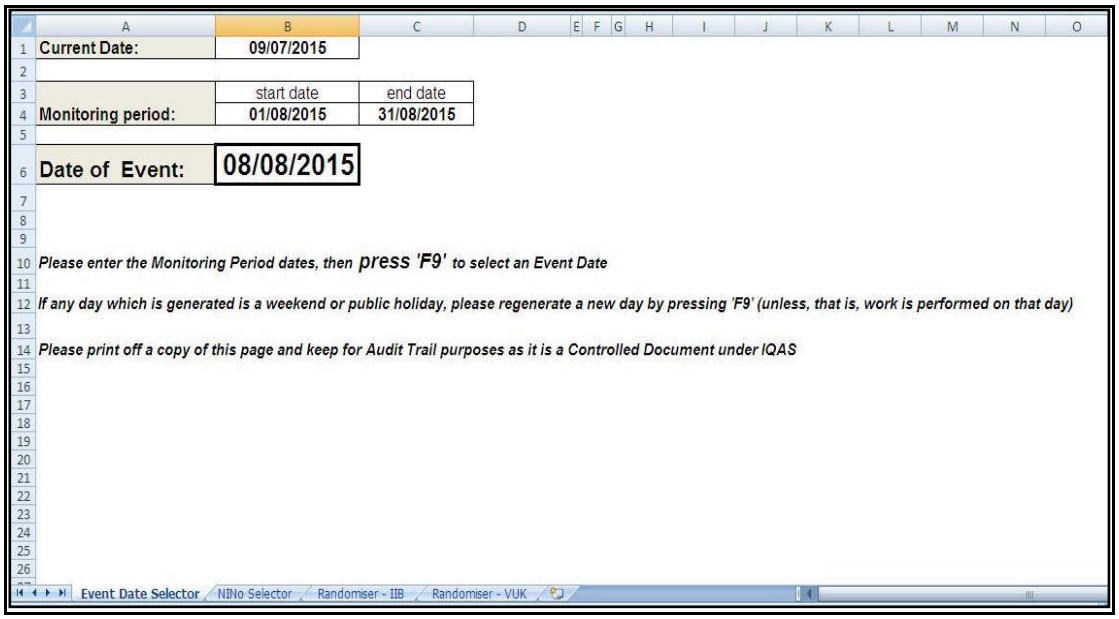
The Event Date Selector will produce a date upon which sampling must be undertaken within the designated period. The designated period runs through a calendar month (these start/end dates should be inserted into the 'monitoring period' on the Event Date Selector).

Results of any National Audit cases MUST be input onto MSD by close of business on the first working day of the following month. This practice will permit the MI Team to produce a report for the Customer that is both accurate and within the timeframe required.

BSCs MUST ensure that all audit results are input to MSD. All returns of auditing activity to the MI Team must be validated by the Quality, Customer Service and Support Lead prior to submission to ensure that the figures are correct and that the sample size has been achieved.

There must be a minimum of SIX events within each monthly period. A greater number of events may, however, be utilised at the Line Manager's discretion. If a greater number of events are chosen this fact must be documented for operational purposes and the document will become a Controlled Document under the IQAS procedures. The **'Event Date Selector'** on the 'Ransamp' Spreadsheet must be used to generate the minimum six event dates.

A screenshot of the spreadsheet is shown below:



Once the events are generated, the individual pages must be printed, as they are controlled documents providing an audit trail within the IQAS process. The Audit Administrator should store them securely in chronological order in the IQAS admin file.

Replacement event(s) must be generated if:

- The date selected falls on either a weekend or a Bank/Public holiday (unless any work is performed on that day);
- There are inadequate resources to undertake the work i.e. the Auditor is sick, etc.

The monthly sample sizes for the quarter, as provided by MIT, must then be divided by the number of events that are to take place within the month.

It is essential when dividing the sample that the original TOTAL number of the sample size is not exceeded.

If it transpires that there are no periods of work for the benefit in any of the centres on the chosen Event Date, then the sample for that date should be obtained on the next working day that has a period of work for the benefit. If you are still unable to obtain all the sample, then make up the shortfall on the next Event Date.

6.1.3 Manual Random Sampling (Manually Generated Audit of non-WCA work)

Non-WCA referrals are processed on SMART and so the *manual* random sampling process below should be followed for those referrals.

The following areas of work will have to be manually selected for random audit by the Audit Administrator:

- Industrial Injuries Benefit, EMP and Advice
- Veterans UK EMP
- Disability Living Allowance / Attendance Allowance Advice

Each of the above areas of work must be monitored at AC or BSC level in direct proportion to the volumes received at each BSC for the individual work area.

The following describes the process required to randomly select these cases.

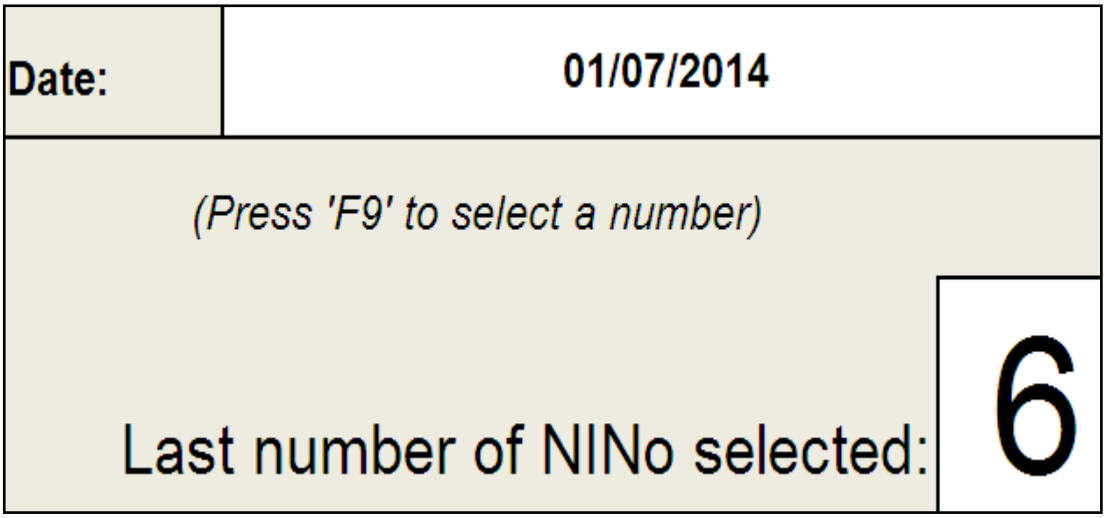
6.1.3.1 Manual Sampling of Single Site Work

Where the above cases are only dealt with within one site, the sample sizes obtained for these types of cases can be used immediately.

On the chosen event date, as selected via the method in 5.2, and as a further aid to randomness, the Audit Administrator selects cases for the sample using the last number of the claimant's NINo as the selection criteria.

The "NINo Selector", which is contained on the 'Ransamp' spreadsheet (see Appendix D and below), is used for this end – a new random number (0 to 9) will be generated each time "F9" is pressed. **Please print the page off for audit trail purposes**, and store in the IQAS admin file, as they are Controlled Documents for audit purposes.

An example of the "NINo Selector" is shown below.



The Audit Administrator should then request all cases within each benefit stream that bear the randomly selected last number within the NINo. If the required sample size is reached, as should be the case with larger benefit streams, update SMART with the activity code P750, those cases can then be selected and sent to the Auditing HCP and the remainder returned to the section as quickly as possible.

6.1.3.1.1 Failure to reach the required sample size

If you are unable to collect enough cases to fulfil the sample size using the selected last number of the NINo you may move to the next number above. This means if you have chosen number “9” you may move to “0” and so on through the last digits until you have obtained enough cases to fulfil the sample size.

If, having gone through all the last digits, you are still unable to produce enough cases you may choose cases from the next working day where there is a period of work for the benefit in question – you should start again with the last number of the NINo chosen, i.e. “9” in our example, and again move through the last digits as required.

Once the above process has been followed and there are still not enough cases you must carry any “arrears” forward to the next Event Day and include the arrears there. The above process applies to all Event Days in the month.

Where the above occurs, staff must document the fact on the printout and store the printout in the IQAS Administration File.

In scenarios where the available cases for an Event Day are the same as or less than the sample requirement, then these cases can be selected without reference to the NINo Selector.

Once a case has been selected as part of the sample it must be audited.

It must be emphasised that with Advice cases, the outcome should not influence whether or not the case is audited, i.e. the case must be included whether the outcome was to call, accept or adjourn for Further Evidence (FE).

6.1.3.2 Manual Sampling of Multi-Site Work (Assessments)

Multi-site Assessment cases are different in as much as all these cases must be given an equal chance to be included within the sample as cases are assessed remotely at the ACs and are not to hand at the BSC. In order to select the cases to be monitored, the Randomisers and the NINo Selector - both on Ransamp spreadsheet - are used to select cases from all of the ACs within the BSC's geographical area with respect to the different benefit streams.

Staff should be aware that if there is a change in usage, within the period, of 10% or more at any one of the ACs then this spreadsheet must be revisited and amended to reflect the change.

6.1.3.2.1 The Randomisers

The Randomisers on Ransamp spreadsheet (IIB example below) are used as follows:

IIB					Period (weeks):	4
% Session Capability for Random Selection						
AC	No of Sessions per period	Period (weeks)	Decimal	%	Range of numbers	
Wigan	3	4	13.04	13	0	13
Stockport	5	4	21.74	22	14	36
Bolton	5	4	21.74	22	37	59
Manchester	10	4	43.48	43	60	100
AC 5		4	0.00	0	100	100
AC 6		4	0.00	0	100	100
AC 7		4	0.00	0	100	100
AC 8		4	0.00	0	100	100
AC 9		4	0.00	0	100	100
AC 10		4	0.00	0	100	100
AC 11		4	0.00	0	100	100
AC 12		4	0.00	0	100	100
TOTALS	23		100.00	0		

Random Number Selector (*Press 'F9'*) * 1=AM; 2=PM		
Case	Centre	AM/PM*
1	59	1
2	4	2
3	77	2
4	35	1
5	54	1
6	48	2
7	92	1
8	54	1
9	94	2
10	79	2
11	71	1
12	63	2
13	34	1
14	63	2
15	36	1
16	4	1
17	45	1
18	1	2
19	82	1
20	41	2
21	53	1
22	61	1
23	31	2
24	86	2
25	39	1

Step 1

Produce the 'Range of numbers' in the final column in the left-hand box by completing the

preceding columns as follows:

AC Column: Complete this column with the names of all the Assessment Centres (AC) used by the BSC. **Start with the one with the least capacity,** i.e. the least sessions of work per period, and end with the one with the greatest capacity.

No. of Sessions per period: Enter the number of sessions performed at that site in this column.

Period: Enter the period in which those sessions are performed in this column. Enter '4 weeks' here to reflect the monthly sample period (see example in screenshot above)

%: This column will automatically calculate the percentage periods of work available per week.

Range of Numbers: This column will automatically calculate a range of numbers for each AC with relation to each one's percentage period of work. This range of numbers is then matched against the numbers under the column 'Centre' on the adjacent 'Random Number Selector'.

Step 2

Once the range of number have been produced in the first box, press 'F9 to randomise the numbers in the 'Centre' and 'AM/PM' columns in the second box ('Random Number Selector').

So, using the screenshot above as an example, if you need 2 IIB cases for a particular event date then:

The first case (i.e. Case 1 on the Random Number Selector) would be drawn from Bolton from the AM session; and

The second case (i.e. Case 2 on the Random Number Selector)would be drawn from Wigan from the PM session.

Create a printout of this screenshot so that you will be able to identify the centres from where the cases are required; it will also provide details of the session (am/pm) from which the cases must be obtained.

Note that **AM** is represented on the spreadsheet by the number **"1"; PM** by the number **"2"**

Please note: If you close the spreadsheet without printing, the figures will again be automatically randomised the next time you open it. This is the reason that a printout must be taken, as well as creating an audit trail for this process.

Step 3

Once you have chosen the Centre(s) and session(s), the Audit Administrator should then obtain the cases from the selected centres/sessions on the day of the chosen event. The following actions should be taken by the Audit Administrator:

- Use the NINo Selector to select a digit
- Request the FIRST case where the last number of the NINo matches the selected digit, or the first two, three etc cases if more than one case has been selected from that centre/session.

  If there are no cases with NINos ending in the selected digit, move to the next higher number (as detailed in *6.1.3.1.1* '*Failure to reach the required sample size*' - the AC1 and AC3 can be used to verify that the cases returned were indeed the cases required on those sessions

- If the sample has still not been met, then the shortfall should be made up on the next Event Date

In the event of the Random Number Selector selecting a location/session where no work is being carried out for the particular benefit stream on the chosen event date, you should move down the Random Number Selector to the second selected case, e.g. case 2, to ascertain if that randomly selected location/session is applicable, and so on until the required sample number is achieved. If, having used all the numbers from 1 to 25, the sample size has not been achieved, staff must re-randomise the Random Number Selector using the "F9" function, take a further printout, store it in the IQAS admin file and start again.

Staff should be aware that there are inherent dangers in not choosing the sample by this method, as there may be a skewing of the data unless the proper procedures are followed.

6.1.3.2.2 Management Checks of Manual Sampling of Multi-Site Work

The Randomiser printouts must be kept in the IQAS admin file which will be the responsibility of the Audit Administrator; this will be audited once a month by the Quality, Customer Service and Support (QCSS) Lead and twice a year by the Business Support Manager (BSM).

To achieve this, the QCSS Lead must sit with the Audit Administrator to ensure that the process of the random sampling is being carried out as per the published procedures. The printout is a controlled document.

The QCSS Lead and BSM should also audit the following criteria using the Randomiser screen printouts (against the relevant Quality Review Form or QM1 forms) contained within the IQAS admin file:

- Date
- AC
- Benefit Type

- NINo

The purpose of this check is to ensure that the Random Sampling process is being carried out as per published guidance.

In addition to this, QCSS Lead must ensure that all 'Randomiser' spreadsheets, for the quarter in question, are filed in chronological order in the IQAS admin file.

The QCSS Lead and the BSM must complete form CA1 on completion of their management checks.

If any anomalies are identified, the QCSS Lead should liaise with the BSM, if necessary, to advise on any remedial action that needs to be taken.

6.1.3.2.3 Contingencies for lack of available cases

To assist staff in the event of there being a lack of available cases for auditing purposes a Contingency Matrix is produced below. The Matrix must be followed if any of the scenarios mentioned within it occur.

Scenario	Action to be taken
Number of cases required to complete the sample size is **greater than** or **equal to** the number of cases available on the periods of work.	**Request ALL cases** from the periods of work. Carry the shortfall forward to the next day/event.
Number of cases required to complete the sample size is **less than** the number of cases available on the periods of work (**multiple sessions to choose from**)	Use the **Randomisers** and **NINo Selector** on Ransamp to select the centres/sessions and for the relevant benefit cases.
Number of cases required to complete the sample size is **less than** the number of cases available on the session (only **single session to choose from**)	Use the **NINo Selector** only to identify the cases required from within that session (moving through the last digits of the NINo as described in 5.3.1.1)

6.2 Low Volume non-WCA Work Streams

6.2.1 Work Streams subject to 100% National Audit

The following low volume work streams will be subject to 100% National Audit, where the authoring Healthcare Professional is **not** on Approval Audit or 100% Target Audit.

SERVICE SUBJECT TO 100% AUDIT	OUTPUT	Documents retained for external DWP AQA**
Compensation Recovery Unit *	Typed Benefit Award Advice Report.	IQA form only
DLA/AA	Handwritten Assessment Report	IQA form only
Financial Assistance Scheme	Handwritten Advice Report	IQA form only
Job Seekers Allowance	Handwritten Advice Report	IQA form only
Vaccine Damage Payments Scheme*	Typed Specialist advice and Assessment Report	IQA form only
HM Revenue & Customs Statutory Sick Pay / Maternity Pay	Handwritten Advice Report	IQA form, Advice report and documents that were referred by HMRC
HM Revenue & Customs Statutory Sick Pay / Maternity Pay	Handwritten Assessment Report	IQA form, Assessment report and documents that were referred by HMRC
International Pensions Centre UK Assessments for Foreign Authorities	Handwritten Assessment Report.	IQA form only
International Pensions Centre UK	Handwritten Advice Report	IQA form only
HM Revenue & Customs Child Trust Fund Credit	Handwritten Advice Report	IQA form, Advice report and evidence that was digitally referred by HMRC
Occupational Health Assessments	Typed Assessment Report	IQA form only

*** Compensation Recovery Unit and International Pension Centre advice/reports are only audited where this is provided by CHDA, not where a third party provides this (e.g. Medicals Direct Group – see Work Streams subject to 'Sense Checking' only below)**

****reports and case notes should only be retained for as long as necessary, which should only be up to the point cases are requested for AQA by DWP following the audit month.**

6.2.2 Work Streams subject to 'Sense Checking' only

The reports for the following low volume work streams are carried out by a third party, Medicals Direct Group (MDG) – clerical 'sense checks' are carried out on these when received from MDG.

SPECIALIST REPORTS PROVIDED BY MEDICALS DIRECT GROUP (MDG)	OUTPUT
Age Determination	Written report by Medical Specialist/British Dental Registered Specialist
Veterans UK Specialist reports	Written report by Medical Specialist/British Dental Registered Specialist
Veterans UK Regional Consultant Reports	Written report by Medical Specialist/British Dental Registered Specialist
Compensation Recovery Unit	Written specialist advice and Assessment Report
Veterans UK Audiology reports	To be carried out as agreed with Medicals Direct
International Pensions Centre UK	Specialist Psychiatric Report

7. Collecting the Sample– Pre and Post Audit

This section describes how the audit sample (i.e. cases that are to be audited for Approval/Target/National) is initially collected prior to the audit, and how it is subsequently collated after the audit.

It is divided between the clerical process, that is where the audit is carried out on a physical Quality Review Form in the BSC; and the electronic process where the audit is carried out on an electronic version of the form at either an AC or BSC. The electronic IQA process is now the primary and recommended method for carrying out audit.

7.1 The Clerical Quality Review Form Process

7.1.1 Audit Administrator Action

While WCA cases (for Approval and Target audit) can be automatically selected on MSRS via Siebel, all non-WCA audit cases (e.g. IIB, VUK) need to be requested by the Audit Administrator.

The Audit Administrator will communicate to the Customer Service Representative (CSR) at the beginning of the day the non-WCA cases required for National Audit (as calculated/selected in previous National Audit section).

When an IIB or VUK case has been assessed and is selected as part of the National Audit sample, the Audit Administrator must list the case on form QM1 (see QM1 – Quality Monitoring Control Sheet (for non-WCA National Random Audit cases)) including all the available details known at that time. This form should be retained, as it will form part of the check to be performed by the line manager.

> Once a case has been identified as being part of the sample, whether it is at the BSC or an AC, it **must** be audited**.**

7.1.2 Customer Service Representative (CSR) Action

Once the assessment is complete, the CSR undertaking clearance action must enter the assessment result as normal. WCA cases are automatically selected for audit and the activity code on SMART will automatically be changed to P750. Any non-WCA cases selected for audit (as requested by the Audit Administrator) should have the activity code **P750** input manually to their record on SMART to demonstrate that they are to be Quality Monitored.

Under no circumstances should these cases be cleared as activity code C100.

For CSRs **at the BSC**, the cases should then be passed by hand to the Audit Administrator.

For CSRs **at the AC**, they should then attach form QM2 (see Appendix C) to the front of the case file, indicating that the case is to be audited. This should be done at the end of the session

in which the assessments take place. The file must then be placed in a separate courier polylope and returned for the attention of the Audit Administrator at the BSC.

Whether the audit is carried out at the BSC or AC, or both, is entirely at the discretion of local management.

N.B.: The Healthcare Professional who is being monitored must NOT be informed prior to the session that auditing is to take place.

7.1.3 On Return of the Sample at the BSC

Cases arriving from the ACs that are required for Quality Monitoring should have a form QM2 attached to them indicating why they have been returned and should immediately be passed to the Audit Administrator to allow them to initiate the audit process.

Where cases have not been received and the P750 target date has been exceeded (as indicated by the WIP Report), the Audit Administrator should make urgent enquiries as to the whereabouts of the cases in order to progress the audit within the target timescales.

Activity Code P750 has a two-day BF and cases outstanding after two days that bear this activity code will appear on the daily MI reports. Audit Administrator staff should have access to this report and account for any cases that appear on it.

Once a case has been audited the P750 activity code may be closed and the activity code **C100** input prior to returning the case to the Customer.

7.1.4 Passing the Samples to the Auditor (where audit is carried out at the BSC)

Where audit is carried out at the BSC, the files must be passed to the Healthcare Professional by hand at the beginning of the audit.

The Healthcare Professional should ensure that the completed IQA (Clerical) forms and files are passed back to the Audit Administrator at the end of each session or at the end of the agreed timescale.

If the Healthcare Professional has been unable to audit all of the files allocated to them, any remaining cases should, if possible, be kept for the next monitoring session to be performed. These files should be placed at the top of the pile to ensure that they are monitored at the second attempt.

7.1.5 Returning the Audited Samples to the Audit Administrator (where audit is carried out at the BSC)

Once the audit of the files has been completed by the Auditors, they should take the files back to the Audit Administrator in order that any clerical work may be undertaken.

The above may be varied in as much as the administration staff may collect the files from the Auditors if local management decides that this is the most efficient way to carry out the work.

Once the files are returned to the Audit Administrator, the results of the audit must be input onto MSD. (see the MSD User Guide for further details). Once all clerical action is complete, the Audit Administrator should return the files to the Operational Section for the necessary file progression.

> Employees must ensure that the Quality Review Forms are removed from the files before dispatch to the DWP. The forms must be placed in the individual HCP's Quality file and retained for future use.

7.2 The Electronic Quality Review Form Process

The electronic IQA process is now the primary and recommended method for carrying out audit. This IQA process requires the use of the IQA (Electronic Form) in Appendix C.

The Electronic IQA process is designed to expedite the IQAS process, allowing the Auditor to audit cases remote from the Audit Administrator at the BSC. The electronic Quality Review Form, with dropdowns and text fields, make it easier for the Auditor to complete the Quality Review Form, and aids the Administrator in the transfer of the audit outcome to MSD.

The IQA process is tracked via the shared drive where the forms will be temporarily stored throughout the process: from initial completion until the form is printed off following feedback.

The process can be broken down between the different staff involved in the process:

7.2.1 Customer Service Representative (CSR) Actions

- On discovery of an audit case at clearance stage (whether it's an audit hyperlink on MSRS for WCA cases, or a case put to 'P750' on SMART) , the CSR will attach the QM3 Proforma to the front of the file, completing the necessary details
- The files for audit, with their attached proformas, should then be separated between two 'Awaiting Audit' trays: one for National cases (i.e. IIB and small benefits), and one for all other types of audit.
- Once audited, the Auditor/CSL will attempt to provide any necessary feedback to the audited Healthcare Professional on the day. If this is not practicable then the case file will be placed in an 'Awaiting Feedback' tray to be fed back on the next available day. The CSR should notify an Auditor/CSL or their own TPL if they find that a case file has been awaiting feedback for more than 3 days

- Once all post audit action is completed by the Auditor/CSL, the files are placed in a 'Completed' tray, with the National Audit cases marked and banded separately from the other completed cases.
- The National Audit cases in the 'Completed' tray should only be sent back to the DWP on the advice of the Audit Administrator – this is due to the fact that on certain days the Audit Administrator will require cases to be returned to them for internal AQA of non-WCA National audit.

> **Please note** that the requested AQA cases might not have been audited when the request is made (as cases are selected for AQA at the point they are requested for National Audit rather than when it has been audited), therefore the cases requested by the Audit Administrator should be checked against the 'Completed' case tray on a daily basis in order to guarantee that all AQA cases have been collected.

- For new auditors undergoing training, the files should be returned to the Audit Administrator prior to any feedback or clearance of the case, as they will first need to be 'AQA' reviewed by the QAL.
- The remainder of the cases are cleared to 'Customer Action' and returned to the appropriate DWP Service Centre. All audit paperwork should be removed and filed in the AC for one month as a back-up in case the electronic version is not received by the Audit Administrator.

7.2.2 Auditor/CSL Actions

- Audit case files should be collected daily from the 'Awaiting Audit' trays. The audit type on the QM3 proforma should be checked against the hyperlink on MSRS (i.e. for WCA cases) before the hyperlink is clicked (as the audit type disappears from MSRS once clicked)
- The Auditor will then open an IQA (Electronic) document and complete Parts 1 to 3:
    - Ensure that the correct Quality Review Type is selected (e.g. once an HCP has gained the required Approval grades they are provisionally approved, so New Entrant should then be selected)
    - Ensure that the correct Product Type is selected – e.g. be aware that neuro cases need to be identified for nurse approval cases; certain outcomes need to be identified for certain courses.
    - Ensure that the 'Product Start Time' and 'Product Start Date' are correct, so that the Audit Administrator know the 'running order' of the cases with regard to MSD upload.

- If feedback is required then complete the 'Feedback Actions' box in Part 4, and 'sign' and date in the appropriate box when complete
- If audited Healthcare Professional is advised to amend the product, the Auditor/CSL 'signing off' this amended report should sign and date the 'Amendment Action' box in Part 4 (see Post IQAS Action in Section 9 for further information on amending cases)
- All Quality Review Forms (Electronic) should be saved to the shared drive in one of two folders:

    - 'Awaiting Feedback/Review' folder

    If feedback/review actions are carried over to the next day or beyond, then the Quality Review Form should be saved to the appropriate Healthcare Professional's folder in the 'Awaiting Feedback/Review' folder on the shared drive. Within this folder should be a separate folder for 'National non-WCA Audit' cases awaiting feedback/review.

    - 'Completed Quality Reviews' folder

    If feedback/review actions are performed on the day of the audit, then the Quality Review Form can be saved immediately to the appropriate Practitioner's folder in the 'Completed Quality Reviews' folder on the shared drive. Within this folder should be a separate folder for 'National non-WCA Audit' cases that have been completed.

- The Quality Review Form should be named and saved in the shared drive in the following way:

    - Click file then *Save As*
    - Click the down arrow in the *Save In* box then click on 'My Computer'/'Global' in the menu
    - Click on the folder relevant to your BSC
    - Click on either the 'Awaiting Feedback/Review' folder or 'Completed Quality Reviews' folder depending on what stage the file is at
    - Click on the appropriate HCP file name (i.e. the HCP you are reviewing)
    - Rename the Quality Review Form you are saving as the NINo of the case you are reviewing
    - Click on the *Save* button located at the bottom right of the *Save As* box

- Once those audit files in the 'Awaiting Feedback/Review' folder have been actioned, then it should be saved to the 'Completed Quality Reviews' folder, making sure that the previous version is deleted from the 'Awaiting..." folder.

7.2.3 Audit Administrator Actions

- As the main point of contact for audit, the Audit Administrator will allow WCA cases to be system generated for Approval/New Entrant and Target Audit purposes via control of Siebel.
- The Audit Administrator must contact each AC to let them know which non-WCA cases are required for audit (as described in 6.1.1), and which cases are required for AQA non-WCA National.
- The Audit Administrator will print all electronic Quality Review Forms in the 'Completed Quality Reviews' folder in the shared drive and input the results on MSD (or the other way round if preferred), before filing the printed forms in the HCPs' Quality Files. The electronic file is deleted from the folder once it is printed.
- The Audit Administrator performs a final check on MSRS to ensure cases are at 'Customer Action'. The Audit Workflow MI report can also be used for this purpose, and should be accessed daily: double click on number of NINos that have "left" (i.e. when the audit hyperlink was closed) in the report. Each electronic Quality Review Form you receive back from the auditors can have its closure checked against a printed copy of this list. Any cases that have been returned by the CSR because they are not required for audit (as the HCP is now approved, for example) should have the hyperlink closed on MSRS and also checked against this list.

Please note that any cases that are closed on the system will not appear on the Audit Workflow until the following morning, so you would have to keep a record of the NINos of these cases in order for them to be checked off the next day's Audit Workflow

7.2.4 Quality, Customer Service, Support Lead Actions

- Ensure processes above are being followed
- Regularly check 'P750' cases on WIP reports for your regions to ensure cases are being processed within 3 working days
- Use Audit Workflow report to monitor progress of audit files within your AC, ensuring that all cases are being dealt with in date order

7.3 ED Advice Referrals

ED referrals (WCA cases where a claimant previously failed to attend an appointment) are required to be scheduled with a new appointment as a priority, if a new appointment is required that is.

Therefore, if an ED case has been selected for audit as a result of an advice output, the case should be treated as a priority when given to an auditor (it will already have a priority cover sheet attached by the Filework Team). It should also be returned separately by the auditor as a priority when issued back to the audit administrator or Filework Team.

7.4 Where the referral is withdrawn by the Customer whilst at audit

If a case is withdrawn by the Customer whilst still at audit, then the audit should still be carried out as normal, and the audit hyperlink closed (once the report is considered fit-for-purpose) before case is returned to the Customer.

N.B.: The case should **not** be withdrawn on MSRS as this will result in the completed output being unconfirmed, and therefore will not be counted for MI purposes.

8. Auditing Cases accepted as Rework

In cases of accepted Rework, the Audit Administrator should be aware that an audit is to be completed on all such cases.

As per the Rework Referrals Admin Process Guide (MED-RRAPG01), if a referral is received from the Customer claiming that Rework is necessary, the referral will be entered onto the Rework Capture Spreadsheet and registered on SMART in the normal way.

Once registered the referral must be passed to the relevant Healthcare Professional who will decide whether the Rework is acceptable. If it is decided that the Rework is acceptable, the HCP will complete a 'RWK2 REV' form in the normal manner.

However, the HCP will also identify the missing IQAS attributes and note the relevant missing attributes in the 'Additional Information' box on the 'RWK2 REV' form.

The Rework referral will then progress following the normal Rework procedure, with the 'RWK2 REV' form being passed to the administrative section. The administrator will update the spreadsheet and clear the case back to the Customer as per the Rework guidance.

The 'RWK2 REV' form will then be passed to the Audit Administrator who will input the details onto MSD [see MSD User Guide https://sp.myatos.net/httssb/ukihc/DWP Operational Procedures/Forms/AllItems.aspx?RootFolder=/httssb/ukihc/DWP Operational Procedures/Admin Procedures/MSD User Guide&FolderCTID=0x012000255772ADD643E142837466ACBF5CBCBC&View={FE140ED6-AB69-4B2C-B3C9-5E3B2B33755B}&InitialTabId=Ribbon.Document&VisibilityContext=WSSTabPersistence for further information on how to enter Rework related Audit onto MSD]

Once these actions have been completed the Audit Administrator must file the 'RWK2 REV' form in the relevant HCP's Quality File.

9. Post IQAS Action

9.1 Cases where the Audit results in a new report being recommended (MSRS Cases)

If a case is deemed as not being fit-for-purpose by the auditor, then it should not be submitted to the Customer. The case should be withdrawn on MSRS (select '*Withdraw Referral'* option), and a new referral opened and progressed as normal.

N.B.: The audit hyperlink on MSRS should **not** be clicked as this will result in the case being submitted to the Customer with an 'Examined' output.

For SMART controlled cases, the referral should be closed with activity code 'C200 (*Referral Cleared – Rejected by HAAS*)', and a new referral opened and progressed as normal.

Please see 'QAL agrees with AA auditor grade' in Section 11.2.2 for information on how to deal with Assessment Assurance (i.e. independent National Audit) cases that require re-assessment post audit.

9.1.1 Cases where the audit results in a new report being recommended (after audit hyperlink has been closed) [MSRS Cases]

In a scenario where the audit hyperlink has already been clicked on MSRS, e.g. if a case is subsequently opportunistically audited, then the following action should be undertaken:

- DWP to be informed that the case is not fit-for-purpose
- The 'Rework Enabled' function to be set to 'yes' and the report set to 'draft'
- A new referral opened and another appointment booked
- Claimant contacted with explanation as to why new appointment is required

This also applies to cases that have been case reviewed as these cases are already closed on the system at the time of the case review.

9.2 Cases where the audit results in a change to the output (for CLERICALLY completed cases)

Clerically completed WCA assessments are also selected automatically on MSRS, and will equally be liable to be selected for audit.

Where ESA/UC Exam referrals are recorded clerically, and the audit results in a change to the clerical output (e.g. a change in prognosis), an Audit Administrator, Quality, Customer Service and Support Lead or an auditing HCP can carry out the revision of the clerical result by selecting the '*Revise Medical Output'* button on MSRS.

Once the medical output result has been amended, or where no amendment is required, the audit needs to be cleared. To do this, the Healthcare Professional or audit administrator should click on the audit hyperlink* and select '*Confirm Completion of Audit'*. The file can then be returned to the Customer.

* Please note: Only an Audit Administrator, the Quality, Customer Service and Support Lead, or an auditing HCP can access the audit hyperlink.

9.3 Amending 'C' graded reports / reports involving a change in opinion following audit

'C' graded reports and 'B' graded reports requiring amendment do not meet HAAS standards and should not be submitted to the Customer. They should be treated in the same way as a case returned for rework, and the deficiency remedied.

General principles are the same whether the report is LiMa produced or handwritten.

9.3.1 Amending LiMA Reports

The technicalities of correction or rework using the LiMA platform are detailed in LiMA Rework Procedures (MED-LRP01). There must be no local arrangements allowing action other than as detailed in these procedures.

9.3.2 Amending non-LiMA Reports (i.e. handwritten and typed reports)

For non-LiMA reports, there are only a few minor amendments which can be undertaken without referring to the original author.

As a general rule, slip of the pen errors, missed tick boxes may be appropriately changed or completed by the auditor, however any changes to opinion, assessment findings, descriptor choice or justification must be completed by the original author. Where this is not possible (sickness absence, long term leave, retirement) the case should be passed to the QAL for further action - the case may be forwarded onto another HCP in the clinical team where the QAL is not trained in that particular benefit.

For amending non-LiMA 'C' reports and reports where there is a change of opinion, the following underlying principles apply:

- Deletions should not obliterate the original – use a single line to cross out
- Any amendments should be signed and dated
- Amendments should be clearly identifiable

- Where the change, or changes, will make the page or section cluttered or difficult to read, the original page/section should be crossed through with a single line, endorsed 'Page/section reworked, see attached minute', signed and dated. The reworked advice should be given on a minute sheet, along with the justification for the rework. A photocopy of the page from a blank report may be used, where it improves the clarity, for the reworked advice.
- Any amendment should be justified on a separate minute, prefaced by the following words so that the Decision Maker (DM) can understand the reason for the amendment: *'These amendments were made by a Healthcare Professional approved by the Secretary of State following Quality Audit'*
- Rework involving the need for reassessment and the completion of a second report should be carried out on a second report form, clearly marked as a reworked report on the front, and accompanied by a minute explaining the errors or omissions in the original report that generated the re-assessment. The DM needs to understand why CHDA would prefer them to use the advice on the second report to that on the original, particularly where clinical issues are involved that may not be obvious to a lay person. For typed reports where a second typed report has been produced for clarity purposes following amendment, then the same principles apply.
- Any amendments must bring the report up to CHDA Standards, before it is submitted to the Customer.

9.4 F2F Assessment Cases Requiring Amendment on MSRS where case has been closed on system (e.g. Case Review)

The following actions are to be carried out where a quality review outcome requires that an HCP amend a report that is closed on the system e.g. as it would be for Case Review:

- The CSL should feedback to the HCP on the same day (or day after at the latest)
- The HCP should inform the CSL when they are amending the report so that the CSL can 'rework enable' the report on MSRS to allow the case to be amended
- Once amended the HCP should inform the CSL so that the report can be checked and the 'rework enabled' closed on MSRS

N.B. Cases that are reopened as '*Rework Enabled*' should be amended and have the '*Rework Enabled*' set to '*No*' on the same day that they are opened – they should NOT be left overnight '*pending rework*' on MSRS, as it will prevent the case being counted as a completed output on the MI.

9.5 Filework Cases Requiring Amendment on MSRS where case has been closed on system (e.g. Case Review)

The following actions are to be carried out where a quality review outcome requires that an HCP amend a Filework report that is closed on the system, e.g. as it would be for Case Review:

- The CSL should feedback to the HCP on the same day (or day after at the latest)
- The HCP should inform the CSL when they are amending the report so that the CSL can 'rework enable' the report on MSRS (where applicable – see matrix below) to allow the case to be amended*
- Once amended the HCP should inform the CSL so that the report can be checked and the 'rework enabled' closed on MSRS (where applicable – see matrix below)*

* The action taken to amend a Filework case is determined by the last output carried out on the referral. The following matrix provides the action to be taken to amend a filework case with reference to all the possible outputs to be amended.

9.5.1 Filework – MSRS Amendment Action Matrix for closed cases (e.g. Case Review)

Amended Output Required

Current Output	**Call for Assessment**	**Call for FE**	**LCW/LCWRA (i.e. closed report)**
Call for Assessment	**'*Record Receipt of Unlisted FME*' on MSRS to generate an '*OCP Filework*' status.** **New Scrutiny report carried out.**	**There are 3 options:** **1. '*Withdraw Referral*' on MSRS (with explanatory note), inform DWP, then re-register** **2. HCP to telephone GP Surgery for FE, then *'Record Receipt of Unlisted FME'* on MSRS to generate an '*OCP Filework'* status.** **3. Put case '*on hold*', send FE request clerically to GP's surgery (the HCP can record this action on MSRS by adding an FRR4 FE type).**	**'*Record Receipt of Unlisted FME*' on MSRS to generate an '*OCP Filework*' status.** **New Scrutiny report carried out.**
Call for FE	**'*Abandon FME Dispatch'* or '*Abandon FME Receipt*' on MSRS, and add new Scrutiny output;** **If case at '*FME receipt pending exam*', then '*Record Receipt of Unlisted FME*' on MSRS to generate '*OCP Filework*' status**	***Not applicable***	**'*Abandon FME Dispatch'* on MSRS, and add new Scrutiny output; or '*Record Receipt of FME'* (if already dispatched) and add new Scrutiny output.**
LCW/LCWRA (i.e. closed referral)*	**As referral is closed, referral is '*Rework Enabled'* and set to 'draft'. The referral is then re-registered, and Scrutiny re-done so that case can be called for assessment.**	**As referral is closed, referral is '*Rework Enabled'* and set to 'draft'. The referral is then re-registered, and Scrutiny re-done so that case can be Called for FE.**	**As referral is closed, referral is '*Rework Enabled',* and report then amended.** **('*Rework Enabled'* is set to '*No*' following amendment)**

= these coloured boxes indicate the action to be taken

* If you change a closed Scrutiny output at Filework to 'call for assessment', this does not actually re-open and progress the case to '*Workstack*' – the scrutiny output will be changed

but the case remains closed. For this reason the current output is set to 'draft' and the referral re-registered / re-scrutinised so that the case can be progressed to 'W*orkstack*'.

Please Note: Where cases with no supporting case files are reviewed and subsequently reopened for amendment, then the Customer (i.e. DWP) should first be contacted to check that the report has not already been used in the decision making process – in this scenario the best option would be to re-register the referral (setting the current one to 'draft'), rather than using the 'Record Unlisted FME' option as that would change the status of the case to 'Supporting Case File'.

9.6 HCP disagrees with auditor's grading

In cases where the HCP does not agree with the CSL/auditor's grading, then the QAL should review the case. If all concerned parties still cannot find resolution on the final grading, then the case is escalated to the Clinical Quality Lead (or a nominated person from the Clinical Standards Team if not available) for further review.

Once resolved and the grading is validated, the CSL/auditor will issue the Quality Review Form to the local audit administrator for MSD upload (see 'Inputting the results to MSD' in Section 9.7).

If there is a change to the original audit, a new Quality Review Form is completed. This new form is transferred to MSD, with the original (incorrect) grade recorded under the 'Final Analysis' tab (see screenshot in Section 10.1.1.3 'Where there is a change to the original audit'). The 'Comments' box in this tab is clearly annotated with the reasons for change as a result of the disputed audit grading.

9.7 Inputting the results to MSD

When the files are received back by the Audit Administrator, they must enter all details onto MSD from the Quality Review Form, including any feedback that was given / required.

Details as to the procedures to follow can be found in the MSD User Guide [MED-MSDUG01].

9.8 The Feedback Process (for Clerical IQA process)

The Quality Review Form will advise the Audit Administrator of any action that the Auditor wishes to be taken, such as photocopying for clerical cases, and this must be undertaken to enable the CSL to take any actions that are required.

The Quality Review Form together with any photocopied documents (and the Quality File if necessary) must be passed to the CSL for their action.

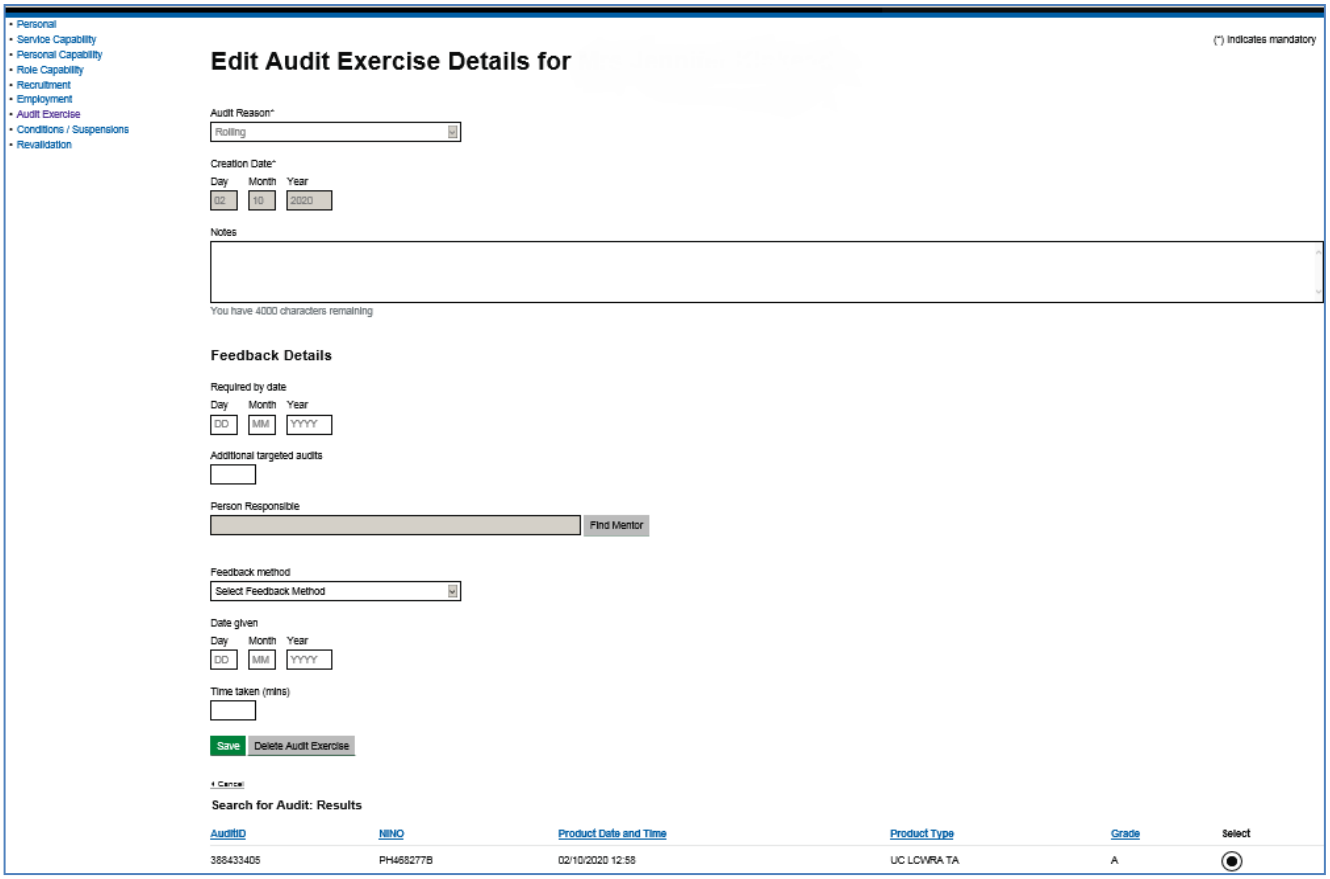
A photocopy of the Quality Review Form must be taken and should be placed in a BF drawer

to await completion of the feedback.

Once feedback is completed, the CSL will return the Quality Review Form and associated documents to the Audit Administrator, who will remove the photocopy of the form from the BF drawer. The original form together with the associated documentation will then be filed in chronological order in the Quality File.

There is a 'back filing' system for Feedback responses in the 'Feedback details screen' ('Required by date') on MSD (see screen below), which will act as a fallback for the Audit Administrator to ensure that all action/feedback is recorded on the system. The feedback 'Required by date' can be added by editing the selected Audit Exercise.

The 'Queries' tab at the top of the MSD Screen has a dropdown 'View Required Feedback Date Missed' option which will list these. This should be used to regularly check that all Feedback has been completed.



All the above actions must be taken promptly to enable the file to be returned to the Operational Section to meet any targets.

The above screen on MSD also allows input of the time taken for a CSL to review the feedback from a quality review.

It is deemed reasonable that the time taken by the CSL to read the Quality Review Form and to decide that no action is necessary as a result of the audit should be captured as part of the

mentoring time.

9.8.1 The Administrative Role in the Feedback Process

It is the responsibility of the CSL to ensure that all recommended post IQAS action is taken and completed by Healthcare Professionals, while the Audit Administrator will record any feedback action on MSD.

The Audit Administrator is responsible for adding forms etc in the correct chronological order to the Healthcare Professional's Quality File, and making sure that the Quality Files are filed in a lockable secure cabinet.

All Quality Review Forms are to be retained for a minimum period of **three years** either in the Healthcare Professional's quality file or filed separately depending on the storage arrangements of individual BSC. However, it is the responsibility of the BSM to ensure all IQAS related information is kept in a lockable cabinet at all times.

Note:

No Quality Review Forms (or copies) should ever be retained by Healthcare Professionals. Security and data control procedures apply with regard to the issue of the form to an HCP for amendment purposes (see *'Health Assessment Advisory Service Security and Data Control Operating Procedures MED-HAASSDCOP01'* for further details).

10. Audit Quality Assurance (AQA) Action

AQA is carried out internally by CHDA at the discretion of the local leadership team with respect to Approval, Target, Opportunistic, and random sampling of National non-WCA audit work.

The DWP also carry out their own AQA independent of CHDA at Tresco House (see External AQA (by DWP) in Section 10.2)

10.1 Internal AQA (by CHDA)

10.1.1 Random AQA of non-WCA National Audit cases (i.e. IIB, VUK, DLA/AA Filework)

Random AQA of non-WCA National Audit cases requires that a random sample of non-WCA cases that have been audited at National Random Audit have further audit action (i.e. AQA action) by an Quality Assurance Lead (QAL). It ensures that all auditors have regular and randomly selected AQA audit with respect to the non-WCA National sample.

The sample size for this will be set and reviewed by the Clinical Quality Lead to ensure a representative sample is achieved. Any changes to the sample size will be communicated to the business by the Clinical Quality Lead via the QAL.

The Clinical Quality Lead will quality assure the QAL.

QALs are responsible for the quality in their units and retain the ability to undertake AQA at any time on any auditor.

10.1.1.1 Selecting the Sample

As these benefit types involve a small monthly sample for National Audit, the amount required for an individual pick day can sometimes be no more than a single case. Therefore, the AQA requirement is a percentage of the ***monthly*** sample of each of the benefit types, rather than of each event date.

In order to pick this monthly AQA sample randomly for these SMART controlled cases, the AQA Random Number Selector is used (see Appendix E: AQA Random Number Selector).

So, for instance, if 10 IIB Exam cases are required for National Audit for the audit month of May, and this is spread over 6 event dates as below:

		Event 1	*Event 2*	*Event 3*	*Event 4*	*Event 5*	*Event 6*
Output Type	*No. Req'd for the month*	**3 May**	**5 May**	**12 May**	**18 May**	**22 May**	**30 May**
IIB Exam	10	2	2	2	2	1	1

If the AQA requirement is 10% of National cases, then here only 1 case is required for AQA (10% of 10 cases = 1)*. In order to pick a random case for the forthcoming month, before the cases are selected the AQA Random Number Selector should be used to select the Event date from which this one case will be drawn. The Selector will only select numbers from 1 to 6.

So, using the above example, if a '2' is selected by the AQA Random Number Selector, then the AQA case will be drawn from the second Event date.

If, as above, there are 2 cases for National Audit on this day, the 'NINo Selector' in the Ransamp Spreadsheet (Appendix D) should be used to choose which of these 2 cases is to be AQA audited. This is achieved by selecting a number, and using the case with the last digit of the NINo closest to the selected number (counting upwards):

So, if '7' is selected, and the two NINos end in 6 and 8 respectively, then, counting upwards, '8' would be selected. If both NINos end in the same number, then the second last number of the NINo is used.

Where AQA audit is required the following action should be carried out:

- The case should be added to the Local Random AQA of non-WCA National Audit Spreadsheet (see Appendix F: Local Random AQA of non-WCA National Audit Spreadsheet), completing columns A to F ('National Audit Month..'/'Output Type Requiring Audit'/'No. of Cases Required for this Output Type...'/'No. of Cases Still Required for this Output Type'/'NINo'/'File Owner').
- An Quality Review Form should be created/attached to the file
- 'AQA' should be indicated from the 'Audit Type' options
- The original auditor's name should be entered against 'Healthcare Professional'
- The QAL's name should be entered against 'Auditor'

The normal range of feedback options are available and will be directed by the QAL and recorded on the Quality Review Form.

Best Practice Tip: In order to meet service levels on non-WCA, photocopy file(s) to be internally AQA audited so that case can be cleared and returned to Customer. Cases should only be cleared on system when case is ready to be returned to the Customer

*in cases where 10% of the National Audit cases produces a decimal number, then these should be rounded **up** to the next nearest number to calculate the number of cases for AQA. For example, if there are only 7 National Audit cases, 10% = 0.7, therefore round up to pick 1 case; if there are 11 National Audit cases, 10% = 1.1, round **up** to pick 2 cases.

10.1.1.2 Where there is no change to the original audit

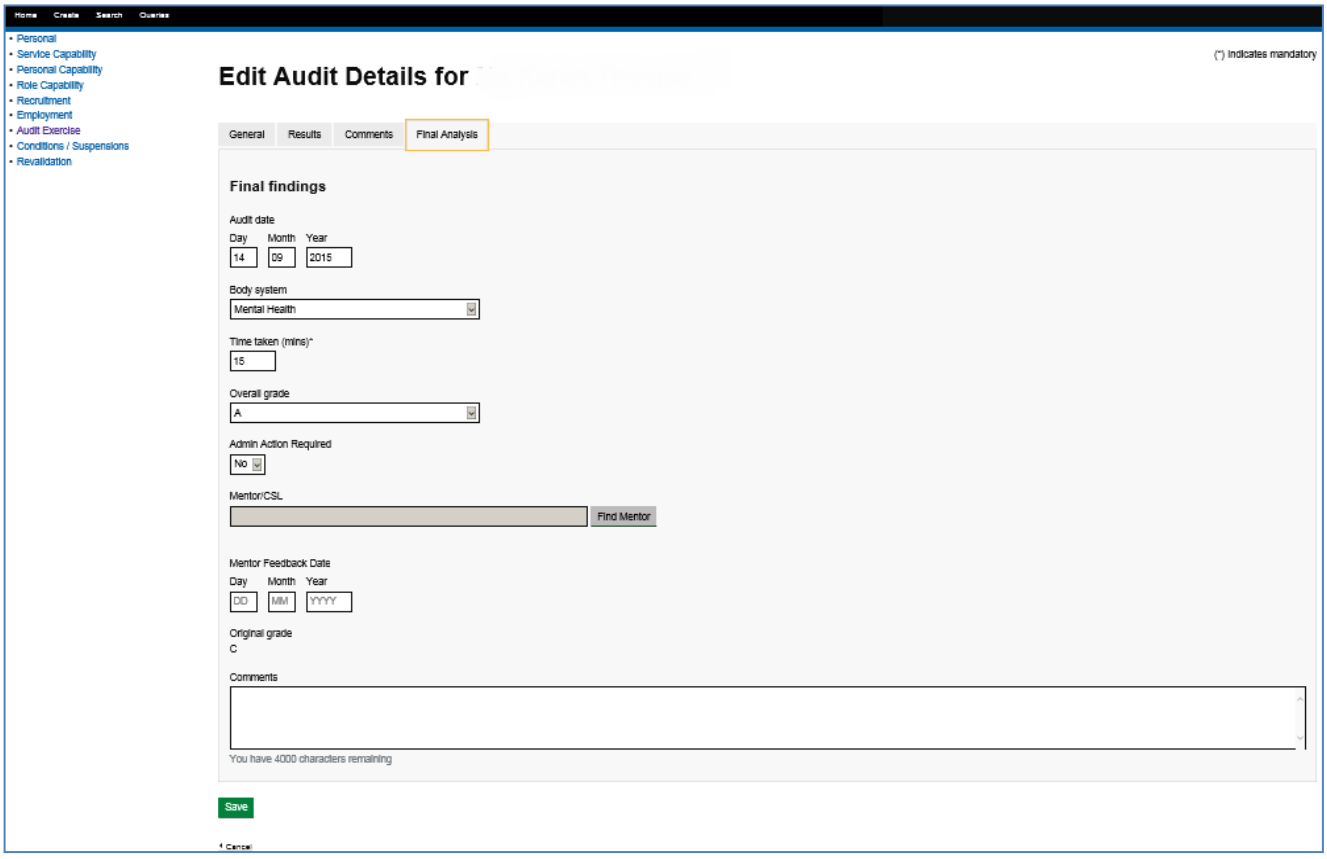
If there is no change to the original audit, then an 'A' grade will be awarded for AQA (so no 'Attribute Codes' required). The original Quality Review Form should be transferred to MSD as normal. The AQA audit should then be recorded on MSD under the **original auditor's** record. An 'Audit Quality Assessment' folder should be created under the 'Audit Exercise' tab on MSD, and the audit case details added.

Please note that the AQA grade relates to the quality of the audit rather than the assessment

Please see **MSD User Guide MED-MSDUG01** for further instruction on how to record audit onto MSD

10.1.1.3 Where there is a change to the original audit

If there is a change to the original audit, a new Quality Review Form will be completed for the original Healthcare Professional for MSD entry. This new form should be transferred to MSD, with the original (incorrect) grade recorded under the 'Final Analysis' tab (see screenshot below). The 'Comments' box in this tab should also be clearly annotated with the reasons for change as a result of AQA audit.



The AQA audit, on the other hand, should be recorded on MSD under the **original auditor's** record. An 'Audit Quality Assessment' exercise folder should be created under the 'Audit Exercise' tab on MSD. The audit case should then be added to it.

If the original audit has already been entered on MSD, then this should be amended to reflect the new grading – the overall grade is amended under the 'Final Analysis' tab, and the original (incorrect) grade will be displayed below this (see screenshot above). The 'comments' box in this tab should also be clearly annotated with the reasons for change as a result of AQA audit.

Once AQA audit action is complete, columns G to L on the 'Local Random AQA of non-WCA National Audit Spreadsheet' should be updated.

10.1.1.4 Post Random AQA of non-WCA National Audit Action

Once all internal AQA audit outcomes are completed the following documents should be photocopied in readiness for AQA/AQA by DWP (see Section 10.2.3 for more info on AQA/AQA:

- For **VUK and IIB,** only the latest referral report and related supporting evidence for that referral should be photocopied before the case is returned to the Customer. There is no need to photocopy previous referral information, unless there are key letters or other boards that the auditor feels should also be photocopied *

*For 'C' graded (or 'B' graded reports that required amendment), then the *whole* case file should be photocopied. In circumstances where the case file is very large, auditors may advise on any documents that may not need to be photocopied.

There is no requirement to photocopy any referral notes for DLA/AA Filework, as the DWP will access these case notes themselves.

Throughout the audit month, once the local 'Random AQA of non-WCA National Audit' spreadsheet, and the central AQA log on the Workforce Management drive has been updated, the audit administrator scans the Quality Review Forms and any necessary related photocopied referral notes before emailing them to the named contact/inbox at the DWP, who will carry out further AQA on these cases when received. See *10.2.3 DWP Independent AQA/AQA (of non-WCA National Audit cases, i.e. IIB, VUK, DLA/AA Filework)* for further information on this process.

Once emailed to the DWP, the audit sheets (and their related attached case notes) should be stored in a secure filing cabinet. The case notes are destroyed and disposed of securely once all AQA/AQA action has been completed by CHDA and DWP.

10.1.2 Rolling AQA Audit

Auditors who have not undergone any AQA audit (includes all audit/benefit types) in the last three months will be identified for Rolling AQA audit.

As with Random AQA of non-WCA National Audit, Rolling AQA Audit will be carried out by the QAL.

The MI Team will run a weekly report – 'AQA Audit Exception' report - to identify those auditors that have not undergone AQA audit in the last 3 months. This will be divided into four categories of 'ESA exam', 'ESA Filework', 'Non-ESA' and 'All Benefits'. Only those streams for which they are qualified to audit will be included.

'Non-ESA' is grouped together due to the low volumes. However, the QAL may at their discretion choose to target particular benefit types within this category.

The QAL will ask the relevant auditor to set aside the next case that they audit before the result is recorded on MSD so that it can be AQA audited.

A Quality Review Form should be completed and attached and the case passed to the QAL, in the same way as with Random AQA of non-WCA National Audit (see 9.1.1).

The audit outcome process is the same as with Random AQA of non-WCA National Audit (see 9.1.1.2 and 9.1.1.3). However, there is no requirement for Rolling AQA Audit case notes to be photocopied.

10.1.3 HCP disagrees with AQA grading

In cases where the audited HCP does not agree with the AQA grading by the QAL, then the case should be escalated to the Clinical Quality Lead (or a nominated person from the Clinical Standards Team if not available) for review and resolution.

Once resolved and the grading is validated, the QAL will issue the Quality Review Form to the local audit administrator for MSD upload (see 8.6).

If there is a change to the AQA audit grade, a new Quality Review Form is completed. This new form is transferred to MSD (against the **original auditor's** record). An 'Audit Quality Assessment' folder (i.e. exercise) is created under the 'Audit Exercise' tab on MSD, and the audit case is added to it with corrected grading. The original (incorrect) grade is recorded under the 'Final Analysis' tab. The 'Comments' box in this tab is also clearly annotated with the reasons for the change as a result of the disputed AQA audit grading (see illustrative screenshots in 10.1.1.3).

10.2 External AQA (by DWP)

10.2.1 DWP Independent AQA (of WCA audit cases)

A random AQA audit of all CHDA auditors' audit work – with respect to WCA - is carried out independently at Customer level by the auditors of the independent Assessment Assurance Audit team on behalf and at the discretion of DWP.

If requested, the DWP will randomly select CHDA audited cases from a monthly MI report – these cases will then be requested from CHDA so that AQA action can be carried out by the DWP's internal auditors.

This initial request will list the required cases by site in a spreadsheet, and will be sent by email to the single point of contact (SPOC) at the National Capacity Team at CDHA.

The SPOC will issue the email out to the Audit Administrators at each BSC, and add the spreadsheet to the shared Workforce Management Drive.

The Audit Administrators will then complete the following actions:

- Locate the requested Quality Review Forms from the relevant Healthcare Professional's Quality File
- Scan the Quality Review Forms (and any attached forms/letters that are referred to in the Quality Review Form)
- Email the scanned documents to the DWP AA Admin Support Team contact at Tresco House
- Record the date of issue to DWP on the spreadsheet on the shared drive, in order to track progress

Once the AQA has been carried out by the independent auditor at the DWP, the DWP AA Admin Support Team will email the completed Quality Review Form to the SPOC. The SPOC will in turn send the forms to each BSC's respective QALs for validation/feedback purposes.

The QAL and local audit administrator will then complete the following actions:

10.2.1.1 Where the QAL agrees with the independent auditor's grading:

- 'A' graded Quality Review Forms will be passed to the local audit administrator for upload onto MSD - the AQA audit is recorded on MSD under the original auditor's record. An '**Audit Quality Assessment**' folder should be created under the 'Audit Exercise' tab on MSD, and the audit case details added. 'A' grades do not require a change to the original audit entry.
- 'B'/'C' graded forms will be fed back to the CHDA auditor. The local audit administrator will record the AQA audit on MSD under the original auditor's record. An 'Audit Quality

Assessment' folder should be created under the 'Audit Exercise' tab on MSD (see screenshot in 9.1.3), and the audit case details added.

If there is a change to the original audit, then this should be amended to reflect the new grading, with the original (incorrect) grade recorded under the 'Final Analysis' tab. The 'comments' box in this tab should also be clearly annotated with the reasons for change as a result of AQA audit (see screenshot in 9.1.3).

10.2.1.2 Where the QAL disagrees with the independent auditor's grading:

The QAL escalates the case to the Clinical Quality Lead (CQL) [or a nominated person from the Clinical Standards Team if not available].

If the CQL does not agree with QAL that the grade should be challenged, they will respond to the QAL accordingly.

If the CQL also disagrees with the grading, they have 2 days* from CHDA receiving the independent audit to escalate with the DWP Independent Auditor via the formal challenge process:

- The CQL enters the reasons for the escalation on the WCA Independent Audit template (see 'WCA Independent Audit Template' in Appendix C) and sends to the DWP Independent Auditor via the DWP Mail Exchange.
- The Independent Auditor reviews the challenge and sends the response back to the CQL on the same template via the DWP Mail Exchange.
- If the CQL still disagrees with the response, they can ask the DWP Policy doctor for a further review of the case (the final decision is made by the DWP).

* *CHDA can extend this to 5 days if required as long as they provide DWP with notice of this.*

Once the final grading is resolved, the CQL (or another member of the Clinical Standards Team) will issue Quality Review Form to local audit administrator for MSD upload (see above for details on how to enter on MSD)

Please see MSD User Guide for further instruction on how to record audit onto MSD

10.2.2 DWP Independent AQA (of Minority Benefit 100% National Audit cases)

The DWP carry out Independent AQA on a sample of Minority Benefit Audits. These referral types will have been subject to 100% audit by CHDA (see Work Streams subject to 100% National Audit in Section 6.2.1). The process is as follows:

- NCT select all audited Minority Benefit referrals for the audit month from the weekly *Quality Monitoring Weekly CHDA0032 Quality Monitoring Datadump National* MI report

- NCT transfer this data to a new monthly spreadsheet on the global shared driver (in the *Workforce Management Drive*)
- NCT email this spreadsheet to the named contact at the DWP
- DWP send selected sample for audit back to NCT
- NCT transfer selected data sample to Minority Benefits Log and the Rolling Audit Comparison spreadsheet in the *Workforce Management Drive*
- NCT email audit administrators at relevant BSCs requesting that the relevant documentation be emailed to the DWP (with date of issue to be added to the AQA Minority Benefits Log)
- The audit administrators at the relevant BSCs email the scanned IQAs and any other necessary documents for selected cases to the named contact/inbox at the DWP, recording the email issue date on the central AQA Minority Benefits log*
- NCT chase up any outstanding actions on Minority Benefits Log (expectation is for BSCs to email documentation to DWP within 10 working days of the audit month in question)
- The independent Audit team at the DWP will email the completed AQA Quality Review Forms (and any supporting evidence) to the named contact at the NCT via the DWP Mail Exchange
- NCT update the Rolling Audit Comparison spreadsheet in the *Workforce Management Drive* with the AQA grades and email a copy of the spreadsheet to the Clinical Quality Lead
- NCT email completed AQA forms to the QALs and audit administrators at the relevant BSCs ('A' graded IQAs to be added to MSD)
- B/C graded IQAs are validated by the QALs (escalated to Clinical Quality Lead if necessary, as outlined in 10.2.1.2) before the Audit Administrator enters these results onto MSD, as outlined in 10.1.1.2 and 10.1.1.3
- Once all MSD and feedback action is complete, any previously photocopied referral notes can now be destroyed and disposed of securely, while the AQA Quality Review Form is printed and added to the Healthcare Professional's Quality File

*for information on which documents should be retained/sent for DWP AQA audit of minority benefits see Section 6.2.1

PLEASE NOTE: the email policy as set out in the *Health Assessment Advisory Service Security and Data Control Operating Procedures* should be followed when emailing documents containing claimant data

10.2.3 DWP Independent AQA/AQA (of non-WCA National Audit cases, i.e. IIB, VUK, DLA/AA Filework)

The DWP carry out an Independent AQA of all non-WCA National Audit cases that have already been internally randomly AQA audited by CHDA. This is therefore referred to as AQA of the AQA or AQA/AQA. The process is as follows:

- At the start of the audit month, NCT upload a central AQA log onto the NCT controlled *Workforce Management* drive.
- Throughout the audit month, audit administrators at the BSCs update their local 'Random AQA of non-WCA National Audit' spreadsheets with the requisite information. Once the cases have gone through the internal AQA audit, the audit administrator also updates the central AQA log on the *Workforce Management* drive (under their own BSC's worksheet), entering the following details:
    - Log Type
    - NINo
    - The Benefit Type
    - Product Date
    - Date of National Audit
    - Date of AQA
    - The date the scanned cases were emailed to the named contact/inbox at the DWP
- With respect to the cases that they have detailed on the central AQA Log, the audit administrators scan the Quality Review Forms and any required photocopied referral notes (*see 10.1.1.4 'Post Random AQA of non-WCA National Audit Action'*) and email them to the named contact/inbox at the DWP, who will carry out further AQA on these cases when received.
- NCT chase up any outstanding actions on central AQA Log (expectation is for BSCs to email documentation to DWP within 10 working days of the audit month in question in order to allow sufficient time for cases to progress through the internal AQA process)
- At the end of the audit month NCT will send the collated information on the central AQA log to the named contact at the DWP, so that the named contact can check off all the emailed cases that have been received from the sites against those listed on the central AQA log.
- NCT transfer collated information from the central AQA log to the Rolling Audit Comparison spreadsheet in the Workforce Management Drive.

- The independent Audit team at the DWP email the completed 'AQA/AQA' Quality Review Forms (and any supporting evidence) to the named contact at the NCT via the DWP Mail Exchange.
- NCT update the Rolling Audit Comparison spreadsheet in the *Workforce Management Drive* with the DWP AQA/AQA grades and email a copy of the spreadsheet to the Clinical Quality Lead
- NCT email the completed 'AQA/AQA' Quality Review Forms to each BSC's respective QALs and audit administrators ('A' graded IQAs to be added to MSD)
- B/C graded IQAs are validated by the QALs (escalated to Clinical Quality Lead if necessary, as outlined in 10.2.1.2)
- Audit Administrator enters validated results onto MSD, as outlined in 10.1.1.2 and 10.1.1.3 - these AQA/AQA results will be entered in the 'AQA Review' Audit Exercise folder (rather than 'Audit Quality Assessment') on MSD, and under the name of the AQA auditor (rather than the original auditor).
- Once all MSD and feedback action is complete, any previously photocopied referral notes are destroyed and disposed of securely, while the AQA/AQA form is added to the Healthcare Professional's Quality File

PLEASE NOTE: the email policy as set out in the *Health Assessment Advisory Service Security and Data Control Operating Procedures* should be followed when emailing documents containing claimant data

11. Assessment Assurance (i.e. Independent National Audit of WCA by DWP)

National audit of WCA referrals is now carried out at Customer level at Tresco House by the auditors of the independent Assessment Assurance (AA) Audit team on behalf of DWP.

Once the AA auditor has carried out their own random audit of WCA Exam and Advice reports, the resultant Quality Review Forms will be emailed to the central email inbox (rnationalaudit@chdauk.co.uk)*, which will be monitored and controlled by the central CHDA AA Administrator at Fylde.

* The Quality Review Forms are firstly sent via the DWP Mail Exchange if clinical evidence is also attached.

11.1 The Assessment Assurance Tracker – Initial Action by Central Assessment Assurance Administrator

On receiving the electronic audit from the DWP/AA team, the central AA administrator's first task is to record receipt of all cases on the Assessment Assurance Tracker (stored on the shared drive – see Appendix G), completing the following columns:

- Date Received
- NINo
- Face-to-face Assessment or Filework
- Auditor
- Audit Grade
- Quality Review Form completed (Y/N)

The central AA administrator will then need to check each IQA document for any 'administrative' errors. The following fields will be checked for missing information by the central administrator:

- 'Overall Grade'
- 'Claimant NINo'
- 'Audited HCP'
- 'Auditor'
- 'Audit Type'
- 'Product Type'
- 'Body System'

- Auditor signature
- Date (make sure this date is *after* the product start date)
- Attribute codes – these should be checked/completed for B/C graded reports

If any of the above fields are missing then the 'Reason Returned' is updated on the tracker, and the case is emailed to the DWP/AA team by the central AA administrator, with the NINo stated in the subject heading, and the reason for rejection in the main body of the email:

The central administrator will then update the following fields on the tracker for the verified non-'A' graded forms:

- 'Date Sent to QAL'
- 'QAL'
- 'BSC'

For the 'A' graded forms, the final *'Date Audit Action Completed'* column will also be completed on the tracker.

The verified IQA documents are then added to MSD as '**National Audit**'.

Finally, all cases are sent electronically to their respective QALs.

11.2 QAL / Clinical Quality Lead (CQL) Action

Once the AA Quality Review Forms are received from the central administrator, the QAL will:

- Send the 'A' graded forms to their local BSC Audit Administrator at each BSC, so that a hard copy can be printed and added to the Healthcare Professional's Quality File.
- Review each 'B', 'B#' and 'C' graded form and then email the central AA administrator, stating whether they agree/disagree with the AA grading.

11.2.1 QAL does not agree with AA auditor grade

In cases where the QAL does not agree with the AA auditor's grading, then the QAL will email the central inbox stating this, and the AA central administrator will update *'Grade Agreed'* as 'N' and '*Date of AQA Advice'* on the tracker.

The QAL will then escalate the case to the Clinical Quality Lead (CQL) [or a nominated person from the Clinical Standards Team if not available].

If the CQL does not agree with QAL that the grade should be challenged, they will respond to the QAL accordingly.

If the CQL also disagrees with the grading, they have 2 days* from CHDA receiving the audit from the Independent Auditor to escalate with the DWP Independent Auditor via the formal challenge process:

- The CQL enters the reasons for the escalation on the WCA Independent Audit template (see 'WCA Independent Audit Template' in Appendix C) and sends to the DWP Independent Auditor via the DWP Mail Exchange.
- The Independent Auditor reviews the challenge and sends the response back to the CQL on the same template via the DWP Mail Exchange.
- If the CQL still disagrees with the response, they can ask the DWP Policy doctor for a further review of the case (the final decision is made by the DWP).

** CHDA can extend this to 5 days if required as long as they provide DWP with notice of this.*

Once the final grading is resolved, the CQL will report back confirmation of this to the central AA administrator. The central administrator will capture this information in the 'Notes' column on the tracker.

11.2.2 QAL agrees with AA auditor grade

Where the QAL agrees with the AA auditor's grading, the following action should then be taken:

- **If a 'B' grade**, the QAL will email the case to the central inbox confirming this agreement, copying in the local audit administrator at their BSC so that a hard copy of the Quality Review Form can be printed and added to the HCP Quality File. The QAL should also inform the local audit administrator of any feedback outcomes that are still pending, so that this outcome can be subsequently added to MSD locally when completed.

  The central AA administrator will email the DWP/AA team confirming the QAL's agreement with the grade, and then update '*Grade Agreed'* as 'Y' , '*Date of* QAL *Advice'* and '*Date Audit Action Complete' on the tracker* .

- **If a 'B#' grade or 'C' grade,** the QAL will issue the case to local HCPs for amendment ('rework' will be enabled on MSRS to this end), sending email confirmation of this to the central AA administrator so that it can be noted on the tracker under '..*Date Sent for Amendment'*.

Accepted 'C' grades **where the AA auditor has recommended that a report is redone** should have the 'Rework Enabled' function set to 'yes' and the report set to 'draft' on MSRS -

- for face to face assessments a new referral should then be opened and another appointment booked; and the claimant should be contacted with explanation as to why new appointment is required;
- for filework cases, a new referral should then be opened and Scrutiny carried out as appropriate.

Once amendments have been completed on any case, the QAL will email the central inbox with confirmation of this. The central administrator will in turn update '*Date Returned following Amendment'* on the tracker.

In normal circumstances, Amendment action should be confirmed within 48 hours of the '*Date of AQAL Advice'* on the tracker – any reasons for delay, can be recorded in the '*Notes*' column on the tracker.

The central administrator confirms the completion of the amendment with the DWP/AA Provider by email, and updates the '*Date Audit Action Complete*' column on the tracker.

The central administrator emails the local BSC audit administrator, who will then print a hard copy of the attached Quality Review Forms so that they can be added to the Healthcare Professional's Quality File.

N.B. if original assessment report was handwritten, then the *original* paperwork will be sent by the DWP/AA team for amendment to be made – scans should not be used for this purpose to prevent multiple copies of the report in the system

11.3 Central AA Administrator - Final Action

When all possible grade, amendment, Clinical Quality Lead (CQL) action has been reported as being completed by the QAL/CQL, the QAL/CQL will then send the Quality Review Forms in question to the central AA inbox.

The central AA administrator will complete the final *'Audit Action Completed'* column on the tracker. Any audit grades that subsequently are amended following discussion between the CQL and DWP, should now be amended on MSD by the central administrator – this should be carried out in accordance with the usual MSD inputting procedure (see MSD User Guide).

Please note: where the central administrator is awaiting an update from the QAL or CQL at any stage of the Assessment Assurance process, they should email the QAL for a progress update of the case if they feel that enough time has passed for action to have been taken.

11.4 Local BSC Audit Administrator Action

When all Assessment Assurance action has been carried out by the QAL/CQL, the local BSC audit administrator will either be copied into the email from the QAL to the central AA Administrator (for 'B' graded Quality Review Forms), or emailed by the central AA administrator (for 'B#' or 'C' graded forms). The BSC audit administrator will then print a hard copy of the attached Quality Review Forms so that they can be added to the Healthcare Professional's Quality File.

The BSC Audit Administrator will record any belated Feedback action on MSD that is given to Healthcare Professionals.

12. Quality Reports / Information

Management Information is produced by the Atos MI Team and any online reports are available in the Global shared folder under the relevant month, e.g.: MED004-IQA can be found in:

NAS04\Global\Medserv_Med\20107\Medical_MSD_MIS\20140728

It features LiMA and MSD reports. A daily Audit Workflow report is produced by the MI Team detailing audit Head of Work, and details on cases 'entering' and 'leaving' audit stage.

QlikView, controlled by CHDA, provides a large amount of data to understand a variety of different information relating to Practitioners (e.g. 'Support Group'/LCWRA rate, Average Case Duration, 'Call for Assessment' rate). The 'Line by Line' report is extracted from QlikView.

Local leadership teams will also play a part in information gathering regarding rolling performance, which will be shared in Line by Line review meetings.

Local quality review trackers can also be utilised by local leadership teams for day-to-day monitoring of rolling performance.

13. Accountability / Management Checks

13.1 Accountability

The Clinical Quality Lead is ultimately accountable for ensuring that CHDA staff follow this process. They should assure themselves that the sample sizes are correct and that the correct cases and numbers are selected and audited within the designated period.

13.2 Management Checks

This check is to be performed by the Quality, Customer Service and Support (QCSS) Lead and should be a random check of at least 20 cases processed by each member of the audit administration staff each month.

The QCSS Lead should be satisfied that all cases that were quality reviewed were correctly entered onto MSD and have been cleared in the correct manner, e.g. the correct quality review type has been selected, or the non-WCA National audit was quality reviewed prior to clearance from MSRS/SMART (found by checking the QM1 form).

An Administration Quality Checks Spreadsheet is utilised to record these checks.

Please see Guidance for Administration Quality Checks for further information on management checks.

14. Owner and References

14.1 Owner and controller

The CHDA Process Design Team control this document on behalf of the Department for Work and Pensions, who is the owner and final approver of this document.

14.2 Contributors

Contributions to this guide have previously been made by:

- Process Design Team
- Business Analyst, National Performance Team
- Clinical Leadership Team
- Clinical Quality Lead

14.3 References

- Medical Skills Database User Guide (MED-MSDUG01)
- Integrated Quality Audit Desk Aid for the Healthcare Professional (MED-IDAHCP01)
- Rework Referrals Process Guidance (MED-RRPG01)

Appendix A: Process Maps

'Audit – End-to-end Process' Process Map

Audit - End-to-end Process

'National Audit - Manual Random Sampling (non-WCA cases)' Process Map

National Audit - Manual Random Sampling (non-WCA).pdf

'Case Review' Process Map

Case Review.pdf

'Assessment Assurance' Process Map

Assessment Assurance.pdf

Appendix B: Quality Review Categories – Desk Aid

Quality Review Categories - Desk Aid

Appendix C: Forms and Letters

Quality Review Form (Electronic)

Quality Review Form(Electronic)

Quality Review Form – (Clerical)

Quality Review Form(Clerical)

QM1 – Quality Monitoring Control Sheet (for non-WCA National Random Audit cases)

QM1

QM2 – Cover sheet for the return of cases to the BSC

QM2

QM3 – Audit Proforma

QM3

Sampling Form – for the request of audit cases (non-WCA)

Sampling Form

WCA Independent Audit Template

WCA Independent Audit Template

Appendix D: Random Sampling Matrix Programme (Ransamp)

Ransamp

Appendix E: AQA Random Number Selector

AQA Random Number Selector

Appendix F: Local Random AQA of non-WCA National Audit Spreadsheet

Local Random AQA of non-ESA National A

Appendix G: Assessment Assurance Tracker

Assessment Assurance Tracker