

Disclosure and Barring Service Checks (DBS) Policy

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Additionally refer to: Recruitment and Selection
Fixed-Term Contracts and Temporary Workers
Employment References
Equality and Diversity
Verification of Professional Registration
Disciplinary Policy
NHS Employers Criminal Record and Barring Checks Guidance
Disclosure and Barring Service Guidance

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Policy on a Page

- The Trust will ensure that disclosure information is treated fairly and without discrimination, whilst ensuring a safe and robust recruitment process.
- The Trust will accept a DBS Check undertaken by another organisation but may only do so if the disclosure was obtained during the previous 6 months and is at the appropriate level for the post.
- Where the employee or candidate has registered with the DBS Update Service, the check is at the required level, the Trust has been granted permission to register an interest in their DBS Statement and is able to confirm a valid DBS check is in place, they will not require a new check. However, a new check will be required where a disclosure appears on the current certificate.
- The DBS process will form part of the pre-employment checks for all newly appointed staff when recruiting staff into eligible positions.
- The Trust will assess the relevance of disclosure information to the suitability for employment of an individual.
- The Trust will comply with equality, human rights, employment legislation and all statutory and mandatory compliance.
- The Trust will comply with Disclosure and Barring Service guidance documents.

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1. Introduction

- 1.1 The Trust has a duty of care to protect the safety and wellbeing of patients. It must therefore have in place measures to ensure that it does not employ anyone who might be considered unsuitable to work with or have access to vulnerable patients. A DBS pre-employment check is just one of the pre-employment checks that may be carried out. The Trust will undertake a DBS clearance where it has been identified as a requirement of the role. The level of clearance will be determined by the type of work the individual will be undertaking and where the work is carried out. This policy must be read in conjunction with the Trust's over-arching Recruitment and Selection policy and supporting NHS Employers and Disclosure and Barring Service guidance documents.
- 1.2 In order to comply with our responsibilities under the Rehabilitation of Offenders Act 1974, and to ensure the Trust does not unfairly discriminate against anyone based on historical criminal offences, this policy sets out how criminal history information should be considered as part of the application for employment process.
- 1.3 Having a criminal record will not necessarily bar an applicant from being appointed. It will depend on the nature of the position and the circumstances and background of the offences.
- 1.4 If following an individual's appointment it comes to light that they have a criminal record, and have failed to disclose information that is relevant to the position held, it is likely to lead to disciplinary action, which may include dismissal.

2. Policy Statement

- 2.1 The Trust is responsible for identifying whether a DBS clearance is required for a role and at what level in accordance with national DBS Guidance. This policy applies to all job applicants who are made a conditional offer of employment, permanent employees, staff on fixed-term contracts, temporary/Bank staff. It also applies to all workers such as those individuals on honorary contracts, agency, contractors, and to directly employed apprentices, trainees and students. There is a separate policy for volunteers.
- 2.2 The Trust will only use agency workers if the agency is on an approved NHS Framework. The Framework requires the agency to undertake the same level of pre-employment checks as would be required for a Trust employee. DBS records for agency workers will be stored by the Temporary Staffing Team.
- 2.3 For staff recruited from abroad, a certificate of good conduct or overseas criminal record check must be requested in accordance with that country's justice system and UK requirements when recruiting from abroad. Specific guidance can be found at <https://www.gov.uk/disclosure-barring-service-check/arranging-checks-as-an-employer>.
- 2.4 The Trust actively promotes equality of opportunity for all with the right mix of talent, skills and potential. All candidates are selected for interview based on their qualifications, skills and experience.
- 2.5 Recruitment documentation will contain a statement that DBS Check will be requested in the event of an individual being offered a position with the Trust, where clearance has been identified as a requirement.
- 2.6 All applicants are requested to provide details of any criminal record at an early stage in the application process. This information will only be seen by those who need to see it as part of the recruitment process.

- 2.7 In order to protect certain vulnerable groups within society, there are a number of posts and professions that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. These include posts where, in the normal course of their duties, successful applicants will have access to persons in receipt of health services. If the post applied for falls within the above category, it will be exempt from the provisions of the Act. Applicants are not entitled to withhold information about convictions, which for other purposes are 'spent', under the provisions of the Act, unless they are for minor offences that fall within the DBS's filtering rules.
- 2.8 The Trust will undertake a DBS Check where it has been identified as a requirement. The necessity and level of clearance will be determined by the type of work the individual will be undertaking, and where it will be carried out. The DBS Check will be completed once a conditional offer of employment has been made.
- 2.9 All applicants are made aware that a DBS Check may be required for the position they have applied for. The Trust will not normally permit prospective employees to commence work until their DBS clearance has been received. Any offer of employment will be subject to a satisfactory DBS clearance.
- 2.10 If in **exceptional** circumstances there is a delay in receipt of a clearance, and it is essential for the employee to commence in post, the process defined in Section 5.3 must be completed.
- 2.11 The Trust facilitates portability but highlights that accepting a previously issued clearance has risks. The Trust will only accept previously issued clearances for junior doctors in training, (with a national training number), where they have had a DBS Clearance within 3 years of commencing in-post.
- 2.12 The Trust will fund the cost of the DBS check for all new starters to the Trust, (including Bank workers), current staff who take up a new post within the Trust that requires a check, and employees who require a re-check as part of their current role (see Appendix 1).

3. Duties and Responsibilities

3.1 Trust Board

The Trust Board has responsibility to oversee this policy and ensure that appropriate processes are in place.

3.2 People Committee

The People Committee is responsible for ensuring that this policy is effectively and appropriately implemented. It is also responsible for ensuring that the processes within the policy are monitored and non-compliance is acted upon.

3.3 Directors/Associate Directors/Heads of Service/Divisional Directors/Assistant Chief Operating Officer

The Management Team is responsible for ensuring that appropriate action is taken by Line Managers when an employee fails to comply with their responsibilities under this policy.

3.4 People & OD Directorate

The Head of Workforce Resourcing and Assurance is responsible for ensuring the policy is compliant with legal requirements, and for informing the Police if anyone who has been subject

of a DBS check is found to be barred. It is a criminal offence for anyone who is barred to seek employment in regulated activity.

The Recruitment Manager is responsible for ensuring that the Recruitment Team processes all offers of employment in accordance with the DBS policy.

3.5 Appointing Managers

Appointing Managers are responsible for completing the risk assessment process, in conjunction with the Recruitment Team, in the event that any criminal history is disclosed on the DBS check.

4. **Types of DBS Check – Regulated Activity**

4.1 The definition of “Regulated activity” is any work that involves close and unsupervised contact with vulnerable groups including children. All new starters appointed to posts involving regulated activity must be checked against one or both of the DBS’s barred lists.

4.2 Enhanced Check

An enhanced check is required for all posts that meet the definition of regulated activity. It will reveal all spent, (old), and unspent, (current), convictions, cautions, reprimands or warnings. With effect from May 2013, certain minor offences, if committed more than 11 years ago, will be filtered out, providing there is only one offence. In addition, an enhanced check will reveal any other information held by the Police considered relevant to the post being applied for. For example, further information about the offences committed or information about on-going investigations.

4.3 Barred List Check

In addition to an enhanced check, posts meeting the test of Regulated Activity will also need to be checked against one or both of the Barred Children’s or Barred Adult’s lists.

4.4 Standard Check

A standard check is required for all posts that have access to patients but who do not meet the definition of Regulated Activity. It will reveal all spent, (old), and unspent, (current), convictions, cautions, reprimands or warnings.

5. **Processing DBS Checks**

5.1 The level of DBS clearance for prospective staff, or those taking up a new post at the Trust, will be determined by the type of work the person will be undertaking and where this work is carried out. Guidance notes explaining details of the DBS process, including definitions and job role eligibility for the main staff categories can be found in Appendix 1.

5.2 The Recruitment and Medical Staffing teams are responsible for undertaking all pre-employment checks for all new starters and for employees taking up new roles within the Trust. The team will therefore arrange for relevant DBS checks to be completed as part of this process.

5.3 If there is a delay in receiving a clearance, and it is essential for the employee to commence work, the following procedure must be followed;

- 5.3.1 A risk assessment must be carried out by the appointing manager in relation to the post, including the level of supervision that will be in place pending receipt of the DBS clearance, (Appendix 2).
 - 5.3.2 A completed and signed risk assessment must be attached to TRAC, before the offer of employment can be progressed by the Recruitment team.
 - 5.3.3 A risk assessment cannot be used where the post is a position where normal duties include caring for, training, supervising or being in sole charge of children. In these circumstances a full DBS clearance must be obtained before the individual commences work. The only exception to this is where the candidate is an existing Trust employee moving to another post, and whose previous post involved caring for, training, supervising or being in sole charge of children.
- 5.4 If the outcome of the DBS check is clear, the Recruitment and Medical Staffing teams will notify the appointing manager that this part of the pre-employment process is complete.
- 5.5 In the event that the Disclosure reveals details of convictions/cautions for a job applicant, the Recruitment and Medical Staffing teams will request a copy of the disclosure certificate from the job applicant, in order to risk assess the nature of the convictions/cautions with the appointing manager. The discussion will also include the job applicant before any decision is taken to withdraw a conditional offer of employment. A risk assessment will need to be completed by the appointing manager and Recruitment/Medical Staffing managers before being signed off by a senior Divisional Manager (Band 8A or above) or Medical Director/Deputy Medical Director for M&D staff (Appendix 3).
- 5.6 Assessing Information About Ex-Offenders
- 5.6.1 At interview, or in a separate discussion, the Trust will ensure that an open and measured conversation will take place with the person seeking the position, on the matter of any convictions/cautions that may be relevant to the appointment. Failure to disclose details that are directly relevant to the position being sought may lead to the withdrawal of a conditional offer, or termination, of employment.
 - 5.6.2 The information contained in the Disclosure will be discussed by a member of the Recruitment team and the appointing manager and a risk assessment will be completed. Unless the Disclosure shows that the applicant is on one or both of the Barred Lists, the presence of a criminal history will not automatically be a barrier to employment with the Trust. Each case will be judged on its own merit and in accordance with the Trust's Recruitment and Selection policy.
- 5.7 Recording and Disposal of DBS Information
- 5.7.1 Once a decision has been made that a job applicant can be given an unconditional offer of employment, details of the DBS check will be entered onto the Trust's Electronic Staff Record, (ESR). This will include the Disclosure Certificate number and date, along with the level of check.

- 5.7.2 For all cases where a criminal history was disclosed and a risk assessment completed, a copy of the risk assessment will be added to TRAC and retained by the appointing manager permanently in the employee's personal file.
- 5.7.3 The Recruitment team will destroy the original Disclosure Certificate using the Trust's confidential waste process after 6 months. It is no longer needed as the DBS record is now on ESR (see 5.7.1).
- 5.7.4 Data relating to DBS Rechecks will be entered on ESR as per 5.7.1. The certificate will not be stored, as the ESR record will retain the required DBS data.
- 5.7.5 DBS certificates obtained as part of the Fit & Proper Persons Regulations demonstrate the Trust's compliance with the regulations and are checked as part of CQC inspections. It is therefore acceptable to store DBS certificates securely in the Trust's Fit & Proper Persons Files owned by the Corporate Governance Team. The DBS record will be destroyed when a new check is completed every 3 years.

5.8 On-going Suitability of Staff

- 5.8.1 An acceptable DBS check does not mean that the successful applicant does not have the potential to be a risk to vulnerable patients. Appointing decisions must therefore be made in conjunction with all other pre-employment checks, including employment history and references.
- 5.8.2 The Trust may carry out a new DBS check on any employee at any time during their employment.

6. **Training Needs**

- 6.1 There is no mandatory training associated with this guidance, however, Recruitment and Selection training sessions will be available via the Trust's intranet. If there are any queries about its operation, please contact the Recruitment (for non-medical recruitment) or Medical Staffing Teams.

7. **Review Process**

- 7.1 This policy will be reviewed in 3 years or before if there are local/national or legislative changes.
- 7.2 In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the document having to return to the ratifying committee.

8. Equality Impact Assessment (EQIA)

- 8.1 This policy applies to all employees equally and does not discriminate positively or negatively between protected characteristics.

9. Standards of Business Conduct

- 9.1 The Trust follows good NHS Business practice as outlined in the Managing Conflicts of Interest in the NHS and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the review of this policy document and no specific risks were identified.

10. Process for monitoring compliance

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Active management of employees having an appropriate level of DBS check for identified posts.	ESR report	Recruitment Manager / Workforce Projects Manager	Annual	Workforce Committee

- 10.1 Where action is required recommendations and action plans will be developed from the analysis and will be part of the reporting mechanism.

11. References

Legislation

- The Safeguarding of Vulnerable Groups Act (2006) as amended by the Protection of Freedoms Act (2012)
- The Rehabilitation of Offenders Act (1974) and Exemptions Order (1975), (amended 2013)

Associated Documentation

- NHS Employers Criminal Records and Barring Checks Guidance
- Disclosure and Barring Service Guidance

Associated Trust Policy

W16.1 Recruitment
W16.2 Fixed-Term Contracts and Temporary Workers
W16.4 Employment References
W30 Equality and Diversity
W16.8 Verification of Professional Registration

All the above are available from:

Internal - http://intranet/hr/HR_Policies.asp

External - <https://www.sath.nhs.uk/working-with-us/hr/policies/>

DISCLOSURE AND BARRING SERVICE – GUIDANCE NOTES

Criminal record and barring checks are designed to help prevent unsuitable people from entering the NHS workforce and gaining access to vulnerable groups. The Disclosure and Barring Service (DBS) provides criminal record and barring functions to help employers make safe recruitment decisions. This covers all directly employed staff, students, volunteers, researchers, those who hold honorary contracts, agency staff and contractors working under a service agreement / contract.

The eligibility for a check and the level of check required is determined by:

- The following Legislation, in particular:
- Rehabilitation of Offenders Act 1974
- Rehabilitation of Offenders Act 1974 (exceptions) Order 1975
- Police Act 1997
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Legal Aid, Sentencing and Punishment of Offenders Act 2012
- Police Act 1997 (Criminal Records) (Amendment) Regulations 2013

Also:

- The activities of the job role
- The type of patient contact

PLEASE NOTE:

Not all positions are eligible for a DBS check.

Trigger for a check and the level of the check required should be determined by the type of activities being undertaken in a specific role and the level of access that permits the person in that role to have with patients.

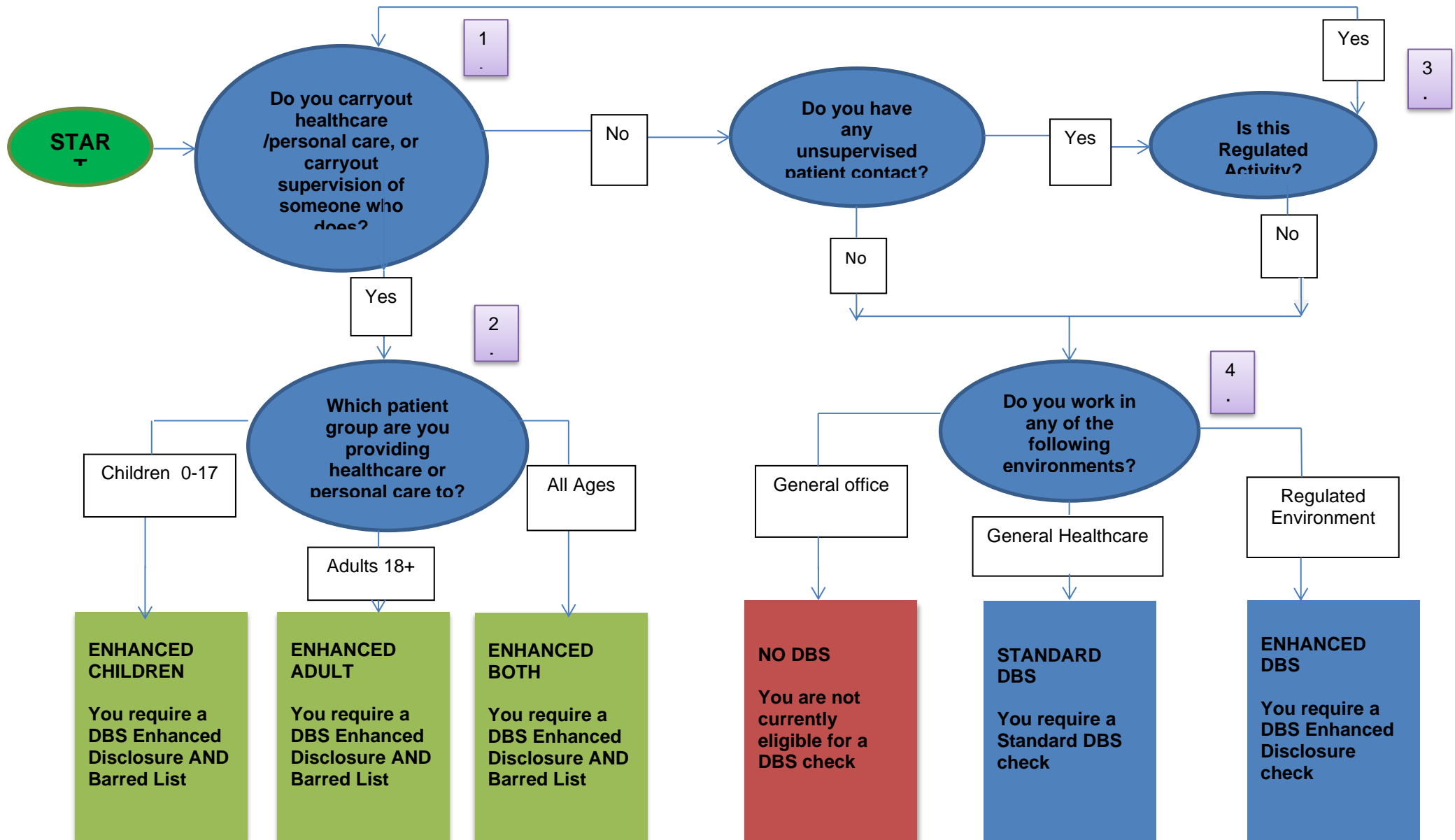
The decision to make a check will need to be made in accordance with the Rehabilitation of Offenders Act 1974 (Exceptions Order) and other relevant legislation as mentioned above. Checks against the Barring list information can only be checked where the individual is undertaking a role falling within the definition of 'regulated activity' in the Safeguarding Vulnerable Groups Act as amended by the Protection of Freedoms Act 2012.

For the purpose of this guidance 'access to patients' does not include positions which only allow limited or incidental contact (ie where there is no more opportunity for contact with patients than that of a visitor to the hospital site, or where staff are required to pass through patient areas to get to their normal place of work).

There are five levels of check currently available through the DBS (see below):



DBS PROCESS



NO.	DEFINITIONS
	Do you carry out healthcare / social care / personal care, or carry out supervision of someone who does?
1.	<p>Healthcare is defined as: The provision of healthcare by a healthcare professional or under the direction or supervision of a healthcare professional. This may include psychotherapy and counselling, first aid administered on behalf of an organisation established for the purposes of providing first aid. This does not include workplace first-aiders, members of peer support groups or life coaching.</p> <p>Social Care is defined as: The provision of social work, personal care, protection or social support services to children or adults in need or at risk or adults with needs arising from illness, disability, old age or poverty.</p> <p>Personal Care is defined as: Anyone who provides physical assistance (or prompting with supervision or training or providing advice or guidance) with eating or drinking because of illness or disability, physical assistance (or prompting with supervision or training or providing advice or guidance) with going to the toilet, washing or bathing or dressing because of age, illness or disability.</p>
	Which patient group are you providing healthcare, social care or personal care to?
2.	<p>Child = 0 – 17: Adult = 18 Years and above: Both = Both adults and children:</p> <p>As above where the primary focus is adult or child and the opportunity to come into contact with both groups, eg Women and Children's Services, Adult Wards which take under 18's patients / service users.</p>
	Is this Regulated Activity?
3.	<p>Adults: The definition of regulated activity in relation to adults identifies the activities which, if any adult requires them, lead to that adult being vulnerable at that particular time. The focus therefore is on the activities required by the adult, not the setting in which the activities occur, or the person characteristics or circumstances of the adult receiving the activities. There are six categories of activity which fall within the definition of regulated activity for adults. These only need to be carried out once before they are to be considered a regulated activity.</p> <ul style="list-style-type: none"> ▪ Healthcare ▪ Personal care ▪ Provision of social work ▪ Assistance with cash ▪ Assistance with the conduct of a person's own affairs ▪ Conveying adults <p>A person whose role includes the day to day management or supervision of any person engaging in a regulated activity, will also be in regulated activity.</p> <p>Children:</p>

3.	<p>Activities described below are regarded as regulated activity irrespective of how many times they are carried out with children:</p> <ul style="list-style-type: none"> ▪ Registered child minder or foster carer ▪ Healthcare for children provided by or under the direction or supervision of a regulated healthcare professional ▪ Physical help in connection with eating, drinking, toileting, washing, bathing and dressing for reasons of the child's age, illness or disability; or prompting with supervision or training or advice in relation to these examples, where the child is unable to decide to carry out these activities for themselves. ▪ A person who manages or supervises someone who undertakes any of the above activities will also be regarded as being in a regulated activity. <p>The activities below are only regarded as a regulated activity when these duties are carried out with children regularly as follows:</p> <ul style="list-style-type: none"> ▪ Frequently – once a month or more ▪ Intensively – four times or more in any 30 day period ▪ Overnight – between 2am and 6am <p>Activities:</p> <ul style="list-style-type: none"> ▪ Teaching, training, caring for or supervision children where the activity is being carried out in an unsupervised activity. If any of these activities are carried out under supervision, this is not regulated activity however individuals undertaking these roles may still be eligible for enhanced without barring list check. ▪ Driving a vehicle exclusively for the purpose of transporting children (where provided frequently or intensively). ▪ Working in a 'specified establishment' where there is opportunity for contact with children. A specified establishment includes education institutions which are exclusively or mainly for the provision of full time education to children, children's homes and childcare premises (excludes children's hospitals).
	<p style="text-align: center;">Do you work in any of the following environments?</p>
4.	<p>General Office Environment, including separate admin block or non-clinical area. As part of this role you can come into contact with some patients / service users on your way to your work area but this will be incidental. Eg Domestic, Office Based Worker, etc.</p> <p>General Healthcare/Clinical Environment, clinics, patient home visits and areas where care is provided. As part of this role you will come into contact or have direct interactions with patients / service users. This includes roles such as Ward Clerk, Receptionist and Medical Secretary, who will come into contact with patients / service users.</p> <p>Regulated Environment - These will differ dependent upon the client group. Details of which are:</p> <ul style="list-style-type: none"> ▪ Child – 0 – 17 Years: <ul style="list-style-type: none"> ▪ a. An educational institution exclusively / mainly for full-time education to children, eg Schools, Colleges, etc ▪ b. Pupil referral units or short-stay schools providing education for compulsory school age children ▪ c. An alternative provision academy (not defined as a school) ▪ d. Nurseries exclusively / mainly for full-time / part-time education for pre-compulsory school age children ▪ e. Children's detention centres

4.	<ul style="list-style-type: none"> ▪ f. Children's homes providing care / accommodation wholly / mainly for children ▪ g. Children's centres managed / on behalf of English Local Authority providing early childhood services, eg Sure Start premises, etc ▪ h. Relevant childcare premises where person is required / can volunteer to be registered under childcare Act 2006 or Children Act 1989 ▪ Adults 18 Years and over: <ul style="list-style-type: none"> ▪ a. A prison, remand centre, young offenders institution, borstal institution or detention centre ▪ b. An immigration removal centre or short term holding facility
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JOB ROLE ELIGIBILITY

DBS Checks DBS Checks – When are they undertaken? (The declaration form should be used in all cases in addition to the check irrespective of when their last DBS check was undertaken).		
External Hires (People who do not currently work for this Trust but have been offered a job role within this Trust. All 'bank staff', agency staff, contractors and those on honorary contracts.	New starters with no previous DBS check will be assessed for their new job role and place of work: <ul style="list-style-type: none"> ▪ If appropriate, the required level of DBS check will be undertaken. Junior doctors in training (with a national training number) who have had a DBS Clearance within 3 years will not be required to have a further DBS.	
Internal Hires	DBS rechecks will be carried out when an existing employee changes their job role within the Trust if: <ul style="list-style-type: none"> a) The new role requires a different level of check or, b) They have not had a DBS in the past 3 years or, c) They have had a break in service of 3 months or more since their last DBS check 	
DBS Repeat Checks	Routine rechecks will be carried out every 5 years for staff working in Paediatrics and Emergency Departments. Those who fall within the scope of the Fit & Proper Person's Regulations will have a routine recheck every 3 years, as required by the regulations. Where staff have been in the same job role for 10 years or more without having a new DBS check, the Trust will carry out a new DBS check.	
ROLE	DBS LEVEL	REASONING
All Medical Staff (all grades), including bank	Enhanced with Barring (Children or Adults or Both)	These roles undertake regulated activity and are therefore eligible for an Enhanced with Barring DBS check. The Barring List checked will be dependent upon their patient / service user group.
All Registered Nurses (all grades), including bank	Enhanced with Barring (Children or Adults or Both)	These roles undertake regulated activity and are therefore eligible for an Enhanced with Barring DBS check.

		The Barring List checked will be dependent upon their patient / service user group.
All Allied Health Professionals, including bank (Arts Therapists, Dietitians, Occupational Therapists, Orthoptists, Paramedics, Physiotherapists, Podiatrists, Prosthetists, Orthotists, Radiographers and Speech and Language Therapists)	Enhanced with Barring (Children or Adults or Both)	<p>These roles undertake regulated activity and are therefore eligible for an Enhanced with Barring DBS check.</p> <p>The Barring List checked will be dependent upon their patient / service user group.</p>
All other Healthcare Professionals, eg Psychologist, Pharmacist, Phlebotomist, Dentist, Dietitian, Social Worker, etc, including bank	Enhanced with Barring (Children or Adults or Both)	<p>These roles undertake regulated activity and are therefore eligible for an Enhanced with Barring DBS check.</p> <p>The Barring List checked will be dependent upon their patient / service user group.</p>
Unregistered healthcare professionals, eg Nursing Assistant, OT Assistant, Physio Assistant, SLT Assistant, Healthcare Assistant, including Healthcare Students, Clinical Apprentices and bank staff	Enhanced with Barring (Children or Adults or Both)	<p>These roles undertake regulated activity and are therefore eligible for an Enhanced with Barring DBS check.</p> <p>The Barring List checked will be dependent upon their patient / service user group.</p>
IT-related jobs, eg Information Analyst, Service Desk Operator, Project Manager, Software Developer, etc including bank	Not required/Standard	<p>The activity of staff having access to education, health or social services records was known as 'controlled activity'. Controlled activity has since been repealed from the legislation. From September 2012 there is no longer a requirement to obtain a DBS check who have no contact with patients</p> <p>Roles that have contact with patients but do not undertake regulated activity require a standard DBS check if working in a healthcare environment.</p>
Facilities Staff, eg Porters, Domestics, Catering Staff, Maintenance,	Not required/ Standard / Enhanced with Barring	Enhanced with Barring when involved in the transportation of patients / service users only.

Electricians, Plumbers, etc, including bank	(Children or Adults or Both)	<p>Standard DBS check required due to the potential for regular interaction/access to patients / service users.</p> <p>Not required when in a non-clinical environment as any interaction with patients / services users will be incidental.</p>
Admin roles, ie Admin Assistant, Payroll Advisor, etc, including Apprentices and bank	Not required/Standard	<p>Standard DBS check required due to potential for access to patients / service users.</p> <p>In a non-clinical environment not required as any interaction with patients / services users will be incidental.</p>
All Volunteers, eg ward visitor, support volunteer, peer trainer, befriender, tea bar volunteer, Involvement volunteer, etc	Not required/Standard	<p>Standard DBS check required if contact with patients / service users in healthcare setting.</p> <p>In a non-clinical environment not required as any interaction with patients / services users will be incidental</p>

RISK ASSESSMENT FORM FOR STAFF AWAITING DBS CHECK

This form is used to make an assessment about a candidates' suitability to commence employment prior to receipt of a DBS Check.

The risk assessment must be completed by recruitment/Medical People Services in conjunction with the relevant People & OD Business Partner and authorised by the Divisional Director (or alternative member of Divisional leadership team) for Agenda for Change staff, or the Medical Director (or Deputy Medical Director) for M&D staff, **before** the individual commences employment.

Individuals should only be allowed to commence employment without a DBS Check in exceptional circumstances where any delay is likely to severely affect service delivery and impact patient care. This risk assessment must be completed and authorised before the employee begins work.

Employee/Candidate Name:		Post Applied for:	
Level of DBS Requested: Standard or enhanced? Adult barred list? Childrens barred list?		Date DBS application submitted:	
Proposed start date:		Reasons needing applicant to start before DBS: note here the risks/impact of the applicant not starting until DBS check is complete	
Part 1 - Assess Risk			
	Yes	No	Notes
Has the applicant completed a self-declaration?			If no, applicant cannot start.
Did the self-declaration contain any information that will appear on the DBS?			If yes, please also complete the DBS disclosure risk assessment before applicant starts.
If yes, is the information relevant to the work they are being employed to undertake?			If yes, applicant cannot start until DBS certificate is received.
Have satisfactory employment references been received?			If no, applicant cannot start until references or DBS certificate is received, unless they are a postgraduate doctor in training.
Has the applicant had a DBS check before? (must be the same level as being requested here)			If yes, request the certificate and, if the certificate is clear note the date and certificate number here.
Will the applicant be providing regulated activity?			If yes, the applicant must not commence in post until a satisfactory DBS Certificate has been returned unless the risk can be adequately managed (see Part 2).

Will the applicant be joining the Trust bank?			If yes, applicant cannot be activated on the Bank until DBS certificate is received.
Part 2 - Manage Risk			
If the candidate is starting work before a DBS check is complete, there are ways to reduce and manage to the risk. Please consider all options below and implement all measures possible and clearly document the rationale for why it is, or isn't, appropriate.			
Measure	Yes	No	Rationale and Person Responsible
• Supervision from a colleague or senior			
• Restricting work to non-regulated activities			
• Restricting work to non-clinical areas			
• Restricting work to areas with no children / vulnerable adults			A candidate must never begin unsupervised regulated activities with children until the DBS check is complete.
• Other: detail as appropriate			

PART 3 - DECLARATION

- I have considered the questions outlined above and **I am satisfied** that it is necessary to allow the above-named individual to commence work before their DBS check is complete and that all possible measures to reduce and eliminate risk have been put in place.
- I have notified all relevant managers that the individual is still awaiting their DBS Check and of the need to ensure the above measures are implemented.
- I have explained to the applicant the implications of commencing work prior to clearance being received and the possibility that disciplinary action including summary dismissal may result if it is subsequently discovered that the individual did not disclose any material facts relating to their application and employment.

APPROVAL BY PEOPLE & OD TEAM

Signed:

Print Name:

Date:

APPROVAL BY DIVISIONAL DIRECTOR (or alternative member of Divisional leadership team) for Agenda for Change staff or MEDICAL DIRECTOR (or Deputy) for M&D staff

Signed

Print Name

Date:

This form **MUST** be retained on the candidate's personal file and/or recruitment file until the DBS check is complete.

Appendix 3

Summary – DBS Risk Assessment for Positive Disclosure(s)

This risk assessment is designed to assess a candidate's suitability to begin employment or engagement with the organisation in cases where there has been a disclosure on their DBS certificate.

The recruiting manager (or Volunteer Team for volunteers) is required to have a discussion with the candidate to evaluate the nature and context of the disclosure and record this in part 2 below. This conversation aims to assess whether any potential risks associated with the disclosure can be mitigated within the role or if the offer of employment/engagement should be reconsidered. The completed risk assessment must be approved (part 4) by a senior Divisional Manager (Band 8A and above).

For medical and dental staff, the Medical Director (MD) / Deputy MD will lead the discussion and approve the outcome (part 4).

This risk assessment must be completed and authorised before the employee begins work

Part 1 – Individual, Post and DBS Information	
Name of Individual:	Post Applied for:
Level of DBS requested/received: Enhanced with Adults and Children's Barring List	DBS certificate number: Date of conviction: Offence: Sanction:
Form completed by:	Date form completed:

Part 2 – Conversation with applicant				
Date of Conversation:				
Present at the Conversation:				
Statement	Yes	No	N/A	Notes
Were the caution(s) / conviction(s) / reprimand(s) declared on any of the following: the application form, self-declaration form or during interview?				If no, please discuss with individual rationale for not declaring and document here.
Have you ever been refused employment on the basis of a DBS certificate?				If yes, please provide the following details: Job title of post: Employer: Date of decline:
How did the offence(s) occur, including the circumstances surrounding the offence(s)?				

Are there any mitigating circumstances in relation to the offence(s)?

Have your circumstances changed since the offence(s) occurred?

What impact did the offence have on you as an individual?

Part 3 – Risk Assessment

To be completed by recruitment team (or MD/Deputy MD for M&D staff). See Enclosure 1 for guidance in completing part 3. This section is intended as a guide only. It may be adapted as needed to take account of professional codes of conduct or any other extenuating or mitigating circumstances.

	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Impact on the safety of people (physical / psychological harm)					
Impact on property or assets					
Relevance to Job Role					
When did offence occur?					

Risk Consequence

The highest score should be used as the Risk Consequence Score.

Risk Consequence Score

Consequence modifier

Given the nature of the issue, do you need to add further points to the Overall Risk Consequence Score?

	Declared as part of process	Not Declared as part of process
Custodial sentence	Add 1	Add 2
Non-custodial sentence / warning	Add 0	Add 2

Consequence Modifier Score	(maximum of 5)													
Overall Risk Consequence Score (Risk Consequence Score + Consequence Modifier Score) <i>The maximum Overall Risk Consequence Score is 5.</i>														
Risk Likelihood or Probability Score The highest score should be used as the Likelihood Score.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Descriptor</th> <th style="width: 15%;">1 Rare</th> <th style="width: 15%;">2 Unlikely</th> <th style="width: 15%;">3 Possible</th> <th style="width: 15%;">4 Likely</th> <th style="width: 15%;">5 Almost certain</th> </tr> <tr> <td style="text-align: center;"><i>Frequency</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain	<i>Frequency</i>							
Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain									
<i>Frequency</i>														
Overall Likelihood Score														
Overall Risk Score (overall risk consequence score X overall likelihood score)														
<p>Excluding Medical and Dental Staff, if the overall score is 8 or above, a Decision-Making Group (DMG) must be convened by the recruitment or volunteer team. Divisional Director, Senior People Advisor, appointing manager and member of recruitment or volunteer team to attend.</p>														

Part 4 - Outcome
<p>As the recruiting or volunteer manager (or MD/Deputy MD for M&D staff) it is my decision to:</p> <ul style="list-style-type: none"> Continue with the offer of employment/engagement as volunteer Withdraw the offer of employment/engagement as volunteer (delete as appropriate)
Rationale
Approval by: Signed Job title: Print Name Date:

This form MUST be retained on the candidate's personal file and/or recruitment file.

Enclosure A

DBS RISK ASSESSMENT & CONSISTENCY MATRIX

Risk Consequence Score

Use the Risk Consequence Score table below to determine the **Consequence** score.

- Consider the impact of the offence (e.g. in relation to driving offences), or the impact should the offence happen again.
- Where there are multiple offences it may be helpful to focus on the most recent conviction whilst taking into account all offences.
 - Do not go for the worst case scenario or the most likely scenario. Instead aim for the 'reasonably foreseeable worst case scenario'.
 - The score is the highest number achieved scoring left-to-right.

	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Impact on the safety of people (physical / psychological harm)	No impact / minor injury not requiring first aid	Minor injury requiring first aid	More serious injury	Major injury/long term incapacity or disability	Death or major permanent incapacity
Impact on property or assets	Not quantifiable	> £10	> £100	> £1,000	> £10,000
Relevance to Job Role	None	Partially relevant / Requires adjustment to some duties	Relevant / Requires adjustment to some duties/ Requires partial supervision	Extremely relevant / Requires adjustment to key duties / Requires supervision at all times	Critical; cannot carry out job role
When did offence occur?	>10 years ago	Between 5 and 10 years ago	Between 1 and 5 years ago	In the last 12 months	

Consequence modifier

Use the Consequence Modifier if necessary to modify the Risk Consequence Score. *The maximum score you can make adding the Risk Consequence Score and Consequence Modifier score is 5.*

	Declared as part of process	Not Declared as part of process
Custodial sentence	Add 1 (to a maximum of 5)	Add 2 (to a maximum of 5)
Non-custodial sentence / warning	Add 0	Add 2 (to a maximum of 5)

You now have an overall Risk Consequence Score.

Risk Likelihood Score

Use the Risk Likelihood Score table to assess the **Likelihood** score.

Descriptor	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
Frequency	On the balance of probabilities it is extremely unlikely that person would reoffend	On the balance of probabilities it is possible but unlikely that person would reoffend	On the balance of probabilities it is possible that person would reoffend	On the balance of probabilities it is likely that person would reoffend	On the balance of probabilities this member of staff is almost certain to reoffend

Multiply the **Risk Consequence Score** (modified by the Consequence Modifier if necessary) with the **Likelihood** score to obtain the risk rating *which should be a score between 1 and 25*.

Risk Quantification Matrix

		Consequence				
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	1 - Rare	1	2	3	4	5
	2 - Unlikely	2	4	6	8	10
	3 - Possible	3	6	9	12	15
	4 - Likely	4	8	12	16	20
	5 - Almost Certain	5	10	15	20	25