ST PATRICK'S

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St Patrick's College

Governance Document Review and Approval Policy

2017 - 2018

Version: 1.0

Approved by Senior Management Team; September 2017

Publication Date: TBC
Last Amendment: 13/09/2017

Quality Assurance Mapping

This policy and procedure has been aligned with to the following legislation and/or external quality assurance frameworks:

i.   **UK Quality Code for Higher Education, Part B: Assuring and Enhancing Academic Quality**

Chapter B5: Student Engagement
Chapter B10: Managing Higher Education Provisions with Others

ii. **UK Quality Code, for Higher Education Part C: Information about Higher Education Provision**

This document is counterpart to the College's *Public Information Policy*, with which it should be read in conjunction.

1.   Purpose

1.1.   To safeguard the value and integrity of the learning opportunities provided by St. Patrick's College, the Institution will publish and maintain a set of documented policies and procedures, strategic statements and guidance handbooks. This suite of governance documents will constitute a central reference for all staff members, students and the general public regarding the College's approach to setting, maintaining and enhancing academic standards and operational practices.

1.2.   This policy sets out how the College will manage its governance documentation in such a way as to ensure that all published items are:

- accurate and suitable for their intended purpose,
- subject to comprehensive review, vetting and approval,
- current and updated in a timely fashion,
- clear on the accountability and vested responsibilities for the policies and procedures they describe,
- not in conflict with each other or encroaching on each other's remits,
- made readily available to their intended audiences or located where they can reasonably be expected to be found,
- Do not contain elements which could be considered discriminatory.

1.3.   This policy is guided by the Quality Assurance Agency's *Quality Code for Higher Education*, with emphasis on the principles outlined in Part C[1] relating to information providers publish about the learning opportunities they offer.

1.4.   It is counterpart to the *Public Information Policy*, which sets out the College's approach to assuring the information it publishes about the learning experience it offers.

2.   Definition and Scope

2.1.   A governance document is defined as a formal statement of intent that mandates principles or standards applicable to the College's governance or operations, or to the practice and conduct of its staff and students. This mainly applies to:

- policy and procedural documents
- strategic statements
- handbooks and published guidance for students and staff
- codes of conduct
- forms

2.2.   This policy is not intended to cover other forms of document or public information such as reports, external returns, meeting minutes, promotional publications or other such marketing communications.

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[1] UK Quality Code for Higher Education, Part C: Information about Higher Education Provision

3. Partnerships

3.1.   St. Patrick's College delivers educational programmes in partnership with award validating institutions. The College will ensure that arrangements for learning to be delivered, or support to be provided, will be developed, agreed and managed in accordance with the formally stated policies and procedures of the awarding body[2].

3.2.   Where such policies are not specified by awarding bodies the College will liaise with them, or comply with any other due diligence process, to ensure that its own documented policies and procedures are suitable.

3.3.   Where documented policy, strategy or guidance is for any reason applicable to one set of staff or students but not another, such distinctions will be clearly made in the title of the document or on its cover page.

4. Accuracy of Document Content

4.1.   St. Patricks College will ensure the accuracy and suitability of the information it publishes within its governance documents by means of holding Policy Working Groups as an integral part of document creation and amendment.

4.2.   Policy Working Group (PWG) meetings are an objective assurance and consulting exercise designed to ensure that both the creation of new policies and the process of updating of existing ones is supported by the collaborative participation of relevant stakeholders, both internal and external, working within a shared forum.

4.3.   PWG meetings will be chaired and serviced by the Quality Assurance Office; its membership will vary in accordance with the nature of the documents under review.

4.4.   The College may further ensure suitability of a governance document's content by eliciting the participation of student representatives and external consultants where appropriate and at the discretion of the PWG Chair. This is one of a number of avenues through which students can engage directly with educational enhancement and quality assurance processes[3].

4.5.   All new and substantially revised governance documents will be required to undergo the PWG consultation processes prior to being presented to the appropriate management committee for ratification.

More information about the PWG can be found in its Terms of Reference.

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[2] UK Quality Code for Higher Education, Chapter B10, Indicator 2
[3] UK Quality Code for Higher Education, Chapter B5, Indicator 1

5.   Ownership and Responsibility

5.1.   All governance documents will clearly identify those responsible for implementing and maintaining the policies and procedures they describe. These persons will take ownership of their respective documents and will be responsible for liaising with the Quality Assurance Manager to ensure that content is kept up to date.

5.2.   Designated policy / document owners are responsible and accountable creating first drafts, implementing stakeholder and PWG feedback into subsequent drafts, and drafting required amendments to an active document. If required, assistance may be sought form the Quality Assurance Office, who may intervene or make suggested revisions to ensure consistency across different business areas.

5.3.   The names and roles of policy / document owners will be logged in the document information table at the end of the document.

6.   Ratification and Senior Management Oversight

6.1.   All new and revised governance documents will be subject to review and ratification by an appropriate senior management committee, usually the Academic Board, prior to being published and disseminated.

6.2.   As an additional assurance measure, draft documents may be presented at Leadership Forum meetings prior to being tabled at the ratifying committee.

6.3.   All documents will clearly display the word 'DRAFT' on both the cover page and the document information table on the final page until approval to publish and disseminate is given by the appropriate management committee.

6.4.   Where a document is subject to minor or superficial alterations, the Quality Assurance Manager will make a discretionary decision as to whether management ratification is required.

7.   Document Formatting and Publication

7.1.   The College's governance documents will be compiled using the approved format template; this will incorporate a cover page displaying:

- The dates of publication, approval and last amendment,
- The document's version number,
- the ratifying committee,
- references to the quality frameworks and or legislation to which the policy is mapped.
- Information about any withdrawn document that it replaces or other documents with which it should be read in conjunction.

7.2.   A document information table will be included on the final page showing:

- The policy / document owner,
- The date of next review,
- The document's status (i.e. *DRAFT, PENDING RATIFICATION, ACTIVE, WITHDRAWN*),
- How the policy will be disseminated,
- A version history table detailing revisions made to each version.

7.3.   St. Patrick's College will ensure that its ratified governance documents are accessible and locatable; key governance documents will be uploaded to its public website and clearly signposted. Where governance documents are not accessible online they will be made readily available on request from the Quality Assurance Office.

7.4.   Further abbreviated guidance on policies and procedures affecting students and staff will be included in issued handbooks, guidance statements and visible signage around the college to provide ease of reference.

7.5.   All governance documents will be published in an unalterable format (i.e. pdf.) to prevent unauthorised editing.

8.   Version Numbering

8.1.   Draft versions of a document will be numbered as versions 0.1, 0.2, 0.3 etc.

8.2.   The first approved version will be numbered version 1.0; subsequent minor revisions will be numbered 1.1, 1.2, 1.3, *etc.* Such minor revisions might include:

- amendment to wordings or clauses,
- factual corrections or clarifications,
- formatting and references,
- changes or updates of named responsibilities.

8.3.   Where a document is substantially revised the version numbering will restart from the next whole number; i.e. 2.0, 2.1, 2.2 *etc.* then 3.0, 3.1, 3.2 *etc.* Substantial revisions might include:

- re-titling the document,
- substantial alteration of any key principles or procedures it describes,
- complete restructuring of the contents of the document,
- removal of whole sections or addition of new ones.

8.4.   Where a document is reviewed as part of an annual cycle but not amended, the version number need not be changed.

8.5.   Any governance document uploaded to the public website will be considered the de facto current version, regardless of whether a newer version exists, until it is replaced.

9.   Implementation and Training

9.1.   Responsibility for implementing and raising awareness of the policies and procedures described in new or revised governance documents will rest with the Policy / document owner. The owner will additionally be required where necessary to coordinate and/or facilitate training to ensure a shared understanding of policy at the point of delivery.

9.2.   The policy owner will make all necessary arrangements for inducting all affected persons to the implementation and operational details of the policy in order that individuals fully understand the scope of the policy and their roles within it.

10.   Review and Update of Governance Documents

10.1.   All governance documents will be reviewed and where necessary updated in accordance with a schedule of review agreed by the ratifying committee. This will be presided over and enforced by the Quality Assurance Office, who will maintain a central record of a governance documents and their respective update/version histories and review dates.

10.2.   Newly implemented policies and procedures will undergo a period of monitoring and assessment to ensure they function effectively. The duration and/or success indicators for the monitoring period will be decided by the ratifying committee; feedback and any suggested revisions will be related to the ratifying committee by the document owner and appropriate amendments will be made.

10.3.   Where such revisions in 10.2 are substantial (see bullets under 8.3), the policy may be referred back to the original PWG members for consultation.

11.   Withdrawing a Governance Document

11.1.   The Quality Assurance Office is responsible for overseeing the withdrawal of governance documents that are no longer fit for purpose; the Quality Assurance Manager will present a case to withdraw a governance document to the ratifying committee.

11.2.   Withdrawal of a governance document will formally take effect upon confirmation of the ratifying committee.

11.3.   The policy / document owner will then, by any appropriate means, notify all persons named in the document or affected by it of the change, whilst advising them of any replacement that may be in place. Simultaneously they will ensure the removal of the document from all platforms where it can be found, mark it as withdrawn on its cover page and document control table. The Quality Office will then archive the document.

12.   Review of this Policy

This policy will be subject to the processes it describes; it will be reviewed annually by the Quality Assurance Manager.

Appendix A: Risk Mitigation

Risk	Mitigating Action
Too many or the wrong people are consulted.	The Policy Working Group terms of reference defines those who should be consulted in the creation or revision of a governance document; namely: • the policy / process owner; • any staff that will hold responsibilities under it; • other contributors or student representatives at the discretion of the Quality Assurance Manager This process will manage the participation of stakeholders in a shared forum to ensure contributions are appropriate.
To-ing and fro-ing prolongs the consultation phase	The PWG process will be overseen and managed by the Quality Assurance Manager, who will ensure proceeding are conducted in a timely manner ahead of scheduled ratifying committees (such as Academic Board).
Multiple copies of the doc lead to inaccurate final copy	Use of version control table and labelling versions in the footer, as well as effective chairing of PWG will prevent prevalence of multiple versions. Where appropriate, a document will be kept on the SPC public website; any web version will be the considered the de facto latest version.
Errors are spotted at the last minute.	The checking process and/or the overall standard the work is produced needs to be totally error free. Proof reading by QA Office will be provided where time permits.
Over distribution causing information overload for staff and students.	Recipients of notification will be jointly agreed by the QA Manager, policy/document owner and the ratifying committee prior to publication. Distribution will be managed in a suitable way by the policy/document owner.

Appendix B: Document Review Checklist

In overseeing the process of governance document review, the Quality Assurance Manager will consider the following queries in turn:

i. **Does the document have a specified owner?**

    – The policy's / document's owner should be indicated on the document, if not then a suitable person should be identified and formally assigned ownership by the ratifying committee (usually Academic Board).

    – If the ownership is assigned to a position that is currently vacant then an interim owner should be appointed.

    – Assigned policy / document owners should be able to raise an objection with the ratifying committee if they feel they are not best placed or able to take on the responsibilities inferred.

ii. **Is the policy, procedure, strategy or any other information described in the document current and up to date?**

    And

iii. **Are described procedures sound and effective; have they been tested?**

    – The Quality Manager and policy / document should jointly consider the above points and make any necessary changes to the document.

    – The Quality Manager should use their discretion as to whether amendments are substantial enough to warrant a Policy Working Group to be convened.

iv. **Is there evidence of mapping to quality frameworks or other external requirements?**

    – The Quality Manager should ensure that all requirements are covered with reference to the appropriate external quality frameworks, partnership agreements or legislative requirements.

    – External mapping references should be indicated on the document's cover page.

v. **Is the policy / document locatable in staff shared directories?**

    – If not a specific folder for the document should be created under the Academic (V:\ Drive) directory by the QA Manager, with an archive folder, to which all versions and drafts should be saved.

vi. **Is there evidence of formal ratification by a senior executive committee?**

- The ratifying committee and date of approval should be clearly presented on the front of the document. If this is not the case the Quality Assurance Manager should cross check against senior management committee records to ensure the document has been subject to proper oversight and amend the cover page accordingly,

  OR

- Present the document to the appropriate senior management committee for review and approval.

vii. **Is proper formatting and version control used?**

- The policy / document owner should ensure that the required format is used and that all required information fields are updated.

viii. **Has the document been published or disseminated?**

And

ix. **Are stakeholders clear on their roles and responsibilities under the policy?**

- QA Manager and policy / document owner should check to whom the policy was disseminated and when, and jointly make a decision as to whether or not further induction or training is necessary.

- Any responsible role holders under the policy should questioned on their knowledge of it and whether they are clear on their duties under it.

- Where required, the policy / document owner is responsible for liaising with marketing personnel to lodge the document on the College's public website.

Document Information

Policy / process owner(s)*:   **Dim Lian; Quality Assurance Manager**

Date of next review: **SEP 2018**

Document Status: **IN USE**

Dissemination: **To be made available on SPC public website or on request from Quality Office.**

The owner is responsible for maintaining and updating the content of this document and ensuring that it reflects current practice at the College.

Version History

Version / Date	**0.1 – First draft**	
Original author(s):	N. Cardy; Project Manager, Internal Audit and Processes	
Reviewed by:	Dim Lian; Quality Assurance Manager	20/07/2017

Version	**0.2 – Revised draft**	
Revised by:	Dim Lian; Quality Assurance Manager	
Revision summary:	*Suggested factual amendments; completion of Section 11; updated document mapping and references.* *N. Cardy; addition of document review checklist in Appendix B*	
Approved by:	Dim Lian; Quality Assurance Manager	03/08/2017
Version	**1.0 – Approved**	
Revised by:	N. Cardy; Project Manager, Internal Audit and Processes	
Revision summary:	*Reviewed and approved for dissemination at the Senior Management Team meeting. No amendments to v 0.2.*	
Approved by:	Senior Management Team meeting	13/09/2017
Version		
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Revision summary:		
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