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# **WEST GLAMORGAN SAFEGUARDING BOARD DOCUMENTS**

## **DEVELOPMENT OF POLICIES, PROCEDURES, PROTOCOLS AND GUIDELINES**

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## **WGSB - GUIDELINES ON THE DEVELOPMENT OF POLICIES, PROCEDURES, PROTOCOLS AND GUIDELINES**

### **1. POLICY STATEMENT**

- 1.1 This document outlines the process for development, consultation, approval, dissemination, and review of National and WGSB Policies, Procedures and Protocols.

### **2. AIMS AND OBJECTIVES**

#### **THE PURPOSE OF THIS POLICY IS TO ENSURE THAT:**

All written key documents comply in terms of their format and content.

There are systems in place for:

- Maintenance of a comprehensive index of all key documents
- Systems for consultation and approval of WGSB documents
- Systems for review of such documents within an appropriate timescale
- Systems for consultations and approval of national documents.

### **3. DEFINITIONS**

#### **STRATEGY**

Is a long term plan designed to achieve particular goals or objectives which are supported by policies and / or procedures.

#### **POLICY**

A written statement of intent, setting out the way in which an issue is to be managed by the LSBs. They are underpinned with evidence based procedures and guidelines and are mandatory, binding staff to follow them.

## **PROCEDURE**

Set out a series of actions which, when taken in a required order, will achieve a desired outcome. Procedures set out the operational processes to be followed to meet the objectives of the policy. They must include reference of any researched evidence used.

## **PROTOCOLS**

Provide step by step guidance. Within a protocol it must be clear by whose authority it is being implemented, what the scope of the protocol is and what should be done if practice is to be outside the protocol and reasons must be documented. Protocols are not mandatory, however, they are generally prescriptive.

## **GUIDELINES**

Give general advice and recommendations for dealing with specific circumstances. They give options of how something might be carried out. Guidelines are not prescriptive and neither are they mandatory.

## **4. DEVELOPMENT OF WEST GLAMORGAN SAFEGUARDING BOARD DOCUMENTS**

4.1 The need to develop new WGSB Policies, Procedures, Protocols and Guidelines may emanate from a number of sources including:-

- Child & Adult Practice Reviews
- HM Government and Welsh Government Legislation and Statutory Guidance
- Regional and National Priorities.

See Appendix 1 for a diagram of how these factors influence the development of documents.

4.2 In accordance with the Equality Act 2010, all policies will be subject to an Equality Impact Assessment.

4.3 The language used within a key document should be plain English avoiding technical terms wherever possible. If technical terms are necessary or abbreviations desirable, they must be explained using a glossary / footnote.

- 4.4 In accordance with the requirements of GDPR, names of individual staff must not be contained within key documents. Individuals with particular responsibilities can be identified by their job title only.
- 4.5 All WGSB documents must comply with current legislation, national and professional guidance. Policies must be based on sound evidence and be appropriately referenced.
- 4.6 Where training is required to be able to implement a key document, this must be clearly defined.

A lead will be identified from the membership of the PPPMG to form a Task and Finish Group to develop / review / consult on relevant documents.

4.7 All documents developed must:

- Be font Arial type size 14 with headings in bold
- Be page numbered
- Be dated
- Include the WGSB Logo on the front page
- Include details of the lead for the document - working group / post title

4.8 All documents outlined in this policy should reflect where appropriate:-

- Introduction - background of document, why required
- Key Legislation and / or Statutory Guidance
- Definitions / Glossary
- Aims and Objectives - Who is it for? What will be the impact
- Roles and Responsibilities
- Impact Assessment
- References.

4.9 It is the responsibility of all members of PPPMG to then circulate the draft document within their respective agencies.

4.10 All new or significantly revised key documents must be developed in consultation with the relevant target audience involving appropriate managerial, professional, clinical and staff representation as necessary. The

period of consultation must be adequate to allow robust consultation i.e. not less than one week but possibly as long as eight weeks.

4.11 The Task and Finish Group will collate and consider any feedback from the consultation and develop a final draft version.

4.12 The document will be ratified by the WGSB and members will confirm at the Board meeting that they have disseminated to their agencies

4.13 The WGSB Business Manager will inform the members of PPPMG of the ratification.

4.14 A quick reference flow chart of this process can be found in Appendix 2.

## **5. CONSULTATION AND RATIFICATION OF NATIONAL DOCUMENTS**

5.1 The WGSB PPPMG will be responsible for responding to consultations on behalf of the WGSB and recommending national documents for ratification by the WGSB. Examples of national documents include:

- All Wales Protocols, Procedures and Practice Guidance
- Welsh Government Statutory Guidance

### **5.2 CONSULTATION PROCESS FOR NATIONAL DOCUMENTS**

5.2.1 Relevant National documents which have been circulated for consultation will be considered by WGSB PPPMG.

5.2.2 Each agency representative will be responsible for consulting relevant individuals from within their own agency and collating responses.

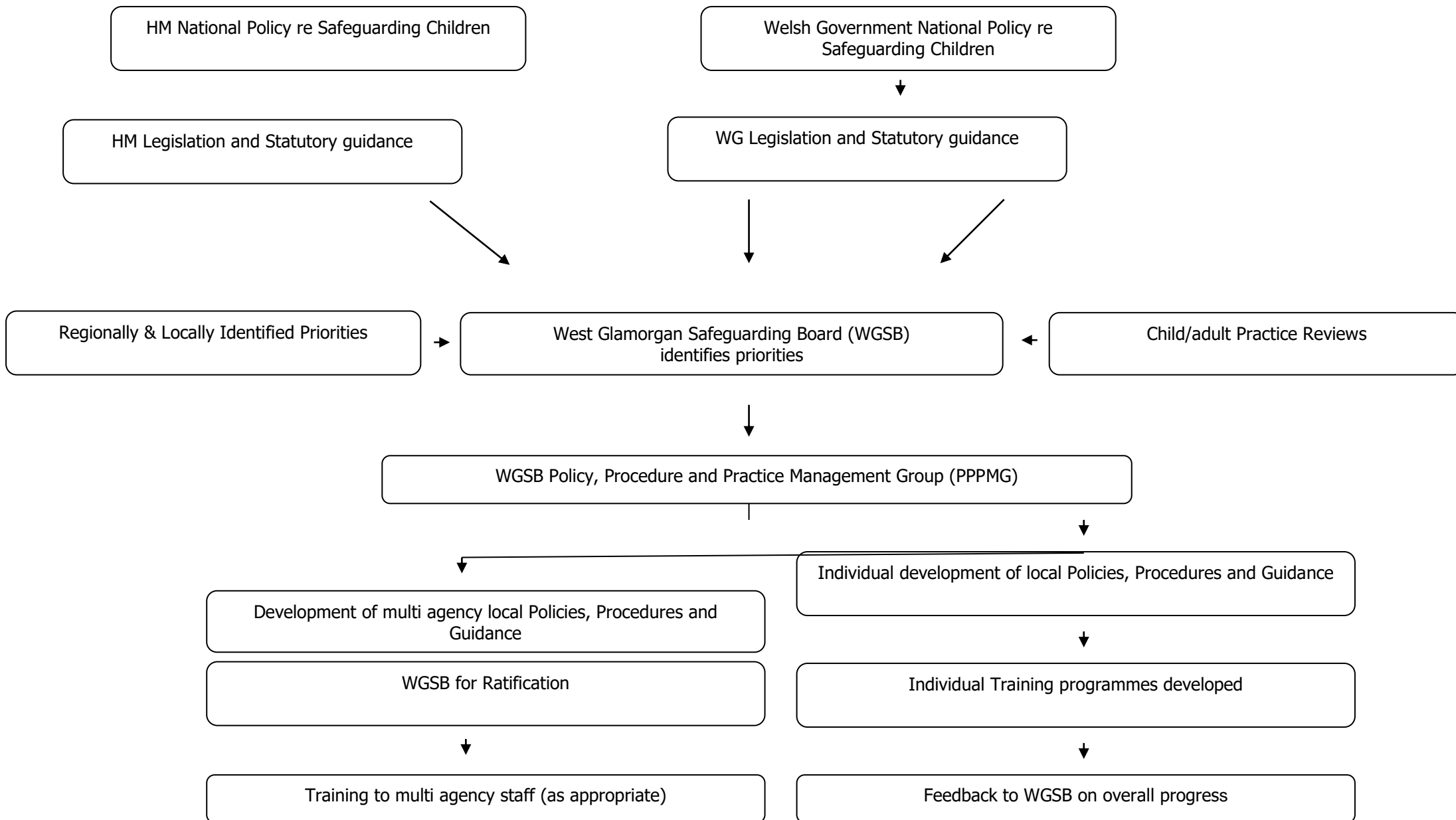
5.2.3 The WGSB PPPMG will consider the collective responses and finalise a response on behalf of the WGSB.

5.2.4 The WGSB Lead will be responsible for sending the response.

### **5.3 RATIFICATION OR ENDORSEMENT OF NATIONAL DOCUMENTS**

- 5.3.1 Where a national document requires ratification or endorsement by the WGSB it will be discussed by the WGSB PPPMG.
- 5.3.2 Each agency representative will consider the implications for their agency and identify any significant issues. Consultation with the relevant target audience involving appropriate managerial, professional, clinical and staff representation will be undertaken as necessary. The period of consultation must be adequate to allow robust consultation i.e. not less than one week but possibly as long as eight weeks.
- 5.3.3 In parallel with the consultation process each agency representative will also develop a dissemination plan.
- 5.3.4 The WGSB PPPMG will discuss the key implications for agencies and agree whether the document should be presented to the WGSB for ratification/ endorsement. They will also submit their dissemination plans.
- 5.3.5 The chair of the WGSB PPPMG will be responsible for presenting the document for recommendation and dissemination plans to the WGSB.
- 5.3.6 The WGSB will ratify or endorse national document / s.
- 5.3.7 The WGSB Business Manager will inform the members of the PPPMG of the ratification.
- 5.3.8 Where the national body publishing the document has requested a formal recognition from the Board the WGSB Business Manager will be responsible for making the necessary arrangements.
- 5.3.9 The document will be disseminated across all relevant agencies according to their dissemination plan.

**APPENDIX 1**





## Appendix 2

**Process for Developing  
WGSB Policies, Procedures,  
Protocols & Practice  
Guidance**