

Approval Process for Cross College Strategy, Policy and Procedure

August 2016

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Version Control History

Version Number	Date of Approval	Summary of Revisions Made
1.0	CMT (May 2007)	
2.0	CMT (March 2009)	
3.0	CMT (August 2016)	Rewrite of process of approval, Introduction of: Lead Author, Consultation Group, periodic review schedule.

Approval Process for Cross College Strategy, Policy, and Procedure

1 Purpose

This document outlines the process to develop, review and approve college strategy, policy, and procedures.

2 Scope

2.1 The process covers all cross college policy documents, and related procedures and supporting guidance documents.

2.2 The process covers strategies and the relevant enabling plans.

3 Definitions

3.1 A **Policy** is a written set of principles and aims that guide and reflect the position and values of the College on a given subject.

3.2 A **Procedure** describes the steps to be performed to achieve the aims of the associated Policy. A Procedure establishes who is responsible for the actions, defines acceptable practice and sets boundaries. There may be more than one Procedure associated with a Policy and more than one Policy guiding a Procedure.

3.3 A **Strategy** may provide pragmatic approaches to ongoing, fluid situations that cannot be pinned down to a closely defined Policy. The College does not have a defined template for a Strategy. The long-term aim of any Strategy should be to enshrine the successful outcomes of its associated action plan into a defined Policy and Procedure.

3.4 An **Enabling Plan** is used to organise and monitor activities adopted to implement a Strategy.

3.5 **Quality Check** is the process that confirms the document complies with this Procedure, is ready to go forward to College Management Team (CMT) for approval or endorsement, and is suitable for publication. Documents which fail this check cannot be published.

3.6 The **Owner** is the strategic manager responsible for the overarching Policy or Strategy and ensuring that there is a relevant Procedure to enable achievement of the aims of the associated Policy or Strategy. They are responsible for assuring it is reviewed on a regular basis to ensure currency.

3.7 The **Lead Author** of a Strategy, Policy or Procedure is the college manager with key responsibility for implementation. For cross-college Policies or Procedures, the Lead Author will be identified by College Management Team (CMT).

Title: QUAL004 Approval Process for Cross College Strategy, Policy and Procedure

Version/Status: 3/Approved

Approved By/Date: CMT 6/2016

Effective Publication Date: August 2016

Owner: Vice Principal, Academic

Lead Author: Head of Quality

Review Timing/Date: 4 years/2019/20

- 3.8 The **Consultation Group** will be the key staff that have a stakeholder input to the document. This group should include, where relevant, trade union representatives. The Consultation Group will be identified by CMT.

4 Key Principles

The following outlines the key principles in the writing, approval and review of Strategy, Policy and Procedures.

- 4.1 College Strategy, Policy and Procedures should be developed in an appropriate and consistent manner ensuring that all key staff are involved in the consultation process to ensure the document is fit for purpose.
- 4.2 All proposed new or revised college Strategy, Policy and Procedures should be equality impact assessed before being drafted to ensure that all key staff are included in the consultation and that all the key points are contained within the document.
- 4.3 The following process should be adhered to in order to ensure publication is made within a timely manner.
- 4.4 The following process will provide a version control and review schedule for each Strategy, Policy and Procedures implemented by the College for staff use.

5 Responsibilities

- 5.1 The Vice Principal, Academic, with overall responsibility for Quality is responsible for ensuring implementation and currency of this Procedure.
- 5.2 The Head of Quality is responsible for ensuring an appropriate process is in place to enable the:
- Issuing of guidance to College Managers in developing documents within the scope of this Procedure in house style.
 - Monitoring of development and approval of documents within the scope of this Procedure, including ensuring a final quality check has taken place prior to approval.
 - Maintenance of a document control system including a record of archived versions.
 - Discussion by CMT on the revision schedule for Strategy, Policy and Procedures to ensure that such work is prioritised appropriately.
 - Publishing of approved documents within a timely manner.

The duties associated with these responsibilities may be delegated to members of staff within the Quality Unit as appropriate.

- 5.3 The Equality and Diversity Adviser is responsible for offering support and guidance on the assessment of the equality impact of Strategy, Policy and Procedures within the scope of this Procedure.

- 5.4 The Vice Principal, Human Resources and Communications, is responsible for highlighting documents of specific relevance to staff. This is usually done via a regular email.
- 5.5 All College Managers are responsible for the implementation of all Strategies and the supporting enabling plans, Policies, and Procedures within their area, as appropriate.
- 5.6 All staff are responsible for ensuring that they are aware of, and follow all relevant strategic aims and principles, Policies and Procedures, and contribute to implementing Strategy where they are designated with actions in a related Enabling Plan.
- 5.7 The Owner of a document within the scope of this Procedure is responsible for liaising with the Quality Unit to alert them to a required revision that is outwith the review schedule in order to maintain document control. Owners must **NOT** retype, or use other copies of documents which have not been released from the Quality Unit, to ensure version control. Where a new document is being proposed the Owner is responsible for producing an initial Committee Cover Sheet for CMT to approve development of the document. This must show the purpose and scope of the new document.
- 5.8 The Lead Author of the document, within the scope of this Procedure, is responsible for ensuring
- they have consulted widely, with the relevant key staff
 - that an equality impact assessment is completed prior to drafting the document
 - that the document meets the agreed timeline to be presented at the relevant CMT meeting, or they have consulted with the Head of Quality for an extension to this timing
 - they have provided a Committee Cover Sheet to accompany the completed draft document.

Lead Authors must **NOT** retype, or use other copies of documents which have not been released from the Quality Unit, to ensure version control.

- 5.9 The Desk Top Publishing (DTP) team are responsible for uploading documents onto shared files, so they can be held securely and for maintaining an appropriate archive of past versions. DTP are also responsible for preparing the necessary links to display a PDF version of the document on the internal sharepoint site and/or external College website, as appropriate.
- 5.10 Clerk to CMT is responsible for completing Section B of the Committee Cover Sheet to document the CMT decision, and forwarding this to the Lead Author and the Quality Unit. The Clerk to CMT is also responsible for forwarding all endorsed documents to the final approval committee.

6 Procedure

6.1 Developing a New Procedure, Policy or Strategy

- 6.1.1 Guidance on developing a new Strategy, Policy and Procedure is located on the shared drive.
- 6.1.2 All Strategy, Policy and Procedures must be formally approved through a relevant College or Board of Management Committee, depending on the statutory duty attached to the Procedure. The Owner and Lead Author of the document will need to ensure they are fully aware of any such statutory requirements, both in drafting the document, and in seeking approval through the appropriate body. The Quality Unit can offer advice and assistance. Even where a document is approved by such a Committee, it will **NOT** be published until it has been approved/endorsed by the College Management Team (CMT).
- 6.1.3 Where a new Strategy, Policy or Procedure is proposed then an Owner should submit an initial Committee Cover Sheet to CMT. This will ensure there is sufficient need for it as a stand-alone document, or whether the information can be incorporated within an existing document. The proposal should describe the purpose and scope of the document. If agreed to go forward for development, CMT will at this point agree on a Lead Author and key members of the Consultation Group.

6.2 Approval and/or Review of a Strategy, Policy or Procedure

- 6.2.1 The Flowcharts in Appendix 1 show the full process for approval, and/or review, and/or endorsement of a Strategy, Policy and Procedures prior to publication.
- 6.2.2 Each Academic Year, the Head of Quality will liaise with CMT to view a list of those published documents that will be due for review in the following Academic Year. A schedule for revision will be agreed.
- CMT will at this point agree on/review a Lead Author and key members of the Consultation Group responsible for reviewing their documents within the agreed timeframe. The impact of failing to meet the agreed timeframe will have a knock-on effect on the other work of CMT.
- 6.2.3 In conducting a review of the Strategy, Policy and Procedures, Lead Authors must consult with relevant staff and consider evidence from relevant sources such as:
- Feedback.
 - Case studies.
 - Legislation.
 - Related documents (Perth College and/or UHI).
 - Complaints.
 - Changes to organisational charts.

The list is not exhaustive, but Lead Authors must be diligent in reviewing as thoroughly as possible.

- 6.2.4 Where a Strategy, Policy or Procedure is to be revised the Lead Author must contact the Quality Unit to release the latest version of the document in a suitable format to enable revisions to be made.
- 6.2.5 Lead Authors must complete a new equality impact assessment (EIA) for each revision. Where the review results in no substantive change to the document (ie is confined to revising job titles of responsible persons), then the original EIA can be used, but should be re-dated to the effective date of the revised document. For any other changes, a new EIA will be required. The EIA should at this point be sent to the Equality and Diversity Advisor for quality checking.
- 6.2.6 Where an existing Strategy, Policy and Procedure is to be revised outwith the scheduled cycle for review then the owner must notify CMT using a CMT Cover Sheet prior to work commencing on the review describing why the document needs to be reviewed outwith the review cycle. CMT will then at this point agree on the Lead Author and key members of the Consultation Group and the document will be added to the relevant revision schedule.
- 6.2.7 Once a Lead Author has completed consultation they must add a watermark to the document to show it is 'Draft' (page layout/watermark) and send the EIA, final draft documentation, and a Committee Cover Sheet to the Quality Unit at quality.perth@uhi.ac.uk (shown as pc quality on Global Address Book) who will conduct a 'quality approval check' to make sure the document contains all the necessary sections, includes an appropriate footer (see 6.2.3 below), and is ready for publication once approved. Documents which fail this check will **NOT** be sent for approval, but will be returned to the Lead Author for correction.
- 6.2.8 The Quality Unit will add the following meta data within the footer of the document to identify the following:
- Title of document
 - Document reference number
 - Version number/status of document: i.e. draft/final.
 - Approved by: Committee that gives final approval.
 - Date of approval: date of final approval by committee shown above.
 - Effective publication date: (month/year). This will normally differ from the approval by date as it may not be relevant to publish until a specific date i.e. for next academic year.
 - Owner – Strategic Manager responsible for oversight.
 - Lead Author – College Manager responsible for leading consultation and drafting document.
 - Review timing and date – this would show the review period in years i.e. it is to be reviewed every 4 years, and the next academic year for its review.
- 6.2.9 Where a document is entirely new the Quality Unit will assign a holding (draft) reference number.

This number will only be assigned permanently once the document has final approval. Most cross-college documents are assigned a reference number,

signifying that it is a controlled document under the scope of this Procedure. This reference will become confirmed once the document is approved at committee.

6.2.10 Where a document is revised through either minor or full review the Quality Unit will revise the version control number. Full review will be denoted by an increase in the cardinal version number eg 1.0 to 2.0. Minor revision will be denoted by an increase in the fractional number e.g 1.1 to 1.2.

6.2.11 The Quality Unit sends the 'quality checked' document and Committee Cover Sheet to the Clerk to CMT for inclusion on the agenda of the scheduled, or next, appropriate College Management Team (CMT) meeting. The 'quality checked' version is sent back to the lead author in case of further need for revisions identified by Committee.

All new or revised documents must go to CMT for approval/endorsement. This includes documents which must receive final approval by a Board of Management Committee.

Note: In cases of extreme urgency, the Chair of CMT can approve a document, as long as it has met the appropriate quality checks, and it will go to the next available CMT meeting for information, and further change if necessary. All documentation must be sent to the Quality Unit to be forwarded to the Chair of CMT for approval.

6.2.12 The Clerk to CMT will note for the minutes whether the document is **Approved**, **Approved Minor Changes**, or **Not Approved Incomplete** and note the further amendments required on the Committee Cover Sheet and forward this to the Quality Unit and to the Lead Author. Where final approval is by another committee CMT approval will be noted as **Endorsed**.

Where approval of a document is by a Board of Management Committee the Clerk to CMT is responsible for forwarding the relevant document to the Clerk of that Committee for approval once final endorsement has been given by CMT. The Clerk of that Committee will note for the minutes whether the document is **Approved**, or **Approved Minor Changes** and note the further amendments required on the Committee Cover Sheet and forward this to the Quality Unit and Lead Author.

6.2.13 The Quality Unit will enable publication of the document through DTP.

6.2.14 The Quality Unit will ensure that a record of Committee approval of documents is maintained and communicate with Owners on the status of documents.

6.2.15 If the document is deemed **incomplete** either during the quality check or by the Committee, it will be sent back to the Lead Author for further consultation and revision, which will include acting on comments and recommendations from CMT, and/or Board of Management Committee

6.2.16 If the document requires only **minor changes**, it will be recorded as Approved and the minor changes forwarded to the Quality Unit, by the Clerk to the Committee, who will ensure the changes are made prior to publication.

6.2.17 Once approved the Quality Unit will send the final draft document to the DTP Team who will house-style the document to ensure it is fully accessible and correctly branded, and lodge the document within Shared File Cross College Document Repository. After this point the document is password protected to avoid unintentional changes. This is essential for maintaining document control. (Lead Authors must liaise with the Quality Unit if they want to revise documents so they are assured they have the most recent version.)

6.2.18 DTP will create a PDF for publishing purposes and create the necessary links to provide access to this PDF on the external College website. Only relevant proforma will be published in a format other than PDF to enable use.

If the Owner requests internal publication instead, DTP will provide a link (copied to the Quality Unit for logging) that may be used to grant viewing access to internal users.

6.3 **Promoting Awareness of Published Policies, Procedures and Strategies**

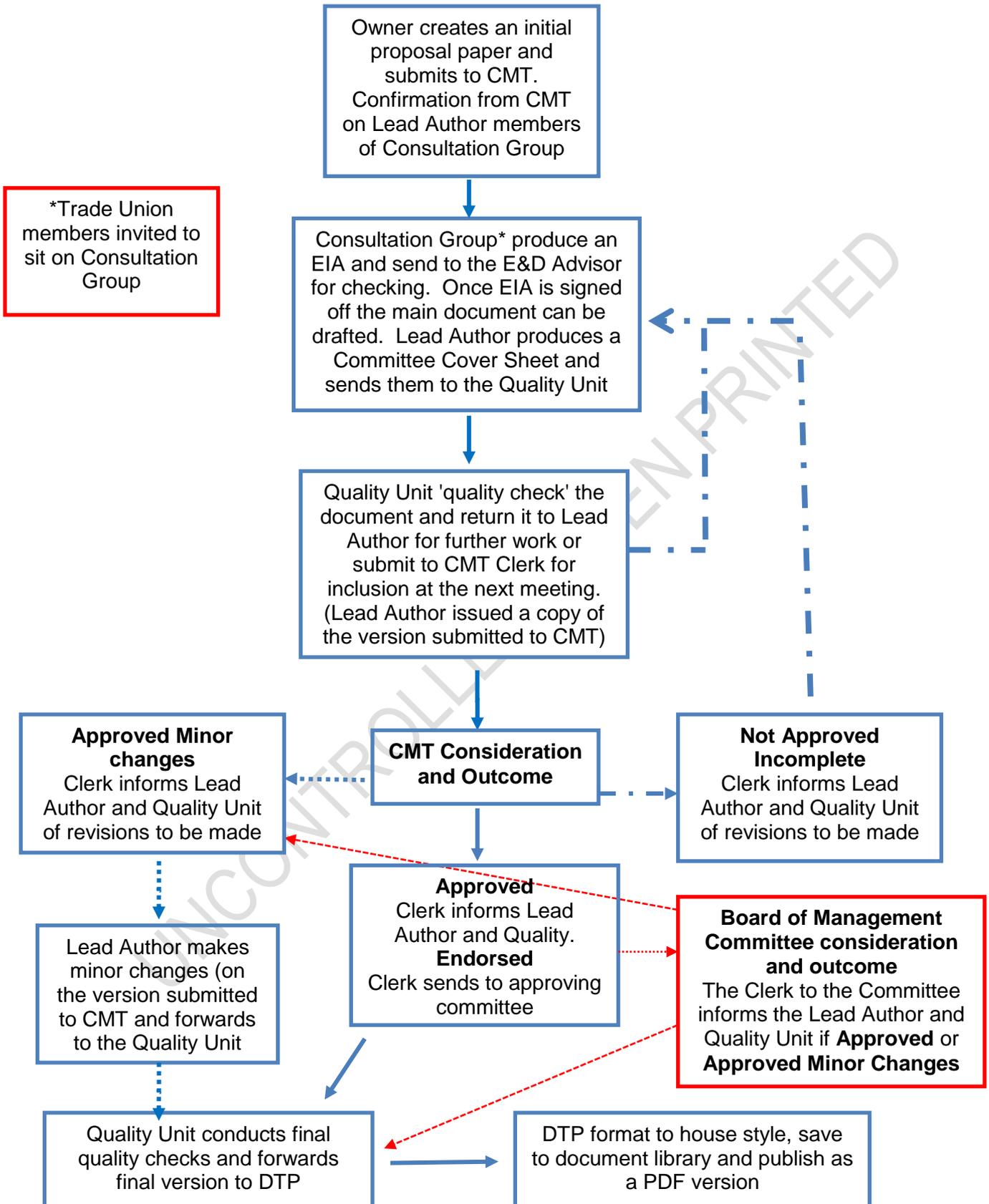
6.3.1 Key Strategies, Policies, and Procedures will be listed within the College Induction Procedure for staff to familiarise themselves with. This is recorded and monitored via the Induction Procedure paperwork and is the responsibility of the Vice Principal, Human Resources and Communications, to ensure this is accurate and up to date.

6.3.2 The Vice Principal, Human Resources and Communications, will highlight documents of specific relevance to staff via a regular email. Managers should also draw these to the attention of staff, particularly where a significant revision has been made, as discussed at CMT.

7 **Linked Policies/Related Documents**

- Quality Manual.
- Equality Impact Assessment Guidance.
- HR065 Induction Procedure.

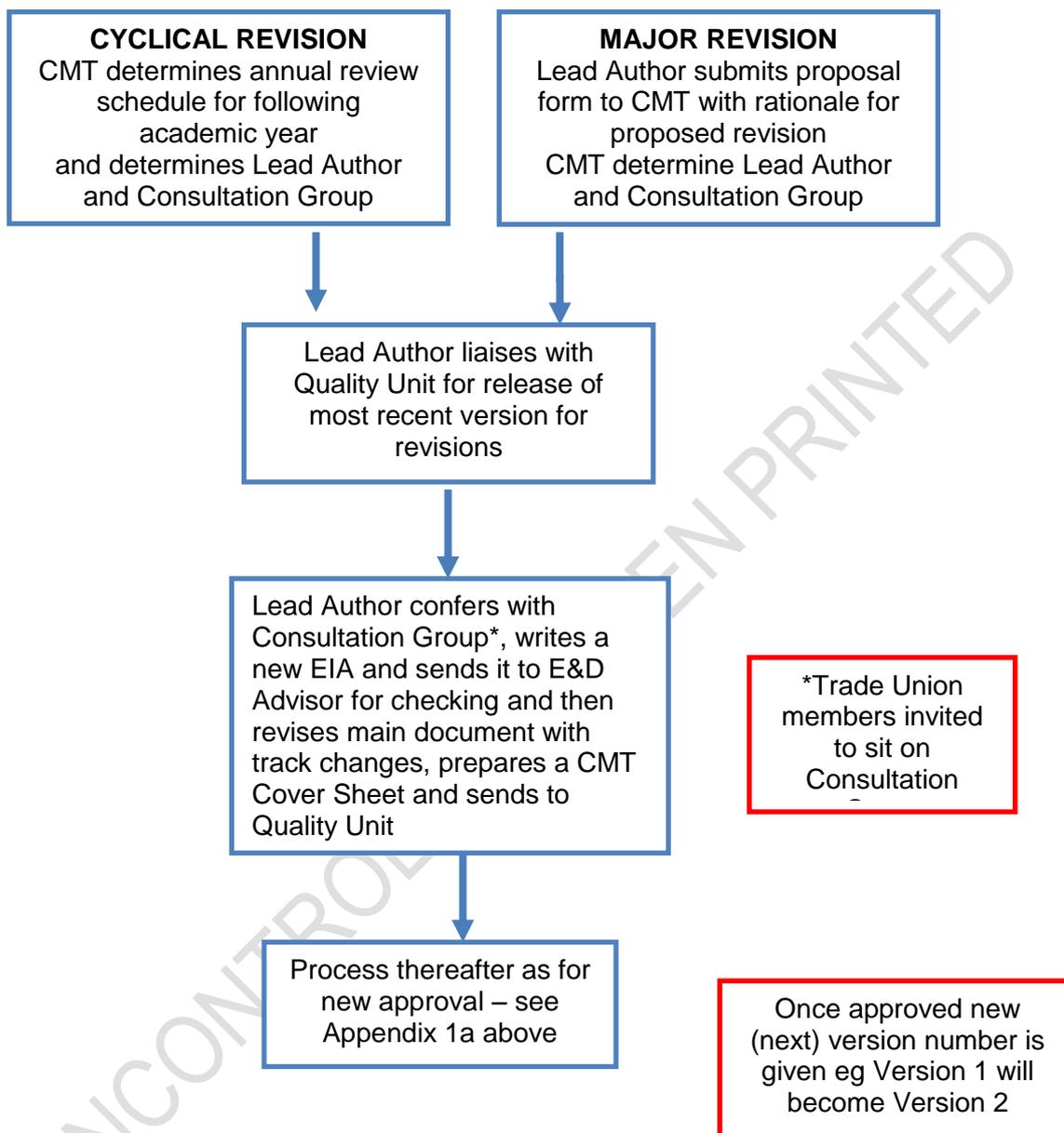
Appendix 1a – Process for Approval of New Cross College Strategy, Policy or Procedure



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Appendix 1b – Process for Cyclical, or Major Revision OutWith Cyclical Timeframe, of Strategy, Policy or Procedure



Appendix 1c – Process for Minor Revision OutWith the Cyclical Timeframe

