

**Manchester City Council
Report for Information**

Report to: Audit Committee - 3 September 2018
Subject: Disclosure & Barring Service (DBS) Checking Arrangements
Report of: City Treasurer and Head of Audit and Risk Management

Summary

This report provides an overview of the Council's current arrangements for DBS checking; previous and recent audit activity in this area; and an update on recent progress to further improve the control framework.

Recommendations

That Audit Committee note the content of the report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

DBS Checks: Assurance Update (presented to Audit Committee 14 July 2016)
Internal Audit Plan 2017/18
Various legal acts including the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the Police Act 1997 (Criminal Records) and the Safeguarding Vulnerable Groups Act 2006

1. Introduction

1.1 Audit Committee has had an ongoing interest in the assurance over the Council's governance and administration arrangements for ensuring that safer recruitment decisions are effectively supported by relevant guidance from the Disclosure and Barring Service (DBS). Following an internal audit which reported on progress to strengthen DBS administration processes in June 2018, the Committee requested further information and an update to include the following:

- Explanation of the key elements of the DBS checking process.
- Roles and responsibilities of key officers.
- Internal scrutiny arrangements to provide assurance over consistency of decision making.
- Potential for use of technology to deliver process efficiency.

2. Current Process

2.1 The Disclosure and Barring Service (DBS) was established in 2012 as a merger of the previous functions of the Criminal Records Bureau (CRB) and those of the Independent Safeguarding Authority (ISA). It carries out criminal record checks for specific positions, professions, employment, offices, works and licences included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and those prescribed in the Police Act 1997 (Criminal Records) regulations.

2.2 There are three main components to the DBS checking process:

- Confirming whether the role performed requires a DBS check; at what level; and the required frequency of rechecking.
- Administration of the check itself.
- Review of the outcome, and any required risk assessment based on the content linked to decision making.

2.3 Checks may only be carried out where it has been determined they are required. For many roles this is specified in law, but the law states that the roles listed are not intended to be exhaustive and therefore in some cases the Council is expected to take a local decision. This decision is initially proposed by a relevant Head of Service, who has the detailed understanding of the activities to be carried out by the role, and should then be reviewed and approved by a Lead Countersignatory, creating a clear record of the rationale for the decision taken. Factors influencing this decision making include whether the post operates in a decision making or influencing role.

2.4 Where the Council is notified that the outcome of the DBS check may merit further consideration, this does not automatically mean that the individual is not suitable for employment in a particular role. The Council must carry out its own risk assessment to consider each case on its own merits before taking a final decision.

2.5 The Lead Countersignatory for the Council is ultimately responsible for the proper use of the DBS Scheme by the Council. However, they have delegated elements of this role to senior officers within directorates, who are designated as Directorate Lead

Countersignatories. These officers provide support and guidance to service managers enabling informed decisions to be reached based on the identified safeguarding risks; the outcome of the DBS check; and the risk assessments carried out in all cases where a disclosure arises on the DBS certificate.

2.6 The Council also has a central administration team responsible for reminders of renewals; escalation of overdue cases; and production of management information. Currently this team is part of the Shared Service Centre, but will be moving into HROD from Autumn 2018.

2.7 The Council uses the e-bulk electronic application system for the processing of checks. When a check is required, the individual is directed to an online form which they complete with their details. These are automatically forwarded to the DBS and the resulting certificate is posted to the individual at their home address. The Council's administration team receive an email confirming either that the check was clear, or that further action is required.

2.8 Information confirming the processes for, and requirements of, DBS is available to all managers and staff from the intranet. This supports the Council in communicating its legal obligations and safeguarding the welfare of our staff, volunteers and service users. It is clear that arrangements apply to existing staff as well as to new appointees and volunteers who require DBS checks in their roles.

3. Internal Audit Coverage and Opinion

3.1 Internal Audit first reviewed the Council's compliance with the DBS checking regime in September 2015. At this point a limited assurance opinion was given based on the following key findings:

- Procedures were out of date and therefore not in line with current legal requirements or locally developed operational practices.
- Outcome of risk assessments was not uniformly documented and retained.
- Staff were allowed to continue in post although they had not had a recent check in line with the Council's locally defined expectations.

3.2 In order to oversee the implementation of Internal Audit recommendations, a working group was set up including representation from Directorate Lead Countersignatories, HROD, and the central administration team. Internal Audit attended meetings of this group to contribute to system redesign and enhancement; assess the extent of progress made; and to provide advice as required. Once the recommendations had been implemented, the group amended its focus from development to assurance, operational matters and to support consistency of approach and learning.

3.3 Internal Audit's recent audit work on DBS, which concluded in June 2018, confirmed significant improvements had been made and the overall assurance opinion improved to moderate. In particular this was linked to addressing three of the key issues raised in 2015:

- A new procedural framework had been introduced, including guidance for

- managers and staff.
- The central administration team retained copies of all risk assessments carried out.
 - Management information was regularly produced and circulated to relevant stakeholders, highlighting the number of staff who had not submitted a DBS application three months before their required renewal date. This confirmed a compliance rate of 98% across the Council at the end of March 2018.

3.4 Based on the findings Internal Audit were confident that, for employee posts where a DBS check was mandated, these checks were being administered correctly and the outcomes reviewed where appropriate. The electronic, online system was considered to be straightforward and worked as intended.

3.5 However, the report identified a number of groups where the arrangements for managing the checking process were less clear, including volunteers, members, and staff with access to sensitive data. In each case Internal Audit was satisfied that the legal framework for DBS required a local decision to be taken. Managers were aware of this and had taken pragmatic local decisions based on their area of responsibility, although these had not always been made with input from Directorate Lead Countersignatories. However, further work was required to consider these groups from a holistic perspective and support consistency of Council-wide approach. For example, with regard to volunteers, a system operating in Leisure Services had been evaluated and considered suitable for rollout across the Neighbourhoods directorate. Internal Audit recommended that should this expansion prove successful the system be further rolled out corporately.

3.6 Internal Audit's work also identified some areas where procedural guidance could be made more specific in relation to unusual circumstances, for example for posts where "lived experience" was considered to contribute to an applicant's suitability for a role.

3.7 The improved level of assurance was further validated by a compliance inspection from the Disclosure and Barring Service itself (December 2017). This concluded that the Council was compliant with requirements, although did identify some minor administrative issues. The review also identified some posts where the DBS did not consider that a robust case could be evidenced for subjecting the post to checking. However, the DBS have supported the Council in understanding the information required to support them in making these decisions, and a positive working relationship remains in place. The Council administration team's procedures and template documents were updated as a result, to ensure that more specific information is collected from applicants, with clearer links to eligibility guidance also being provided.

4. Next steps

4.1 The Internal Audit report was presented to SMT on 19 June for a decision on who should be designated the Council's Lead Countersignatory. This was confirmed as the Director of HROD, who now chairs the DBS working group and is working with the Directorate Lead Countersignatories to finalise a revised terms of reference for the group. Internal Audit has reviewed this document in draft and confirmed that it

addresses the identified areas for improvement. It includes formal designation of responsibility for ensuring consistency of decision making, which is planned to be achieved through collective review of a sample of decisions taken.

4.2 Work is also underway to take forward the other recommendations from the internal audit. The required clarifications in relation to members and staff with access to sensitive data are both being progressed by the Directorate Lead Countersignatory with responsibility for the Corporate Core, with proposals being prepared in each instance. There are plans for each directorate to revisit the posts in their services to confirm that previous eligibility decisions remain appropriate. This detailed information will be provided to the Directorate Lead Countersignatory to provide advice, support, and assurance over completeness and consistency of decision making.

4.3 The group are also considering the potential for corporate rollout of the volunteer management system used by Leisure Services, which would have a financial implication. A benefits analysis exercise is underway and will be presented to SMT as part of a wider update paper in Autumn 2018. In addition, HROD are leading a review of the DBS framework guidance and exploring options for including this topic as part of the corporate management training programme.

4.4 Internal Audit are also aware that the group have a number of additional suggestions to further improve policy and process in this area – for example, revisiting the Council’s policy on recruitment of people with convictions. The focus on continuous improvement in this area is positive and while Internal Audit will not be directly monitoring implementation of these actions, it supports the group’s intention to create a work plan with agreed priorities and deadlines for tasks to be completed.

4.5 Given the short timeframe since the publication of the report, Internal Audit are assured that satisfactory progress is being made towards implementation of the associated agreed action plan, particularly given the scale and complexity of the proposed improvements. The audit team will remain engaged with the Lead Countersignatory and working group members to assess full implementation of each recommendation, and provide further advice as required.