**APPENDIX G**

**QMS QUALITY MANAGEMENT FRAMEWORK - BARRING**

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| |  |  | | --- | --- | | Disclosure & Barring Service_2592_AW |  |   *QMS – Quality Management Framework*   |  | | --- | | **Document ID No. 0792** |  |  |  | | --- | --- | | Version | 6.0 | | Date of Issue | 14/10/19 | | Author | *Redacted* | | Owner | SSQ Operations Assurance Manager |   Document History  **Document Location:**  Approved Procedure documents are stored in the KMP  **Revision History:**  **Date of next revision** One Year from the last full review   |  |  |  |  | | --- | --- | --- | --- | | 2.6 | 27/04/2016 | Updates to reflect business changes following review | *Redacted* | | 2.6 | 06/05/2016 | Baselined and uploaded to IGAP | *Redacted* | | 2.61 | 15/07/2016 | Added in TP Online info | *Redacted* | | 2.7 | 01/11/2016 | Review and update following business changes | *Redacted* | | 2.8 | 06/03/2017 | Update following feedback | *Redacted* | | 2.9 | 03/04/2017 | Updates following changes to QA process | *Redacted* | | 3.0 | 15/05/2017 | Updates to reflect ISO 9001:2015 and business changes | *Redacted* | | 3.1 | 11/08/2017 | Updated following review | *Redacted* | | 3.2 | 22/08/2017 | Updated following further review | *Redacted* | | 4.0 | 07/09/2017 | Baselined and uploaded to KMP following review | *Redacted* | | 5.0 | 12/06/2018 | Updated following creation of new Safeguarding, Strategy and Quality Directorate | *Redacted* | | 5.1 | 20/09/2018 | Updated to reflect changes in quality arrangements within OASIS | *Redacted* | | 6.0 | 14/10/19 | Full Annual Review | *Redacted* |   **Reviewers:**   |  |  |  | | --- | --- | --- | | **Name** | **Title** | **Date of Issue** | | *Redacted* | ISO Manager | 14/10/19 | | *Redacted* | ISO Lead | 14/10/19 | | *Redacted* | Associate Director of Barring | 14/10/19 | | *Redacted* | DMU Head of Service | 14/10/19 | | *Redacted* | DMU Head of Service | 14/10/19 | | *Redacted* | OASIS Team Leader | 14/10/19 | | *Redacted* | Triage Team Manager | 14/10/19 | | *Redacted* | Autobar/DIT Team Leader | 14/10/19 | | *Redacted* | Appeals and Review Team Manager | 14/10/19 | | *Redacted* | QSAT Team Manager | 14/10/19 | | *Redacted* | HUBIG Team Leader | 14/10/19 | | *Redacted* | BPO Service and Data Assurance Manager | 14/10/19 |   **Approvals:**  (This document requires the following approvals. Signed approval forms are filed electronically.)     |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Title** | **Signature** | Date of Issue | **Version** | | *Redacted* | SSQ Operations Assurance Manager | *Redacted* | 14/10/2019 | 6.0 |   Disclosure & Barring Service_2592_AW  **QMS – Quality Management Framework – Operations (Barring)**  **Version: 6.0**  **Date Published: 14 October 2019** |  |

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| --- | --- |
| **Section** | **Changes to previous version** |
| Throughout | Full Annual Review |

**Related Documents:**

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| --- | --- | --- |
| **Related Document** | **Description** | Location |
| QMS – Quality Manual | Describes the scope of, and documented procedures established to support the QMS and the interactions between its processes. | KMP |
| QMS – Control of Nonconforming Product Procedure | Processes to follow when it is identified that an action or decision could result in an incorrect or flawed barring decision being made. | KMP |
| QMS – Change & Improvement Procedure | The recognised procedure for capturing and addressing areas where action is needed to stop recurrence of nonconformities or prevent them happening in first place. | KMP |
| QMS – Control of Documented Information Procedure | Describes the control of documents within the QMS, their approval, issue and modification. | KMP |
| QMS Internal Audit Procedure | The procedure followed to conduct Internal Audits of the QMS. | KMP |
| QMS - Management Review – Terms of Reference | Details the arrangements for review of the QMS by senior management at regular intervals. | KMP |

# Glossary of Terms

The following is a list of commonly used abbreviations, acronyms and terminology:

|  |  |
| --- | --- |
| **Reference** | **Definition** |
| ACPO | Association of Chief Police Officers. |
| Appeals and Review | The Appeals and Review team which sits within the Safeguarding, Strategy & Quality directorate are responsible for the handling and progression of all DBS Appeal cases lodged with the Upper Tribunal. Also responsible for the consideration and completion of all review cases resulting from previous barring decisions. |
| Autobar | Operations (Barring) team-responsible for handling cases identified as suitable for automatic inclusion in a barred list; also used to describe case type handled by team. |
| BBS | Barring Business Support Team – responsible for risk management, performance reporting, information governance, workforce planning, Government Internal Audit Agency (GIAA) audits and complaints. |
| BTP | Barring Transformation Programme – responsible for delivering Continuous Improvement |
| CDMA | Caseworker Decision Making Authority– the process by which caseworkers are approved to make decisions within Operations (Barring). |
| Disclosure Scotland | An Executive Agency of the Scottish Government – responsible for vetting and barring functions associated with the Protection of Vulnerable Groups (Scotland) Act 2007. A Memorandum of Understanding (MOU) is in place with DBS for effective management of barred lists across UK. |
| DIT | Disclosure Information Team - processing criminality information from EDBL applications and updates for barring consideration. |
| DMU | Decision Making Unit **-** Operations (Barring) teams responsible for making decisions to include referred individuals in one or both barred lists. |
| DRAM | Data Retention, Assurance and Migration Team - responsible for applying data retention to cases where decisions have been made. |
| EDBL | Enhanced Disclosure Barring List check. |
| FAST | First Action Support Team – collective name for teams within the QMS that support the initial receipt and processing of information (Autobar; OASIS, DIT & Triage). |
| Feedback Box | A box made available to staff to submit, (anonymously if they wish) any feedback, concerns, suggestions to Management. |
| GDPR | General Data Protection Regulation – The requirement to protect the personal data and privacy of individuals. It has replaced DPA (Data Protection Act). |
| GIAA | Government Internal Audit Agency. |
| IG Team | Operations (Barring) team responsible for information gathering to support decision making. |
| IBOs | Incorrect Barring Outcomes – Cases where the original decision is deemed to be incorrect and the case is reopened with a view to either placing a person on or removing them from a barred list. |
| ISO 9001: 2015 | An internationally recognised standard that specifies the requirements for quality management systems. |
| KMP | Knowledge Management Portal – portal via which Operations (Barring) teams access information relating to the delivery of casework decisions and associated functions. |
| KOR | Keepers of Registers e.g. General Medical Council responsible for maintaining professional standards; conducting investigations into alleged professional misconduct. |
| NDPB | Non-Departmental Public Body- bodies which are sponsored by government departments, but not part of them. Ministers are responsible for the bodies sponsored by their Department. |
| OAE | Operations Assurance and Excellence Team within the Safeguarding, Strategy and Quality Directorate. Responsible for monitoring and reporting on processes within Operations (Barring), leads on improvement activities, security, information governance, internal audit and change. |
| OASIS | Operational Administrative Support and Information Sharing - Operations (Barring) team – responsible for wide range of processes that support effective delivery of casework decisions. Controls a number of information flows to and from individuals, employers and professional bodies and responsible for obtaining and sharing information with organisations operating within the criminal justice system. |
| OCQA | OASIS Competence and Quality Assurance – the process by which OASIS staff are approved to carry out processes. |
| PNC | Police National Computer-Provides acentral record of criminal caution / conviction data. Accessible by Operations (Barring) through PNC terminal located at Stephenson House. |
| PND | Police National Database **-** PND is a national system holding police intelligence gathered from individual forces’ systems. |
| POFA | Protection of Freedoms Act 2012-amended previous legislation such as the SVGA and paved the way for the creation of the DBS. |
| QSAT | Quality Support and Assurance Team within the Safeguarding, Strategy and Quality Directorate responsible for monitoring and reporting on casework standards and associated processes; leads on improvement activities. |
| QMS | Quality Management System-a set of policies, processes and procedures to help the organisation meet customer requirements. |
| QSC | Quality & Standards Committee - a sub committee of the DBS Board responsible for maintaining oversight on casework standards and providing advice on specific issues. |
| SA | Supervisory Authorities - responsible for standards within particular sectors e.g. Care Quality Commission. |
| SAR | Subject Access Request |
| Senior Management | Defined within the ISO 9001:2015 as Top Management. For Operations (Barring) and SSQ this is the Directorate Management Team. |
| Siebel | An IT – based case management systemutilised by Operations (Barring), its data generates the barring lists. |
| SVGA | Safeguarding Vulnerable Groups Act 2006 **-** the Safeguarding Vulnerable Groups Act 2006 provided the legislative base for the creation of the ISA. |
| SVGO | Safeguarding Vulnerable Groups Order (Northern Ireland) 2007 – mirrored SVGA provisions for Northern Ireland. |
| TPO | Transitional Provisions Order(s) –legislation used specifically to manage cases that span two or more barring regimes. |
| TP online | Teachers Pensions online – an online tool for eligible head teachers to check if a person is barred prior to an Enhanced Criminal Records Disclosure being available. |
| Triage | Operations Barring - team which ensure that appropriate decisions are made at the point of receipt to prevent unnecessary processing of cases. |
| TSOL | Treasury Solicitors provide advice and support to DBS in relation to cases being appealed at Upper Tribunal, and higher courts. |
| UT | Full title – Administrative Appeals Chamber of the Upper Tribunal – consists of high court judges; other judges and non legal members with relevant experience. Responsible for hearing appeals against decision to included individual in barred lists. |

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# Introduction

## Purpose of the quality management framework

Operations (Barring) has implemented and continues to improve a quality management system to enhance:

* delivery of the DBS’s statutory responsibilities on safeguarding;
* delivery of products and services to its customers; and
* the overall management of the DBS.

The purpose of this quality management framework (the framework) is to provide an overview of the quality management system. It is an important document to support our longer term aim to retain certification of our quality management system under international standard ISO 9001:2015.

The framework is a cornerstone of Operations (Barring) and the Safeguarding, Strategy and Quality Directorate’s commitment to quality, within the context of the DBS. It will be essential reading for everyone with a direct role in delivering Operations (Barring)’s products and elsewhere in the DBS. It is a key part of the induction of new recruits.

The framework is used externally to introduce our quality management system to our customers, including organisations or individuals who use our services and safeguarding delivery partners. It familiarises them with the standards and controls we have implemented and assures them that the integrity of our quality management system is focused on customer service and continuous improvement. The framework and our quality management system help us agree common quality standards with others who participate in the safeguarding of vulnerable people.

**Who we are and what we do**

***The Disclosure and Barring Service (DBS)*** is an executive non-departmental public body sponsored by the Home Office, which was established under the Protection of Freedoms Act 2012. It carries out the functions previously undertaken by the Criminal Records Bureau for England and Wales and the Independent Safeguarding Authority for England, Wales and Northern Ireland.

DBS’s primary roles are to help employers in England and Wales make safer recruitment decisions by issuing criminal records checks and to prevent unsuitable people from working with vulnerable groups including children.

The DBS is committed to achieving the highest level of quality in the services we provide in order to protect vulnerable people. Service quality; compliance with regulatory requirements; continuous improvement; customer satisfaction and excellent relationships underpin the development of our quality management system.

The DBS has five directorates accountable to the DBS Board through the Chief Executive Officer:

Operations (Barring) and Safeguarding, Strategy and Qualityare the directorates responsible for delivering DBS’s safeguarding functions, previously undertaken by the ISA under the Safeguarding Vulnerable Groups Act, 2006, as amended by the Protection of Freedoms Act, 2012.

Operations (Barring)’s statutory responsibilities are to maintain lists of people who are barred from working with vulnerable adults and/or with children. It undertakes this by gathering information and then making decisions whether to bar individuals referred to it from either:

* the criminal justice system, where the nature of the offence indicates that there is or may be a risk of harm to vulnerable groups, including children (called Autobar cases); or
* employers; co-workers; professionals’ representative bodies; or members of the public; where a person’s behaviour or conduct indicates that they may present a risk of harm to vulnerable people (called discretionary cases).
* Operations (Disclosure) – following a review of criminal offence related information identified during the processing of applications for enhanced disclosure certificates and subsequent updates.

Ancillary to these main responsibilities, SSQ responds to appeals against its decisions in tribunal and court hearings, reviews decisions where an individual request is entitled to a review, and provides evidence to support police prosecutions of offences, such as working in regulated activity whilst barred.

## DBS Board & Quality & Standards Committee (QSC)

The QSC are a sub-committee of the DBS Board. They meet on a bi-monthly basis and provide oversight for the Board on a range of quality related matters; including those associated with Operations (Barring) casework decision making.

The composition of the QSC includes Board Members who have experience of the wider safeguarding environment. They provide advice and direction to the Director of Operations (Barring) in relation to operational policies and aspects of casework that may be subject to external scrutiny.

The Director for Operations (Barring) and Executive Director for Safeguarding, Strategy and Quality present a Performance Report to the QSC meeting; which summarises and provides analysis of a number of key quality indicators. These include the results of Appeals against decisions to include an individual in a barred list; the results of quality checking / quality assurance activity and cases identified as having an Incorrect Barring Outcome (IBO).

Established procedures are in place for the escalation of cases by the Director for Safeguarding (SSQ) to QSC for advice.

## Quality policy and quality objectives

The most recent Quality policy was endorsed by both the Director for Operations (Barring) and the Executive Director for Safeguarding in February 2019.

*The DBS is committed to providing a quality of service that meets the needs of its customers. Operations (Barring) makes a key contribution to this by making correct, proportionate and timely safeguarding decisions about the people referred to us. We recognise that this contribution is delivered through our staff and the DBS is committed to creating for them a culture, and environment, that promotes excellence.*

*Our underpinning quality management system helps us deliver these standards and we are fully committed to complying with it. We continually seek to improve its effectiveness, through regular review and by ensuring everyone within Operations (Barring) can contribute to its development.*

*Our quality objectives flow directly from our Corporate Plan and demonstrate commitment to safeguarding and customer satisfaction. These objectives are reflected in Published Service Standards and are monitored through the Operations (Barring) Directorate Management Team, the Safeguarding, Strategy and Quality Directorate and DBS Executive Leadership Team.*

*Redacted*  *Redacted*

Director for Operations (Barring) Executive Director for Safeguarding

Our culture is delivered through our managers, who ensure that our employees fully understand how important their contribution is to the protection of vulnerable adults and children. This is why we treat quality as a high priority.

Our quality objectives/ targets cascade from this quality policy and from DBS’s corporate objectives and principles (see Appendix A). They quantify, through separate targets/ standards, how we aim to satisfy our customers’ requirements. They cover areas important to our customers, such as the quality and speed of case decisions, and clarity of communication.

We are flexible in setting targets, so that they remain challenging and achievable in the face of variations in workload and the needs of our customers.

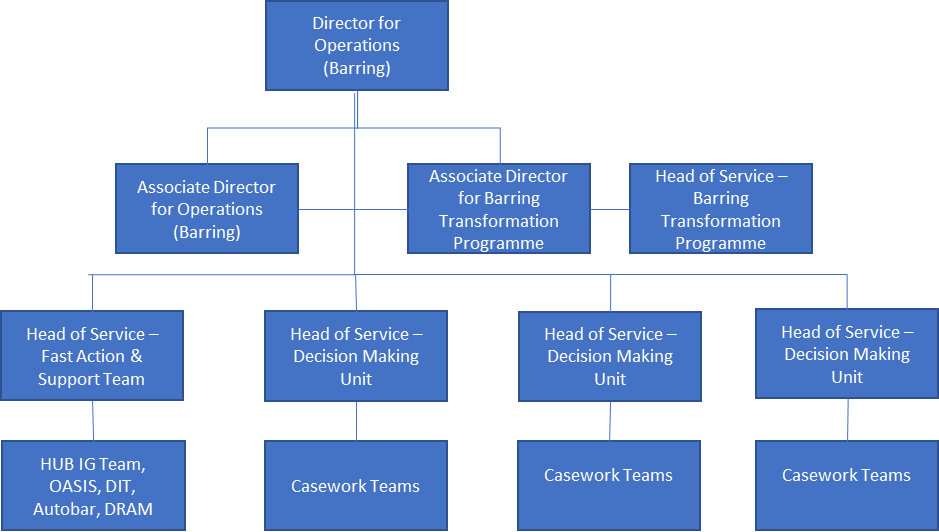
## Scope of the quality management system

This framework outlines the quality management system in the Operations (Barring) and support from SSQ area of DBS. The processes covered are:

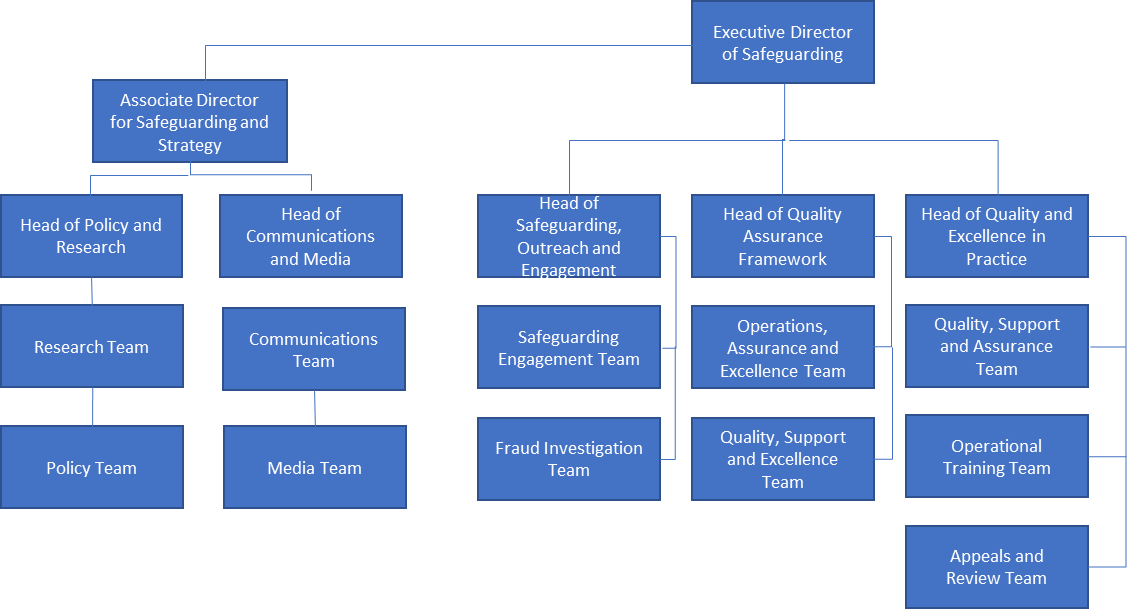
* the initial receipt of information about a referred individual;
* further information gathering;
* case decision making;
* considering representations made by referred individuals in cases where we believe it is appropriate to include them in a barred list;
* sharing information with and communicating our decisions to referred individuals;
* maintaining the lists of people who are barred from working with vulnerable people, including with children;
* sharing information with organisations such as the police or professional regulatory bodies where we have a duty or legal requirement to do so.
* Appeals and Review team (SSQ) responds to requests from a barred person for a review of the case decision and, subsequently, either retains that person on or removes them from the barred list; and
* respond to appeals by a barred person against our decisions and, subsequently, either retains that person on or removes them from the barred list.

Clause 8.3, Design and development of products and services is not applicable to the service provided by Operations (Barring), or the Safeguarding, Strategy and Quality Directorate, and is therefore not present within our quality management system.

The following diagram shows the Operations (Barring) management structure that delivers these functions.



The diagram below shows the Safeguarding, Strategy and Quality Directorate management structure that support Operations (Barring) in delivering these functions.



## Contracts for specialist services

Some of our safeguarding cases involve very complex areas of behaviour. Where appropriate, we take advice from specialists in these fields, e.g. for psychological assessment. The use of contracts with these expert specialists is covered by the quality management system, in terms of the process by which the need for such assessments are identified, their commissioning and review of usefulness in reaching a final decision.

## The contribution of support services

## Operations (Barring) relies on the support of corporate services such as learning and development, facilities management and IT management. We work closely with these colleagues, but the Corporate Services Directorate is responsible for the quality and delivery of these services. As such, they are not within the scope of the Operations (Barring) quality management system and the framework.

## Ownership and responsibilities

The Operations (Barring) Directorate owns this framework and the quality management system it covers. The scope of the quality management system covers both the Operations (Barring) and Safeguarding, Strategy and Quality directorates, however, the function of the quality management system is managed by the Safeguarding, Strategy and Quality Directorate.

The Operations Assurance Manager within the Safeguarding, Strategy & Quality Directorate is the designated lead for reviewing and up-dating the framework, and the designated representative for the quality management system. Other management responsibilities for the quality management system are described [here](#_The_Quality_Management).

## References, terms and definitions

In this framework, we have limited the use of technical terms, acronyms etc. Explanations of those we have used can be found in the glossary of terms.

# Products, Services & Customers Requirements

## Introduction

An important objective of our quality management system is to demonstrate how we support DBS’s service excellence aim to

*‘…design and deliver our products to meet the needs of our users and consistently deliver a timely, high quality and value-for-money service’.*

To achieve this we must:

* identify our products and services from the customer’s perspectives;
* identify customers’ requirements of each product or service; and
* ensure our quality management system focuses on satisfying these requirements.

Underpinning these aims is our commitment to a customer focused culture in Operations (Barring) and the Safeguarding, Strategy and Quality Directorate. This is entirely consistent with our safeguarding responsibilities, our respect for the rights of people referred to us and our responsibilities to taxpayers to be an excellent public body.

## Background to our products, customers and customer requirements

DBS (Barring) are unique in that the term Product cannot be used in the traditional sense of the word, in that our products are not intended to generate income for our business.

Our main responsibilities are embedded in safeguarding legislation and detail two specific ‘products’; casework decisions and the maintenance of the lists of people who are barred from working with vulnerable adults and/or children. Associated with these are a range of further products and services, which derive from our statutory responsibilities.

This statutory background has implications on the range and flexibility of products we can offer to customers and, indeed, the extent to which these customers can exercise choice of product. Further considerations for us are that:

* most of our customers have the opportunity to input into our products, as they are the suppliers of the raw material, which is the information on which we base case decisions. This means they can directly influence the quality of their and others’ products particularly in terms of the speed of decision.
* we have a well-structured decision–making process to support consistency of judgement, but the circumstances and facts of every case are different, which means that no two cases, and so no two products are identical; and
* the people that we decide to place on a barred list are unlikely to express degrees of satisfaction with this decision or the process used.

This context of statutory responsibilities and complex customer relationships influences the products that are the focus of the quality management system. It also impacts on who our customers are and what they require of our products.

## Identifying customers and their requirements

### Identifying customers

The DBS considers its customers to be those who rely on or are otherwise affected by its responsibilities. The fact that many of these customers cannot take their ‘custom’ elsewhere if they are dissatisfied only serves to increase the requirement for a customer focused culture.

In the Operations (Barring) and Safeguarding, Strategy and Quality directorates, this focus takes many forms. It includes:

* explicit targets and monitoring in areas important to customers;
* regular engagement with customers on matters that concern them;
* positive reactions to complaints and suggestions for improvement; and
* participation in customers’ conferences and workshops on safeguarding topics.

Many of our customers are defined through statutory and regulatory requirements. We have also undertaken stakeholder analysis to help us confirm and extend our understanding of our customer base. We have concluded that our customers consist of:

* individuals referred to us;
* organisations that employ people who care for vulnerable people and children (referring bodies);
* organisations that represent and/ or monitor care-related professions;
* police services in England and Wales; Northern Ireland and Scotland;
* Local Authorities in the performance of their safeguarding role; and
* Government – Home Office, Departments of Health and Education.

### Identifying customers’ and Interested Parties requirements

Each of our customer groups have different and sometimes conflicting requirements. This does not create significant difficulty in terms of our quality policy and objectives, as our statutory and professional responsibilities are clear; essentially, we must always reach a correct and proportionate decision and do so as soon as is reasonably possible.

We have a clear picture of many of our customers’ requirements, gained through extensive contact with them; for example, at workshops, conferences, road shows, complaints and other feedback. We have learned through experience and communication that a high proportion of customers have broadly similar needs; a balance of quality of decision, with appropriate speed, and clear communications.

We also listen to customer feedback and address issues raised with us. This information comes to us via complaints, and compliments, appeals tribunals and case review requests. Learning from such feedback is embedded in our quality management system.

In addition, the DBSundertakes and responds to customer satisfaction surveys as a matter of principle. This has been addressed through achievement of the Cabinet Office’s Customer Service Excellence standard in Summer 2015. DBS have been accredited annually since this time achieving compliance plus awards for the first time in December 2018 in 4 areas, evidencing our continuous improvement and commitment to customer service. We are currently working towards maintaining accreditation and building on our successes from 2018 with a further assessment in December 2019 Further to this customer satisfaction surveys were conducted for the 2015-2016 and 2016-2017 years whereby DBS achieved an overall satisfaction of 89% and 88% retrospectively. In July 2019, DBS were awarded joint top of the Public Service (National) Sector in the UK Customer Service Index. We also featured in the top 20 most improved organisations since July 2018

## Commitment to improvement through priorities and actions

We are totallycommitted to operating and improving our quality management system, with customer requirements at its core. This is reflected for example in Operations (Barring)’s key priorities 2019/20, which include:

|  |  |
| --- | --- |
| SO1 | * Improve the quality of decision making * Improve the timeliness of decision making * Improve productivity to ensure forecast optimum work in progress (WiP) levels are achieved * Reduce the number of aged cases |
| SO2 | * Improve the timeliness of decision making * Improve productivity to ensure forecast optimum work in progress (WiP) levels are achieved * Reduce the number of aged cases |
| SO3 | * Improve the quality of decision making * Improve the timeliness of decision making * Reduce the number of aged cases |
| SO4 | * Improve staff engagement * Improve the quality of decision making |
| SO5 | * Improve the quality of decision making * Improve the timeliness of decision making * Improve productivity to ensure forecast optimum work in progress (WiP) levels are achieved * Reduce the number of aged cases |

These priorities are reviewed every year and flow from and support the wider corporate objectives. The key priorities for 2019/2020 will therefore support the following:

**Our Mission**

* To put safeguarding at the heart of everything we do

**Our Objectives**

* Improve safeguarding through delivery of excellent services and sharing of knowledge
* Drive good value for money
* Meet customer needs and exceed expectations
* Develop a talented workforce to inspire continuous improvement
* Be a highly valued public organisation.

## Summary of Operations (Barring)’s products and customer requirements

|  |  |  |
| --- | --- | --- |
| **PRODUCT/ SERVICE** | **CUSTOMERS/ USERS** | **CUSTOMER REQUIREMENTS** |
| Barred list – children | Employers,  Registered bodies,  Vulnerable people,  General public | Accurate,  Up-to-date,  Secure,  Accessible to relevant bodies |
| Barred list – vulnerable adults |
| Case Decision – person included in a barred list | Referred individual,  Employers,  Government | Correct and proportionate,  Support safer employment decisions,  Legislatively sound,  In line with policy intent |
| Case Decision – person not included in a barred list |
| Case Decision – person removed from a Barred List |
| Case Decision – person retained in a Barred list |

# The Quality Management System

## Introduction

The diagram below summarises the quality management structure, which makes the quality policy of DBS, the Safeguarding, Strategy and Quality and Operations (Barring) Directorates a reality.

## Common controls and checks that underpin the system

Quality management framework

Comprehensive quality – based objectives and standards

Mapped business processes at transaction, decision and control level, with a quality assurance focus

Accessible, detailed and up-to-date desk instructions, covering all business processes

Mandated quality checking and feedback

Reporting of quality assurance and continuous improvement

Quality management system

Policy

### Induction, training and development

Operations (Barring) has a comprehensive and continuous training and development programme, the main features of which are:

* attendance at corporate induction workshops, within 3 weeks of start date;
* obtaining casework decision making authority, under which caseworkers are authorised in stages, with competence assessed against set criteria. Up to authorisation, team leaders check all their casework before a decision letter is issued. The results of these checks inform the progressing of caseworkers through to final decision–maker authorisation, after which only sample checks are undertaken;
* personal development plans, which address improvement areas identified through quality checks and supervision;
* a continuous programme of technical and management development, including a Refresher Training Programme for all Operations (Barring) staff and access to the Civil Service Learning (online) facility, and
* Members of FAST (OASIS) have accreditation and revalidation to their various processes through OCQA.

### Assuring quality in business processes

Casework processes are designed to prevent errors and lapses in quality. We achieve this through detailed mapping of casework processes, which includes identification of decision points, quality controls and management interventions.

Version controlled guidance is available to caseworkers via the electronic KMP interface. This supports the consistent application of casework decision making policies. It includes escalation criteria for particular case types / case characteristics and identifies the need for senior manager involvement before certain processes are invoked. Letters and templates associated with the decision making process are also version controlled and incorporate guidance.

To maintain these high documentation standards, we have a strict system of change control management, which requires business case-based requests for change and impact assessment by relevant areas of the business prior to implementation. This is managed independently of Operations (Barring) by the Safeguarding, Strategy and Quality Directorate.

### Quality checks by teams

QSAT team members and appropriate managers undertake a mandated level of retrospective quality checks to confirm compliance with quality standards. For caseworkers not fully approved under the casework decision–making authority programme, this is a 100% check. On other teams, team leaders and managers make similar checks. Although retrospective in nature, wherever possible checks are undertaken at a point where any corrective action required can be addressed without impacting customers e.g. decisions checked after they have been made but before letters issued or lists updated. Quality checking guidance provides set criteria for team leaders to check and record results against.

Team leaders can perform additional full case checks and specific issue checks e.g. letter drafting competence, to support individuals’ development. These are not included in QSAT’s quality reporting, as they are focused on competence issues rather than giving an accurate picture of quality standards overall.

### Reporting on quality

The results of quality control and checking activity within the quality management system are reported as follows:

* Team leaders discuss development needs and examples of excellent performance with individual caseworkers, and extract their own team performance information from the quality recording workbooks held by all teams;

QSAT provides the following consolidated quality information:

* to team leaders about their teams, including trends and comparisons with other teams, with discussions about causes of non-compliance and improvement actions;
* to Heads of Service, about their area of responsibility, again with trends and comparators, for discussion with team leaders;
* to the Director for Operations (Barring), at a high level and on an exception basis, for discussion with the Heads of Service;
* to the Executive Director for Safeguarding, Strategy and Quality, at a high level regarding trends and comparators.
* to the Quality and Standards Committee, with the emphasis on assurance about quality standards achievement and the effectiveness of improvement action; and
* to the DBS board, on quality assurance from the Quality and Standards Committee.

### The role of QSAT in quality

QSAT control the process by which cases are assessed to confirm whether they should be classed as a **High Risk Event**. The Executive Director for Safeguarding and the Quality & Standards Committee ultimately approve the grading that should be assigned to cases.

QSAT support the delivery of a high level of barring case accuracy within Operations (Barring) by providing managers with the appropriate tools to gauge caseworker competence and proficiency to support the overall barring internal target of ‘Work Meets or Exceeds Quality Standard, targeted at 99.5%.

The Caseworker Decision Making Authority (CDMA) procedure and the quality checks established under the Quality Management Framework provide initial and ongoing assurance of casework quality by supporting the internal target of 90% of decision making staff signed off to the appropriate stage, who undergo annual development programme and revalidation skills.

QSAT support the system automated sampling for the quality checking of casework decisions in Operations (Barring) and this is done within fixed timescales.

## Senior Management responsibilities

### Responsibility and authority

Operations (Barring) and Safeguarding, Strategy and Quality management recognises that the quality policy and objectives will only be achieved, and standards continuously improved, if there is clear management responsibility and accountability for the delivery of quality products and services.

The general responsibilities of key staff are defined in job descriptions and are further defined in the relevant operational procedures/desk instructions. Core responsibilities within the quality management system are detailed below.

* ***Chief Executive Officer*** *-* ultimately responsible for the quality of products and service delivery, for implementation of the quality policy and for providing resources.
* ***Director for Operations (Barring) –***delegated responsibilityfor product quality and implementation of Operations (Barring) quality policy. Responsible for ensuring delivery and improvement of the quality management system and for reporting on quality to the Board, and Quality and Standards Committee.
* ***Executive Director for Safeguarding, Strategy and Quality -*** delegated responsibility for reporting on quality to the Board, and Quality and Standards Committee. They are also responsible for ensuring compliance with the Quality Management System in place for Operations (Barring).

### Management commitment

The DBS Board and managers have recognised quality of product and services as a top priority. This is reflected in DBS’s corporate objectives. This is also embedded in the DBS’s governance structure, for instance in the Quality and Standards Committee, quality matters are reported directly to the Board. The committee’s terms of reference include:

* Providing assurance to the Board about the quality, timeliness, accuracy and development (lessons learned) of operational decision–making.
* Consider the integrity of both Disclosure and Barring decisions, including the establishment and review of standards.
* Monitor quality assurance arrangements.

Operations (Barring) and the Safeguarding, Strategy and Quality Directorate’s management commitment is evident in, for instance:

* always behaving in a way that demonstrates firm support of the quality policy and objectives;
* setting explicit quality standards;
* focusing on learning and improvement;
* recognising excellent work that can be used as good practice;
* continual communication of quality requirements;
* encouraging regular discussion of quality outcomes at all levels of the directorates; and
* full participation in management reviews (see [Management Review](#_Management_review)).

### Provision of resources

DBS, Operations (Barring) and Safeguarding, Strategy and Quality’s senior management are committed to providing the resources that are required to deliver the quality objectives, standards, controls and checks outlined in this framework and quality management system. They recognise fully that a properly resourced quality management system is vital to meeting customers’ requirements and continuously improving the customer experience.

To demonstrate and validate this commitment, adequacy of resources is included in management reviews (see [Management Review](#_Management_review)).

### Quality policy

The [policy](#_Quality_policy_and) will be reviewed by senior management at least annually. This is to ensure it remains relevant to the business, demonstrates commitment to the achievement of quality and supports continual improvement. The policy is also used to provide a framework for quality objectives.

The policy statement is displayed throughout Stephenson House and is shared with all staff via the Knowledge Management Portal (KMP). The policy is available to the public via the DBS’sweb site and is included in periodic management reviews.

### Quality objectives

Measurable objectives have been formulated and communicated to all staff as appropriate. Procedures, processes and management system controls have been developed to help ensure that these objectives are met. The results of management system effectiveness and customer satisfaction monitoring will be analysed and reviewed in conjunction with these objectives.

### Management system planning

Planning activities are undertaken to ensure the requirements for quality will be met through the implementation and improvement of the management system. This includes maintaining the integrity of the system during any significant changes, which is particularly relevant during the period that the framework is launched, given the extensive modernisation of ICT support systems.

### Communicating the system’s effectiveness

The Director for Operations (Barring) ensures information about the performance and effectiveness of the quality management system is communicated, through the Safeguarding, Strategy and Quality management representative, to the Operations (Barring) Directorate. Key business information, performance against targets and effectiveness of the system is communicated to the Operations (Barring)’s Directorate Management Team at regular intervals.

### Management review

The Head of Service for the Quality & Excellence in Practice Hub within the Safeguarding, Strategy & Quality Directorate has overall responsibility for assessing the continued suitability, adequacy and effectiveness of the quality policy and quality management system. The Operations Assurance Manager has the designated management responsibility for the quality management system within Operations (Barring). This is a continuous process but is formally reviewed each quarter.The quarterly management reviews will cover the following areas, on a rotational basis:

* assessing the effectiveness of learning and improvement initiatives;
* results of QSAT’s review of compliance with quality checking requirements by teams;
* analysis of customer feedback, complaints etc and the implications for quality policy and objectives;
* Interested parties, Internal and External Issues; and
* changes affecting the quality management system.

All of this information is included within the QMS Report which goes to the Operations (Barring) DMT meeting every quarter for review by Senior Management. More information on this can be found within the QMS – Management Review – Terms of Reference document.

## Summary of the quality arrangements on teams

The following pages summarise the key components of the quality management system for each team in Operations (Barring) and the Appeals and Review team in SSQ, as follows;

A. [OASIS](#OASIS)

B. IG Team

C. [DMU](#DMU)

D. [Autobar](#Autobar)

E. DIT

F. Triage

G. DRAM

H. [Appeals and Reviews](#Appeals) (SSQ)

The information is shown under the following headings:

1. Business responsibilities

2. Why quality is important in the team

3. Main business functions and additional key quality controls

4. Quality checks on teams

5. Team quality standards and targets

A. Operational Administrative Support and Information Sharing (OASIS)

**OASIS**

**1. Business responsibilities**

**OASIS**

1. Provide a wide range of administrative support to casework teams; facilitate information sharing with other bodies, managing information requests, some logging of referrals and incoming casework post.
2. Respond to general enquiries from referred individuals, referring parties and other organisations.
3. Managing and staffing the Operations (Barring) helpline.
4. Liaison point between Operations (Barring) and the police, and other sections of the criminal justice system.
5. Provide evidence packs to police to support prosecution of barred persons found to be working in regulated activity.
6. Responsible for updating and maintaining the list of ‘Offences which may Trigger our consideration’, (indicative of high risk), ensuring that the list of criminal offences held by DBS Operations (Barring) mirrors that of the Police National Computer (PNC).
7. Responsible for a small number of PNC checks for Operations (Barring) purposes.

**2. Why quality is important in OASIS**

**OASIS**

* The team’s responsibilities are fundamental to Operations (Barring)’s casework processes, so inadequate performance would undermine efficient and effective casework decision delivery.
* Contacts with external customers must be high quality, both in terms of service delivery and in presenting the DBS as a professional and efficient organisation.

**•** Some of OASIS’s responsibilities have a direct legal context e.g. responding to individual’s information requests, archived information security and checks before police prosecution of barred individuals working in regulated activity. The team’s work helps ensure DBS is legally compliant.

* Information exchanged between Operations (Barring) and the criminal justice system must be accurate and relevant, and delivered within expected timescales. Failures could impair Operations (Barring)’s ability to make an appropriate decision as to whether a person should be included in a barred list or not.
* Access to PNC data is subject to strict controls as failure to follow procedures could cause DBS’s PNC licence to be revoked, creating serious inefficiencies and delay.
* Any evidential weaknesses highlighted in court proceedings could compromise Operations (Barring)’s relationships with the police and others, undermining public and Government confidence in the barring function.

**3. Main business functions and additional key quality controls**

The following covers many, but not all, of OASIS’s functions:

* **Requests by individuals for details of personal information held –**Managing/tracking the collection of information to be disclosed, to ensure disclosure will meet statutory requirements. This is confirmed by liaison with the DBS Information Governance Officer.
* **Referrals and other post received –** Recording within set timescales promptly and providing a reliable record of receipt.
* **Retrieval of archived files –** checking that all retrieved containers are in a secure state and contents are intact, to confirm continued information security during retrieval and use.
* **Identification of potential prosecutions of barred people working in regulated activity** **–** 100% check of application of matching criteria in all positive barred list matches to help ensure any potential prosecution would be valid. Supplemented 10% check of negative matches. Subsequent supply of Evidence Packs to the Police.
* **Information Sharing –** the provision of barred status and other relevant information to Keepers of Registers, Supervisory Authorities, some Interested Parties and the Police.
* **Quality control point** for information flows to and from specific parts of the criminal justice system. This helps ensure consistency, quality and compliance with agreed processes.
* The team controls the following processes:
* **Court Transcripts:** requested to assist in casework decisions.
* **Police Referrals:** provide limited information to ACPO.
* **Police National Database Requests**

**Offence Management:** maintain offence lists for casework.

**Responses by police to letters sent –**Manage police performance in respect of agreed timeliness and quality measures. Engaging with police disclosure units at both regional and national levels.

The relevant common controls and checks listed in paragraph 3.2 also apply in OASIS.

1. **Quality checks on the team**

OASIS supports casework teams by undertaking quality checks in several areas, including:

* **Deceased Cases:** 100% check of actions taken to verify reported deaths of referred/barred individuals. Ensures requests for death certificates, often made via General Register office, are legitimate and relate to a DBS case; as well as checking that the system is correctly updated.
* **Teaching Regulation Agency/General Teaching Council (NI) & Education Workforce Council (Wales) referrals:** 10% check for correctness, (prior to despatch), of documents identified as suitable for sharing with these bodies.
* **Barred List Enquires:** 10% check of responses to *‘am I/are they?’* enquires about inclusion in barred lists. Checks ensure requests are supported by either correct personal ID or an established legitimate interest; that appropriate checks of the system and relevant logs are undertaken, and response is appropriate. 100% check on positive list matches, informal dip sample on negative matches.
* **Children’s List Matching:** Informal dip sample of negative returned Children’s List Matches are checked to confirm that the response is accurate; acknowledgement is completed correctly and returned within 5 working days.
* **Police Requests and Disclosures (50/52A):** 100% check of the relevancy and validity of information provided to the police to ensure compliance with desk instructions.
* **PNC Direct Access:**  10% sample checks to determine whether intelligence in PNC reports was relevant and included in the report passed to a caseworker.
* **Police Evidence Packs:** A 100% check is undertaken of this process to ensure that all relevant documents are provided to the police for use in prosecuting offences under the SVGA, for example barred people working in regulated activity.
* **Subject Access Requests:** A 100% check is undertaken to confirm all relevant information is included, referenced and redacted accurately and response target date is met.
* **Offence Detection:** A 10% check is carried out following a positive list match and where an offence has been committed and identified can progress to a Police Evidence Pack being produced.

The above consists of checking specific system data values to confirm accuracy and completeness, including recorded barred status. Where any discrepancy or anomaly is identified this is rectified immediately or escalated to team managers for resolution. All amendments or unresolved issues are recorded on Data Input Spreadsheets.

**5. Team quality standards and targets**

The team has several specific targets for completion of its individual functions.

These include:

* 97% of DBS barring evidence packs to be completed within 14 working days.
* 98% of PNC requests processed within 3 days.
* All SAR requests should be completed within 40 days of receipt.
* The target for accuracy in OASIS’s work is 100% accuracy.

Where such specific targets are not possible, there is a general expectancy of 100% quality i.e. error – free work.

B.  Information Gathering (IG) TEAM

**1. Business responsibilities**

* 1. Compiling the case evidence needed for a correct decision.

**(ii)** Inputting referral information to the Siebel system in exceptional circumstances.

**2. Why quality is important in the IG Team**

* So its work impacts on the subsequent decision-making processes. Its work is vital to Operations (Barring) delivering its public service standards and quality targets.
* By competent evidence gathering, the IG team helps ensure caseworkers focus on valid and more complex cases only. Failures in information gathering processes can delay decisions and could result in an incorrect decision.

**3. Main business functions and additional key quality controls**

The relevant common controls and checks listed in paragraph 3.2 apply in the IG team.

**Logging information** – ensuring mandatory fields are completed in Siebel.

**Gathering evidence** - compiling the evidence needed for a decision to be made e.g. from employers, regulatory bodies, the police and local authority social services departments.

**Passing on cases** – passing on the more complex cases efficiently to DMU teams (following a thorough sifting process) and gathering any further evidence that caseworker’s request.

**4. Quality checks on the team**

* For staff not fully authorised, the 100% principle applies.
* For authorised caseworkers, team leaders check 10% of:
* the quality and completeness of information gathered, including checks of prior to issue, before cases go to the DMU teams.

Cases returned to the IG team for further information gathering are sent to the IG team managers. Each case is reviewed with causes and solutions identified. Feedback is given to individuals as appropriate and learning is shared across the IG team.

**5. Team quality standards and targets**

* The quality standard applied for information gathering is that all evidence necessary to make a balanced and fair decision must be sought /obtained and unnecessary information should not be sought, as this may be legislatively unsound.
* The team makes a significant contribution to the achievement of Operations (Barring)’s public service standards/ targets for speed of case closure and outstanding cases.
* Whilst working to defined processes and timescales for information gathering; which can be measured in terms of compliance against the quality of information received can be largely dependent on the information holder.

C. Decision-Making Unit (DMU) Teams

**1. Business responsibilities**

1. Making decisions on the more complex discretionary and DIT cases, which Triage team is unable to close at an early stage.
2. As above, for cases passed from the Autobar team, when referred people make representations.
3. Considering cases identified as meeting Straight Minded To Bar criteria (as outlined in the supporting guidance).

***2.* Why quality is important in DMU teams**

* Safeguarding decisions must be accurate as they can have a major impact on a person and those close to them, in terms of their ability to earn a living and their emotional wellbeing*.*
* Decisions must be supported by strong evidence and be in accordance with policies, to protect the referred person’s rights and in case of subsequent appeals and case reviews. Inadequate evidence, which may be criticised at hearings, and result in overturned decisions, although rare, can undermine public and Government confidence in the competence of the barring function and the DBS more widely.
* Quality decisions supports DBS in safeguarding vulnerable groups including children. Errors in decisions could result in an individual who should be on a barred list being free to apply to work in regulated activity whilst posing a significant risk of harm to a child or vulnerable adult*.*

**3. Main business functions and additional key quality controls**

Assessing evidence on the more complex discretionary cases passed from IG team, and depending on findings made, considering appropriateness of including a person in one or both barred lists.

Identifying any evidence gaps and requesting the IG team to obtain such information.

Applying agreed risk assessment tools and/or agreed policies for certain case types including the use of specialist assessments.

Providing referred individuals with the opportunity to make representations if a bar is felt to be appropriate before a final decision is made.

Ensuring that barred individuals are placed on barred lists.

OASIS and the IG Team provide gatekeeper/quality control roles for information gathering on cases considered by DMU teams.

Closing cases - identifying cases where it is readily apparent from the evidence that the individual will not be barred and closing these cases Identifying cases that meet ‘Offences which may Trigger our Interest’ criteria.

(The relevant common principles set out in paragraph 3.2 apply to DMU teams).

**4. Quality checks on teams**

* + For staff not fully authorised, the 100% principle applies (see 3.2.1).10% independent quality check completed by QSAT on all cases completed by caseworkers, including caseworkers not fully signed off.
* Team leaders have the facility to undertake and record additional checks to support performance management and against specific criteria

**5. Team quality standards and targets**

* The organisational expectation is that every case decision is correct. Given that all decisions involve judgement and have an unavoidable, small subjective element, the target for High Risk Events for Barring is a pass rate of H/= 99.5% (as measured by the number of potentially incorrect outcomes identified through QC on case closure decisions open)**.**
* This also recognises that, for instance, tribunal or court hearings may make a different judgement based on the evidence presented to them.
* DMU teams have Speed of Service (SOS) targets though the main aim is to make quality decisions efficiently.

D. AUTOBAR TEAM

**1. Business responsibilities**

* 1. Processing offence data of people who have committed a relevant offence as set out in legislation who could be a risk of harm to vulnerable groups, including children.
  2. Barring individuals who are not allowed to contest or choose not to contest their inclusion in one or both barred lists.

**(iii)** Where individuals make representations, the case is passed to a DMU team for a decision, once relevant information has been gathered in respect of the individuals offending history.

**2*.* Why quality is important in Autobar**

* Under the SVGA, the DBS must include on a barred list people who have committed certain offences, subject to representations. Failure to do so without clear evidence could result in an individual who should be on a barred list being free to apply to work in regulated activity with vulnerable groups. Furthermore, such failure could undermine public and Government confidences in the competence of the barring function and the DBS more widely.
* Decisions must be supported by strong evidence to protect the referred person’s rights and in case of subsequent appeals and case reviews.

**3. Main business functions and additional key quality controls**

Assessing caution/conviction data and evidence of participation in regulated activity, to determine whether criteria are met for auto inclusion in one or both barred list, with or without representations.

Gathering information e.g. from police, probation, social services, and national offender management service on relevant cases.

Where appropriate, providing referred individuals the opportunity to make representations against a decision that there is an intention to bar.

* Ensuring that where appropriate individuals are placed on barred lists.
* Letters and templates associated with Autobar processes and outcomes are also version controlled and incorporate guidance on use.

Pass comprehensive evidence files to DMU where representations are received.

**4. Quality checks on the team**

* For staff not fully authorised, the 100% principle applies.
* For authorised caseworkers, 10% checks are undertaken on:
* Quality and completeness of information gathering, including checks of letters before issue.

**5. Team quality standards and targets**

* As a decision - making team, Autobar share the same quality standards as DMU teams for the quality of their decisions with regard to evidential sufficiency; evaluation of evidence and making the right decision.

E. Disclosure Information Team (DIT)

**1. Business responsibilities**

**(i)** Processing criminality information from EDBL applications and updates for barring consideration.

**(ii)** Compiling the case evidence needed for a correct decision.

**2*.* Why quality is important in DIT**

* Safeguarding decisions must be accurate as they can have a major impact on a person and those close to them, in terms of their ability to earn a living and their emotional wellbeing.
* Decisions must be supported by strong evidence and be in accordance with policies, to protect the customer’s rights and in case of subsequent appeals and case reviews. Inadequate evidence, which may be criticised at hearings, and result in overturned decisions, although rare, can undermine public and Government confidence in the competence of the barring function and the DBS more widely.
* Errors in decisions could result in an individual who should be on a barred list being free to apply to work in a regulated activity whilst posing a significant risk of harm to a child or vulnerable adult.
* Given the nature of behaviour that qualifies the individual for consideration by DIT, OASIS decisions are vital.

**3. Main business functions and additional key quality controls**

Sifting received information – Assessing information received from Operations (Disclosure) following an individual’s application for an Enhanced Disclosure with a Barred List check (EDBL), to determine if further consideration/action is required.

Information Gathering – compiling any necessary information to either clarify or confirm information received and aid determination of appropriate action. e.g. from police, employers, and courts.

Closing Cases – identifying cases where it is readily apparent from the evidence that the individual will not be barred.

Passing on cases – passing on the more complex cases efficiently to the DMU teams.

(The relevant common controls and checks listed in paragraph 3.2 apply in DIT.)

**4. Quality checks on the team**

* For staff not fully authorised, the 100% principle applies (see 3.2.1).
* For authorised caseworkers, 10% checks are undertaken on:
* the quality and completeness of information gathered, including checks of letters issued; and
* casework decisions prior to the issue of decision letter;
* Checks are completed on the DIT Sift of received information as follows.
* 10% quality check of EO work by QAT

**5. Team quality standards and targets**

* The quality standard applied to information gathering is shared with IG Team and expects that all evidence necessary to make a balanced and fair decision is sought / obtained and unnecessary information is not sought as this may be legislatively unsound and may unnecessarily delay a decision being made.
* The team makes a significant contribution to the achievement of Operations (Barring)’s public service standards/targets for speed of case closure and outstanding cases.
* Whilst working to defined processes and timescales for information gathering; which can be measured in terms of compliance, the quality of information received can be largely dependent on the information holder.

F. Triage Team

1. **Business responsibilities**

**(i)** Processing referrals received from employers, Keepers of Registers and all other referrers using the Discretionary referral process for barring consideration.

**(ii)** Compiling the case evidence needed for a correct decision.

**2*.* Why quality is important in TRIAGE**

* Safeguarding decisions must be accurate as they can have a major impact on a person and those close to them, in terms of their ability to earn a living and their emotional wellbeing.
* Decisions must be supported by strong evidence and be in accordance with policies, to protect the customer’s rights and in case of subsequent appeals and case reviews. Inadequate evidence, which may be criticised at hearings, and result in overturned decisions, although rare, can undermine public and Government confidence in the competence of the barring function and the DBS more widely.
* Errors in decisions could result in an individual who should be on a barred list being free to apply to work in a regulated activity whilst posing a significant risk of harm to a child or vulnerable adult.
* Given the nature of behaviour that qualifies the individual for consideration by Triage, decisions are vital.

**3. Main business functions and additional key quality controls**

* Sifting received information – Assessing and validating information received from employers and other stakeholders after an individual has been removed from Regulated Activity, either through dismissal, resignation or some other means.
* Information Gathering – compiling any necessary information to either clarify or confirm information received and aid determination of appropriate action. e.g. from police, employers, and courts.
* Closing Cases – identifying cases where it is readily apparent from the evidence that the individual will not be barred.
* Passing on cases – passing on the more complex cases efficiently to the DMU teams.

(The relevant common controls and checks listed in paragraph 3.2 apply in Triage.)

**4. Quality checks on the team**

* For staff not fully authorised, the 100% principle applies (see 3.2.1).
* For authorised caseworkers, 10% checks are undertaken on:
* the quality and completeness of information gathered, including checks of letters issued; and
* casework decisions prior to the issue of decision letter;
* Checks are completed on the Triage Sift of received information as follows.
* 10% quality check of HEO work by QSAT

**5. Team quality standards and targets**

* The quality standard applied to information gathering is shared with IG team and expects that all evidence necessary to make a balanced and fair decision is sought / obtained and unnecessary information is not sought as this may be legislatively unsound and may unnecessarily delay a decision being made.
* The team makes a significant contribution to the achievement of Operations (Barring)’s public service standards/targets for speed of case closure and outstanding cases.
* Whilst working to defined processes and timescales for information gathering; which can be measured in terms of compliance, the quality of information received can be largely dependent on the information holder.

G. Data Retention Assurance and Migration (DRAM) Team

**1. Business responsibilities**

1. Applying the DBS Data Retention Policy to casework as part of an initial review of the data once a decision has been made.
2. Applying the DBS Data Retention Policy to casework once a data retention review period has lapsed.
3. Carrying out Data Assurance activities relating to the casework data that the organisation generates, stores and utilises.
4. Supports with the migration of casework data, when required.
5. **Why quality is important in DRAM**

* Barring Operations holds a large amount of sensitive data that must be processed in accordance with relevant legislation SVGA / POF / DPA and GDPR.
* Ensuring this is managed to a high standard helps mitigate the risk of the DBS receiving a substantial fine and / or potential reputational damage.

**3. Main business functions and additional key quality controls**

The following are examples of DRAM functions:

* **Data Retention Reviews –** undertaking reviews on case information assessing all data for either retention or disposal.

1. **Quality checks on the team**

* For staff not fully authorised, the 100% principle applies.
* For authorised staff, 10% checks are undertaken against:
  + - Retention Criteria
    - Elements of Records to be Disposed
    - Review Outcome
    - Administration of the system
* For case records that have been identified as “Complete Disposal” a 100% check is carried out.

**5. Team quality standards and targets**

* The expectation is that data retention decision is correct, and the target of accuracy is 100%.
* The application of Data Retention and administration of the system carried out by the team attracts a quality standard of 99% accurate.
* 95% of Initial Data Retention reviews to be complete within 1 working day.

Please note, the work of the DRAM team is in its infancy and the Targets / Quality Standards are aspirational at this stage. Once the team has established BAU processes, these Targets / Quality Standards will be reviewed and formalised.

H. Appeals and Reviews team

1. **Business responsibilities**
2. Ensuring that DBS’ cases are fully and effectively prepared for appeal hearings; working with in house legal advisors and external Counsel to ensure Upper Tribunal requirements/deadlines are met.
3. Review decisions on cases where a previously barred person has requested a review of their inclusion in a barred list/s ensuring that the correct legislative powers are adhered to.
4. Review appeal decisions where necessary, providing withdrawal submissions where decisions are indefensible or correcting material errors of law and fact to allow a barring decision to be defended. Ensure that Operations (Barring) teams are provided with feedback from appeals cases to promote learning and improve quality.

**2. Why quality is important in appeals and reviews**

* On Appeal cases, the team’s work must be of a high quality as it is scrutinised by the Upper Tribunals and Counsel, as well as the Appellants and their Representatives. Material errors in the work could contribute to a decision being overturned/remitted by the Upper Tribunal which could undermine the primary safeguarding function of the DBS and also lead to reputational damage for the organisation.
* The Upper Tribunal are an external body making an independent assessment of the quality of DBS casework decisions. The Judgements received provides invaluable opportunities for organisational learning, which must be used effectively.
* In relation to Review cases, the quality of the decision making is equally as important as errors could result in a barred person being incorrectly retained on, or removed from, one or both of the barred lists. Review requests can provide a further opportunity to reconsider the appropriateness of the original decision to bar.

**3. Main business functions and additional key quality controls**

Ensuring that cases are fully prepared for appeal hearings, working with internal Legal and external Counsel to ensure the case is properly presented and that Upper Tribunal requirements are met. The Appeals SEO allocates and manages all work on Appeals cases.

Placing Appeal cases under review and providing defensible withdrawal submissions where appropriate.

Reviewing and correcting material errors of law and/or fact in original decisions to a defensible standard so that a person who presents a safeguarding risk is retained in the barred lists post-Appeal.

Reconsidering cases remitted back to DBS by the Upper Tribunal adhering to any Findings of Fact imposed by the Upper Tribunal.

Analysing the results of appeals, providing both case specific and generic feedback in conjunction with Legal, Policy and QSAT colleagues to address wider issues and share learning across the wider Operations Barring Directorate.

Managing and making decisions on reviews requested under Para 18, 18A of the SVGA and also those who fall under transitional provisions orders (TPO). The delegated authority on review decisions under the SVGA rests with the Appeals and Review team SEO as does TPO reviews. The SEO reviews all removal submissions before either authorising; rejecting or escalating to the Head of Service.

* The team works independently of the original decision makers and now sits within a separate Directorate (SSQ), to ensure a fair and balanced review. This can produce valuable lessons for dissemination across all teams.

Appeals and reviews are both subject to structured, formal control procedures. For checks of decisions for any removal of an individual from a barred list this check is 100%.

* 1. **Quality checks on the team**
* 10% of work completed on the team is subject to a formal quality check generated by Siebel and is recorded as such electronically within the system. Due to the important and sometimes sensitive nature of the work undertaken by the team, which can often involve challenges to barring legislation and policy, further informal checks outside of the 10% are sometimes necessary and are recorded via the escalation process in Siebel.
* The Appeals SEO’s record of checks undertaken as part of the quality control process are recorded within Siebel in the escalation tab. These escalations capture information relating to the following areas:
* **Appeals - Initial Appeal Assessment**; accuracy, relevance and identification of action required, including information gathering.
* **Appeals - Directions**; correct actions taken, timeliness, accuracy and sufficiency, updating records and correspondence standards.
* **Appeals - Remitted Decisions**; correct actions taken including reworking decisions, seeking further information and sharing with the appellant, where appropriate inviting and considering further representations.
* **Review - Submissions**; identification of available review powers, possible need for further information gathering, correct recognition and assessment of all relevant factors and appropriateness of recommended outcome.

**5. Team quality standards and targets**

* The nature of the team’s work means that no margin for error/ failure is allowed, so the target for accuracy is therefore 100%.
* Where an Appeal decision is reviewed that the review decision is defensible, and the barred individual is successfully retained in the barred list/s.

**Appeals**

* Where a withdrawal submission is considered appropriate in relation to an original barring decision that this is accepted and endorsed by Director of Safeguarding and QSC/Board member as being correct.
* That all reviewed Appeal decisions are materially accurate in fact and law so as to stand up to the scrutiny of the Upper Tribunal and the Appellant/Appellant’s Legal Representative to allow the barring decision to be maintained.
* That all Upper Tribunal Directions are complied with within the given deadlines.
* That no weaknesses/omissions in the evidence provided are identified at Upper Tribunal hearings in relation to their preparation of cases which could place the Appeal in jeopardy.

**Reviews**

* To ensure that the correct legislative powers are utilised in relation to the retention/removal of an individual from a barred list/s.
* Provide well-articulated and robust decisions regarding the removal/ retention of an individual in a barred list/s to ensure that risks to safeguarding and reputational damage are kept to a minimum.

Appendix A - Quality Objectives and performance indicator examples

**DBS’s corporate objectives include:**

* Deliver excellent customer satisfaction
* Create a strong performance culture
* **Principles:**

Cascaded to teams via more detailed targets which are included in the QMS Quality Objectives

(published) Performance Measures

* 72% of all Barring Referrals to be closed within 3 months.
* 90% of all Barring Referrals to be closed within 6 months.
* 99% of all Barring Referrals to be closed within 12 months.
* High Risk Events pass rate of =/>99.5%