

**Northamptonshire Children’s Services Procedures Manual Maintenance**

**Practice Guidance**

1.0 Introduction

1.1 The [Northamptonshire Children’s Services (NCS) Procedures Manual](http://northamptonshirechildcare.proceduresonline.com/index.htm) covers all areas of core Children’s Social Care business. It is subject to ongoing review, change and development in order to ensure its content reflects current legislation and good practice.

1.2 This practice guidance has been produced for all involved in the review and approval of children social care procedures. These individuals include;

* Directors
* Assistant Directors
* Strategic Managers
* Service Managers
* Team Managers
* Practice Managers

1.3 This document will summarise the maintenance process and the main duties of Responsible Strategic Managers and Responsible Officers. **It is important that all uses of the manual are familiar with the content of this document.**

1.4 **For further guidance or assistance, you are advised to contact the Safeguarding and Quality Assurance Service (SQAS) Policy and Procedures Officer, Kwesi Williams -** **KwWilliams@childrenfirstnorthamptonshire.co.uk****.**

**It is important that you know:**

* **Our aim is to ensure Manual content is**;
* **Comprehensive** – Procedures cover the full range of children’s social care processes
* **Compliant** – Procedures are compliant with legislation and statutory guidance
* **Consistent** – Procedures reflect local practice and do not contradict each other
* **Amendments made to Manual content must be made using ‘Tracked Changes’** ([click for advice](http://ccl/sites/qandp/sqas/QAF%20audits/Trix%20Editing_Amending%20Advice.pdf))
* **There are two opportunities a year to update the Manual**
* **Governance processes outlined in section 6 of this document must be followed**

2.0 Main Duties of Responsible Officers and Responsible Strategic Managers

2.1 Responsible Strategic Managers (RSMs) and Responsible Officers (ROs) are required to undertake key tasks to support Manual maintenance. Main duties are described in the following sections.

2.2 **Responsible Officers**

2.2.1 **Coordinate / Assist in the coordination of the review and updating of procedures they are responsible for.** At times this will include making amendments to the draft procedure document itself. **When undertaking this task,** [**editing guidance**](http://ccl/sites/qandp/sqas/QAF%20audits/Trix%20Editing_Amending%20Advice.pdf) **must be adhered to.**

2.2.2 **Arrange for updated procedures to be submitted to RSMs for approval (‘sign off’).**

2.2.3 **Ensure approved procedures are submitted to the SQAS Policy and Procedures Officer for inclusion in the Manual.**

2.2.4 **Act as an NCS Procedures Manual Champion in their respective areas.** Ensure all staff they are responsible for know how to access and use the Manual (see [NCS Procedures Manual Practitioner Guidance Notes](http://www.proceduresonline.com/northamptonshire/childcare/user_controlled_lcms_area/uploaded_files/NCS%20Procedures%20Manual%20Practitioner%20Guidance%20Notes.doc)).

2.3 **Responsible Strategic Manager**

2.3.1 **Identify and secure Responsible Officers.** Having read a procedure they are responsible for, RSMs must **identity** an appropriate RO.

2.3.2 **Inform the SQAS Policy and Procedures Officer of changes in RO personnel so that** **the** [**NCS Procedures Manual Tracker**](http://ccl/sites/qandp/sqas/QAF%20audits/Northamptonshire%20Childrens%20Services%20Procedures%20Manual%20Tracker.xlsx) **can be updated.**

2.3.3 **Approve (‘sign off’) draft procedures. Where necessary and prior to approval, RSMs should consult with relevant management if any part of their procedure details activity they are not responsible for. Depending on the nature and complexity of the procedure, it may be necessary to arrange it’s submission to the Safeguarding and Children’s Services** Senior Management Team (SCS SMT) or Senior Leadership Team (SLT). (RSMs should use their discretion or consult with their line manager.)

2.3.4 **Assume role of Responsible Officer when a Responsible Officer has not been identified.** To ensure our procedures are reviewed by those with relevant professional and practical knowledge, **all procedures at all times must have a RSM and RO.**

2.3.5 **Act as an NCS Procedures Manual champion in respective areas.** Ensure all staff they are responsible for know how to access and use the Manual (see [NCS Procedures Manual Practitioner Guidance Notes](http://www.proceduresonline.com/northamptonshire/childcare/user_controlled_lcms_area/uploaded_files/NCS%20Procedures%20Manual%20Practitioner%20Guidance%20Notes.doc))

3.0 Manual Maintenance

3.1 **There are two opportunities, per year, for new or amended procedures to be published in the Manual**. A yearly [update schedule](http://ccl/sites/qandp/sqas/QAF%20audits/NCSProceduresManual_2017_18UpdateSchedule.docx) is agreed in advance of Manual updates and will be emailed to all involved in the review and approval process.

3.2 Agreed scheduled deadlines must be adhered to in order to make best use of updates. **Failure to adhere to deadlines could have financial implications and will result in a poorly maintained Manual, which will leave our workforce ill-equipped to carry out its duty to safeguard children**.

3.3 Manual maintenance will follow one of three governance routes;

 - Scheduled Updates (see section 3.4 (a))

 - Scheduled Reviews (see section 3.4 (b))

 - Unscheduled Reviews and Updates (see section 3.4 (c))

3.4 a) Scheduled Updates (see section 6.1 for flowchart)

1. Before each update, the Authority receives an **‘Update Plan’** ([see example](http://ccl/sites/qandp/sqas/QAF%20audits/NCS%20Procedures%20Manual%20Update%20Plan%20-%20Sample.doc)). The plan details **recommended amendments** that are considered necessary to ensure procedures maintain statutory compliance and reflect good practice.
2. ROs will be informed of amendments affecting procedures they are responsible for. Material for review will be forwarded to ROs for action.
3. There will be a **six week period** (approx.) to review and approve (or reject) the amendments before the Authority is required to submit its response to Tri.x. **If the agreed submission deadline is missed, the opportunity to publish amended or new procedures will be lost until the next scheduled manual update**. The period between a missed Tri.x submission deadline and the publication of the next scheduled manual update can be up to **eight months**.
4. ROs will decide if a Review Session is necessary – see section 4.0.
5. Where a review leads to further amendments, [Tri.x’s Editing / Amending Advice](http://ccl/sites/qandp/sqas/QAF%20audits/Trix%20Editing_Amending%20Advice.pdf) must be adhered to. Tri.x will not accept or publish amended material if changes have not been ‘tracked’.
6. ROs will send draft procedures to the RSM for approval (sign off).
	1. **An exception to this is where a procedure covers the activities of multiple services. In these circumstances, a Review Session will be held between ROs to ensure a joint review of the procedure is completed. If necessary, further Review Sessions will be held. The final draft will be forwarded to RSMs for approval.**
7. RSMs will either approve, conditionally approve or defer decision making responsibility to the SCS SMT or SLT.
	* + 1. Approved procedures must be sent to the SQAS Policy and Procedures Officer for inclusion in the Manual.
			2. Conditionally approved procedures should be returned to the RO with explicit instructions regarding what amendments must be made to obtain approval. Once amendments have been made, the draft procedure should be submitted to the RSM who will check and approve the procedure. The approved procedure must be sent to the SQAS Policy and Procedures Officer for inclusion in the Manual.
			3. RSM will arrange for the draft procedure to be presented to SCS SMT or SLT who will either approve or approve with conditions. Approved procedures should be sent to the SQAS Policy and Procedures Officer. Conditionally approved procedures should be returned to the RO with explicit instructions regarding what amendments must be made to obtain approval.

Once amendments have been made, the draft procedure should be submitted to the RSM who will check and approve the procedure, **unless there has been a request by SCS SMT or SLT for the procedure to be returned for approval**. The approved procedure must be sent to the SQAS Policy and Procedures Officer for inclusion in the Manual.

The decision to submit procedures to SCS SMT and SLT should be discussed with the Assistant Director Early Help, Safeguarding and Children's Services.

1. Approved procedures must be submitted to Tri.x for publication in the next edition of the Manual

b) Scheduled Reviews (see section 6.2 for flowchart)

1. **ROs and RSMs are expected to periodically visit the** [**NCS Procedures Manual Tracker**](http://ccl/sites/qandp/sqas/QAF%20audits/Northamptonshire%20Childrens%20Services%20Procedures%20Manual%20Tracker.xlsx) **to check ‘Next Review To Be Completed By’ deadlines and to make a note of the deadline**. A reminder email will be sent to ROs and RSMs prior to the review’s completion deadline. It should be noted that reviews can be begin before receipt of the reminder email.
2. Once the reminder email is received, arrangements for the review must be made by the RO (if review arrangements are not already in place). If necessary, a Review Session should be convened (see section 4.0).
3. **Where a review** **leads to no amendments**, the procedure must be forwarded to the RSM with a brief statement explaining that no changes are required e.g. **‘*The [INSERT NAME OF PROCEDURE] has been reviewed and no changes are required.*’**

**Where a review leads to amendments**, RO must arrange amendments to be made to, ensuring [Tri.x’s Editing / Amending Advice](http://ccl/sites/qandp/sqas/QAF%20audits/Trix%20Editing_Amending%20Advice.pdf) is adhered to. Tri.x will not accept or publish amended material if changes have not been tracked.

1. ROs will send draft procedures to the RSM for approval (sign off).
2. RSMs will either approve (this includes agreeing that no amendments are needed), conditionally approve or defer decision making responsibility to the SCS SMT or SLT.
	* + 1. Approved procedures should be sent to the SQAS Policy and Procedures Officer. The SQAS Policy and Procedures Officer must also be notified when a review has been undertaken and no amendments were needed.
			2. Conditionally approved procedures should be returned to the RO with explicit instructions regarding what amendments must be made to obtain approval. Once amendments have been made, the draft procedure should be submitted to the RSM who will check and approve the procedure. The approved procedure must be sent to the SQAS Policy and Procedures Officer for inclusion in the Manual.
			3. RSM will arrange for the draft procedure to be presented to SCS SMT or SLT who will either approve or approve with conditions. Approved procedures should be sent to the SQAS Policy and Procedures Officer. Conditionally approved procedures should be returned to the RO with explicit instructions regarding what amendments must be made to obtain approval.

Once amendments have been made, the draft procedure should be submitted to the RSM who will check and approve the procedure, unless there has been a request by SCS SMT or SLT for the procedure to be returned for approval. The approved procedure must be sent to the SQAS Policy and Procedures Officer for inclusion in the Manual.

The decision to submit procedures to SCS SMT and SLT should be discussed with the Assistant Director Early Help, Safeguarding and Children's Services.

1. Approved procedures will be submitted to Tri.x for publication in the next edition of the Manual

c) Unscheduled Reviews and Updates (see section 6.3 for flowchart)

1. Unscheduled reviews can be prompted by the following;
* Recommendation following Case Audits
* Change in local practice or structure
* Change in legislation or statutory guidance
* Where a confirmed gap in a procedure has been identified
1. Request for unscheduled reviews must be brought to the attention of the SQAS Policy and Procedures Officer and RO. Consideration should be made to the fact a change in practice or structure can impact multiple procedures. Every effort should be made to identify all relevant procedures to ensure any amendments are consistent throughout the Manual.
2. Review arrangements must be agreed between the SQAS Policy and Procedures Officer. A decision to hold a Review Session will be made by the RO – see section 4.0.
3. Where a review **leads to no amendments**, an email explaining why must be sent by the RO or SQAS Policy and Procedures Officer to the individual(s) who prompted in the review. The RSM should be cc’d in this email.
4. Where a review **leads to amendments**, [Tri.x’s Editing / Amending Advice](http://ccl/sites/qandp/sqas/QAF%20audits/Trix%20Editing_Amending%20Advice.pdf) must be adhered to. Tri.x will not accept or publish amended material if changes have not been tracked. ROs must send draft procedures to the RSM for approval (sign off).
5. RSMs will either approve (this includes agreeing that no amendments are needed), conditionally approve or defer decision making responsibility to the SCS SMT or SLT.
	* + 1. Approved procedures should be sent to the Policy and Procedures Officer
			2. Conditionally approved procedures should be returned to the RO for amendments to be made. Once made, the draft procedure should be submitted to the RSM who will check and approve the procedure on behalf of SCS SMT.
			3. RSM will arrange for the draft procedure to be presented to SCS SMT or SLT who will either approve or approve with conditions. Approved procedures should be sent to the SQAS Policy and Procedures Officer. Conditionally approved procedures should be returned to the RO with explicit instructions regarding what amendments must be made to obtain approval.

Once amendments have been made, the draft procedure should be submitted to the RSM who will check and approve the procedure, unless there has been a request by SCS SMT or SLT for the procedure to be returned for approval. The approved procedure must be sent to the SQAS Policy and Procedures Officer for inclusion in the Manual.

The decision to submit procedures to SCS SMT and SLT should be discussed with the Assistant Director Early Help, Safeguarding and Children's Services.

1. Approved procedures will be submitted to Tri.x for publication in the next edition of the Manual.

4.0 Review and Update of Procedures

4.1 Review Sessions

4.1.1 Depending on the scope of the review, it may be necessary to convene a Review Session to allow relevant professionals the opportunity to agree what (if any) amendments are required. **The decision to convene a Review Session will be at the discretion of the RO**.

4.1.2 The RO can obtain assistance with organising and undertaking Review Sessions from the SQAS Policy and Procedures Officer.

4.2 Review Checklist

The following 5-point checklist has been designed to aid the comprehensive review of procedures;

4.2.1 Copy current procedure from the Manual into MS Word document, set the track changes and upload to Safeguarding and Quality Assurance (SQAS) Share Point

4.2.2 Incorporate changes in legislation, statutory guidance or practice into the procedure

4.2.3 Consider Impact of procedural changes on other existing procedures and establish if these need amending. If other procedures have been identified, amendments should be made in accordance with this Guidance

4.2.4 Amend procedure in line with [Tri.x’s Editing / Amending Advice](http://ccl/sites/qandp/sqas/QAF%20audits/Trix%20Editing_Amending%20Advice.pdf)

4.2.5 Follow governance processes as outlined in sections 3.0 and 6.0 of this document

5.0 New Procedures

5.1 Where a gap in the Manual has been identified and a new procedure is necessary, the following steps must be taken:

* + 1. Inform the SQAS Policy and Procedures Officer who will request a procedure template from Tri.x
		2. a) **If a procedure template is available** it will be forwarded to the identified RO and the process outline in section 6.1 must be followed

b) **If a procedure template is not available**, the SQAS Policy and Procedures Officer will notify relevant parties and agree the arrangements for the development of a procedure.

6.0 Governance Flowchart

6.1 Maintenance Route One: Scheduled Update Flowchart

SQAS Policy and Procedures Officer instructs Responsible Officers (ROs) to review recommended amendments. All material requiring review will be forwarded to ROs at this point. Responsible Strategic Managers will be notified.

Tri.x **Update Plan** received by the SQAS Policy and Procedures Officer

ROs review the recommended amendments. **ROs decide if amendments should be agreed. The draft procedure is amended to reflect decisions made** and then forwarded to the Responsible Strategic Manager (RSM) for sign off to be obtained. (Where multiple RSMs have been identified, the draft procedure should be returned to the SQAS Policy and Procedure Officer to coordinate approval.)

c)

b)

The RSM reviews the draft procedure. The procedure is either;

a) Approved (‘signed off’)

b) Approved subject to agreed amendments being made

c) Deferred to the Safeguarding and Children’s Services Senior Management Team (SCS SMT) or the Senior Leadership Team (SLT) for approval

a)

Draft procedure returned to ROs for agreed amendments to be made. The draft procedure submitted to RSM again for approval

SCS SMT or SLT review the draft procedure. The procedure is either;

i) Approved (‘signed off’)

ii) Approved subject to agreed amendments being made

i)

ii)

Draft procedure returned to RO for agreed amendments to be made. The draft procedure submitted to RSM again for approval (unless there is a request from SCS SMT or SLT for the procedure to be returned for approval)

Approved procedure returned to SQAS Policy and Procedures Officer for submission to Tri.x

Approved procedures published in the next edition of the NCS Procedures Manual

6.2 Maintenance Route Two – Scheduled Review Flowchart

Responsible Officers (ROs) and Responsible Strategic Managers (RSMs) receive an **email** from the Policy and Procedures Officer **reminding them that a procedure they are responsible for, needs to be reviewed.**

ROs reviews procedure and decides if amendments are needed.

If amendments are needed, the procedure is amended and forwarded to the Responsible Strategic Manager (RSM) for approval.

If no amendments are required, the procedure is forwarded to the RSM, with an email explaining why no amendments are required.

The RSM reviews the draft procedure. The procedure is either;

a) Approved (‘signed off’)

b) Approved subject to agreed amendments being made

c) Deferred to the Safeguarding and Children’s Services Senior Management Team (SCS SMT) or the Senior Leadership Team (SLT) for approval

c)

b)

a)0

SCS SMT or SLT review the draft procedure. The procedure is either;

i) Approved (‘signed off’)

ii) Approved subject to agreed amendments being made

Draft procedure returned to ROs for agreed amendments to be made. The draft procedure submitted to RSM for approval

ii)

i)

Draft procedure returned to RO for agreed amendments to be made. The draft procedure submitted to RSM for approval (unless there is a request from SCS SMT or SLT for the procedure to be returned for approval

Approved procedure returned to Policy and Procedures Officer for submission to Tri.x

Approved procedures published in the next edition of the NCS Procedures Manual

6.3 Maintenance Route Three – Unscheduled Reviews and Updates Flowchart

Request to review a procedure is received by the SQAS Policy and Procedures Officer and Responsible Officer (RO).

If no amendments are required, an email explaining why is sent by the RO or SQAS Policy and Procedures Officer to the individuals who prompted in the review and the RSM.

If amendments are required, the procedure is amended and forwarded to the Responsible Strategic Manager (RSM) for approval.

SQAS Policy and Procedures Officer and RO agree how best to review and update the procedure – this may include convening Review Sessions.

i)

Draft procedure returned to RO for agreed amendments to be made. The draft procedure submitted to RSM again for approval (unless there is a request from SCS SMT or SLT for the procedure to be returned for approval)

ii)

c)0

b)0

a)0

SCS SMT or SLT review the draft procedure. The procedure is either;

i) Approved (‘signed off’)

ii) Approved subject to agreed amendments being made

Draft procedure returned to ROs for agreed amendments to be made. The draft procedure submitted to RSM again for approval

Approved procedure returned to Policy and Procedures Officer for submission to Tri.x

Approved procedures published in the next edition of the NCS Procedures Manual

The RSM reviews the draft procedure. The procedure is either;

a) Approved (‘signed off’)

b) Approved subject to agreed amendments being made

c) Deferred to the Safeguarding and Children’s Services Senior Management Team (SCS SMT) or the Senior Leadership Team (SLT) for approval