

Policy Management Framework

Executive Management Team

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Version 1. 1

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Feedback or issues arising on implementation of this framework should be communicated to the framework author.

Framework Authors

Risk & Compliance Co-ordinators

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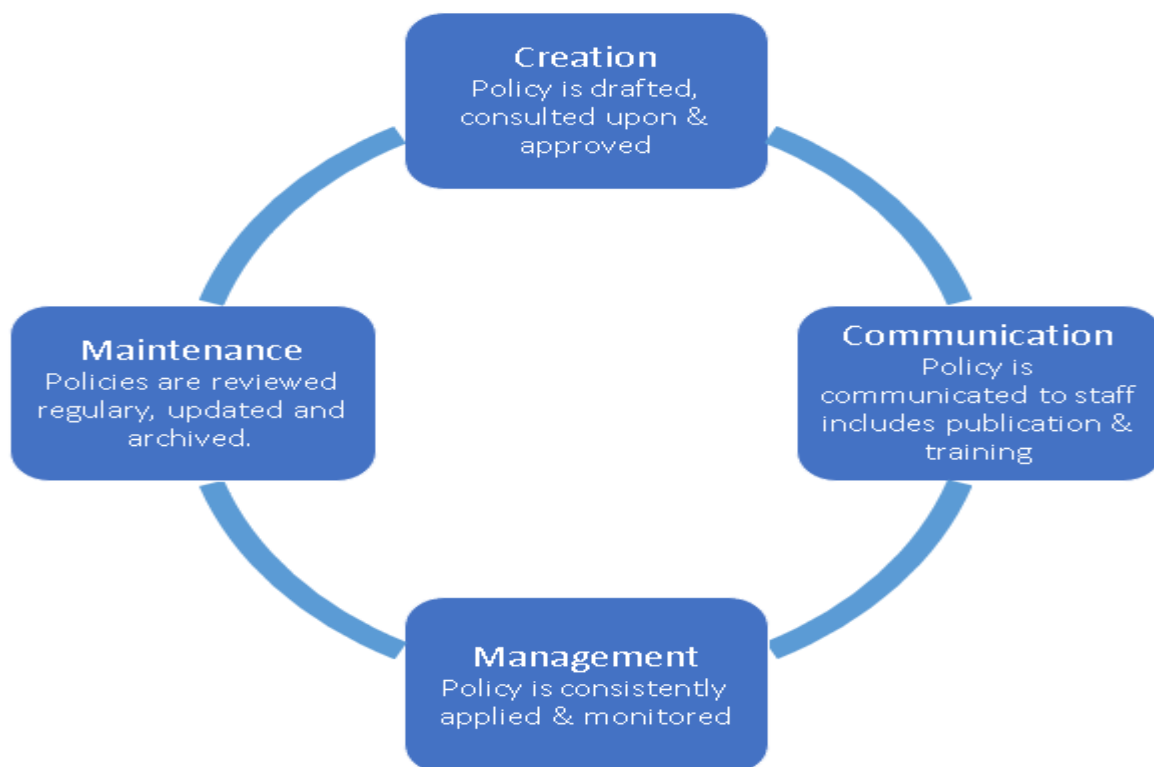
1. Introduction

The South East Technological University (SETU) Policy Management Framework is a set of guidelines on the development, implementation, monitoring and review of policies.

A policy can be defined as ‘a set of principles, rules, and guidelines developed and adopted by an organisation, and published in a format that is widely accessible’. SETU policies represent the official position of the University on any aspect of the Universities activities. They are a statement of intent that guide decisions, and are, therefore, a critical element of the governance of the University, enabling it to communicate and achieve its objectives and to be compliant with relevant legislation and with good practice.

Policy management is the process of developing, approving, communicating, implementing and maintaining policies. Effective policy management facilitates good governance and supports SETU by, amongst other things, demonstrating that policies align and comply with national, European and international legal and regulatory requirements.

Table 1 - Policy Management Process



A framework for policy management establishes a structure for and outlines the standards and principles of policy development, approval, communication, implementation and maintenance (including review). It helps to ensure a

transparent and consistent process for stakeholder input and outlines an appropriate approval pathway.

2. Purpose

The purpose of this framework is to establish and outline a process for the management of policies in the University.

3. Scope

This framework applies to the development, approval, implementation and review of all policies (academic and non-academic) including policies that support corporate functions, the student experience, and national and transnational partnerships.

4. Principles

The guiding principles for the management of SETU policies are that they:

- 4.1 Be informed by national and international best practice.
- 4.2 Comply with national legislation and EU legislation as appropriate.
- 4.3 Are drafted in consultation with relevant stakeholders who have an opportunity to contribute to the process.
- 4.4 Be developed in conjunction and align with existing policies and regulations.
- 4.5 Be developed in line with this framework to ensure high quality documents that reflect the University's commitment to excellence.
- 4.6 Be developed according to a standard procedure to ensure consistency.
- 4.7 Comply with SETU Branding Guidelines.
- 4.8 Be in keeping with the University's commitments to Equality, Diversity and Inclusion (EDI), ensure that policies are non-discriminatory, use gender inclusive language, and are fair and inclusive in meeting the legitimate needs of the diverse groups that make up the University community.
- 4.9 Be assigned an Owner who has overall responsibility for the implementation of the policy or procedure and an Author who is responsible for drafting the policy and co-ordinating any feedback.
- 4.10 Be easily accessible and published, in the first instance, on the Governing Body Statements & Policies web page and subsequently on the relevant section of the SETU website which broadly are on the Academic Affairs pages for academic policies and procedures, on the Governance page on the SETU website for non-academic policies, the

Research page for research policies, the HR page for HR policies and the Computer Services page for Computer Services policies.

- 4.11 Are communicated in a timely and effective manner.
- 4.12 Undergo regular monitoring and review to ensure that they remain fit-for purpose

5. Definitions

Policies exist within a hierarchy of broader regulatory instruments, including legislation and regulatory requirements. These requirements take precedence over policies.

The following definitions apply:

- 5.1 Legislation is the set of laws and rules made by the Oireachtas. Policies must comply with all relevant national and international legislation.
- 5.2 Regulation is specific, details how legislation is enforced and refers broadly to the system of statutory and administrative rules and requirements placed on Universities.
- 5.3 Policies represent the official position of the University on any aspect of its activities. Policies are clear, simple statements of how an organisation intends to conduct its activities that can be used to guide decisions. They are formally approved by the Governing Body and have broad application across the University. Once approved, compliance with a policy is mandatory.
- 5.4 Procedures provide detailed mandatory direction on how a policy should be implemented and may be approved by relevant Committees. They establish the 'who, what, where and when' in relation to a policy, and establish accountability. They outline what records must be kept (if relevant).
- 5.5 Processes outline the specific steps or actions that must be taken to implement a procedure, e.g., system steps.
- 5.6 Guidelines provide approved and recommended approaches to implementing a policy but are not mandatory.
- 5.7 A Policy Owner is the appropriate Executive Management Team (EMT) member whose remit or responsibility covers the subject area of the policy.
- 5.8 A Policy Implementer is the appropriate Head of local unit/area responsible for implementation, e.g. Head of Department, functional area manager e.g. HR Manager, Director of Research Institute.
- 5.9 A Policy Author is the officer who writes the policy.

6. Guidelines for policy development, approval and review.

6.1 Initiation and development

6.1.1 New policies are developed in response to

- ❖ strategic planning initiatives,
- ❖ changes to legislation or codes of governance,
- ❖ institutional restructuring
- ❖ an identified risk or gap following internal or external feedback from stakeholders (students, employees, internal audit, health & safety, risk owners, external audit, external reviewers, external examiners, etc.).

The relevant Executive Management Team member is responsible for initiating the process where a policy and Policy Owner do not currently exist on the relevant issue.

6.1.2 The relevant line manager should be consulted regarding the need to develop a policy.

6.1.3 The proposed policy should be drafted in accordance with the approved Policy Template (Appendix 1). The intended purpose of the policy or procedure and the rationale for its development should be clearly outlined by the proposer. Bear in mind that a policy should be a statement of principles. Detailed procedures are generally not appropriate for policies.

6.1.4 The proposed policy should be informed by research on existing policies in SETU, in other institutions, and by international best practice.

6.1.5 Any impact on existing policies should be captured, related documents referenced in the policy and a plan put forward for any necessary updates.

6.1.6 The documents 'Checklists for Creating Policies' (Appendix 2), and 'Guidelines for Writing Good Policies' (Appendix 3) should be employed and consulted during the drafting phase to ensure that the quality of the document is at the appropriate level as it represents the official position of the University.

6.1.7 An Equality Impact Assessment (EIA) should be completed when first drafting a new policy. An EIA (Appendix 4) is a systematic and evidence-based process which verifies that the University's policies and practices are non-discriminatory, are fair and inclusive in meeting the legitimate needs of the diverse groups that make up the University community. An assessment will identify where a policy is promoting Equality, Diversity

and Inclusion in the University and can also identify where a policy could be potentially discriminatory.

- 6.1.8 Relevant stakeholder groups should be consulted on the proposed policy before it is circulated for consideration to the relevant committee via the appropriate approval pathway. Those who should be consulted include those responsible for the operationalisation of the policy and for any system changes that are required to implement or report on elements of the policy e.g. Academic Registry, Computer Services, Human Resources, Equality, Diversity & Inclusion Office, Research Office etc.
- 6.1.9 Relevant committees should review and approve the proposed policy before it is shared with other relevant stakeholder groups such as employees representatives for consultation purposes. The advice of the HR Manager should be sought in good time to allow for union/employees consultation where the policy impacts on the terms and conditions of employees.
- 6.1.10 Revised policies that are submitted for committee approval should include a tracked change version of the policy indicating where the currently approved policy has been amended in addition to a 'clean' version of the revised policy, for ease of consideration by committee members. Where significant revisions have been made to a policy it should be accompanied by a Memo outlining the purpose of the revisions. The Policy Review Record Sheet in Appendix 5 is intended to provide guidance for the review of a policy. If the revised policy needs to go forward for committee approval, the record sheet may be appended to the revised policy for information purposes. For version control guidance see Appendix 6.

6.2 Approval Pathways

Approval of policies follows the agreed Approval Pathway as set out below.

6.2.1 Academic Policies

The Academic Council is the statutory body for academic policy to promote, and to ensure, excellence in all aspects of the academic work of SETU. Council committees are the main forums through which the work of council is conducted and is ordinarily, the first destination for detailed consideration, analysis and drafting of policies, procedures and other matters and the structures through which policy implementation is overseen. Therefore, policy development must be referred to Council for debating and approval and reports from committees on policy implementation and compliance (e.g. validation approvals, external examiner approvals etc.) will be referred to Academic Council for consideration, noting and process scrutiny (if necessary) in Council.

Academic Council has established committees to oversee each of the individual academic policy areas, including Academic Quality, Academic Planning, Learning and Teaching and Research, Innovation & Graduate Studies.

Academic policies should go to Executive Management Team for approval before going to Academic Council for their approval. Policies approved by Academic Council proceed to Governing Body for final approval.

6.2.2 Non-academic Policies

Proposed non-academic policies may be circulated by the relevant Policy Owner or Unit to the relevant committees, before being considered by the Executive Management Team, the relevant Principal/Sub Committee of Governing Body and finally by Governing Body itself.

Executive Management Team, and relevant committees, should review and approve the proposed policy before it is shared with other relevant stakeholder groups such as employee's representatives.

A short slide deck/power point presentation addressing the key points should be included along with the policy when it is circulated to Executive Management Team, the relevant principal Committee of Governing Body and finally to Governing Body.

6.2.3 All Policies

A policy is effective from the date of Governing Body approval, as appropriate. The recording secretary to the Governing Body will provide a status update to the Policy Owner. Where the policy has been approved by Governing Body the Policy Owner should within 5 working days edit the policy to reflect the approval date, officially launch the policy and ensure it is available on the SETU website.

Principal/Sub Committees play an important role in policy consideration. Policy matters which have already been considered by Principal Committees and Academic Committees may be further considered by Governing Body.

6.3 Communication

6.3.1 A stakeholder analysis should be conducted to identify who internally and externally is impacted by the policy.

6.3.2 As above once approved, a policy or procedure is communicated to the relevant stakeholders and published on the relevant section of the University website.

6.3.3 A communication checklist (Appendix 7) is developed outlining the stakeholder groups that should be notified of the new policy or procedure, and this can inform a communication plan.

6.3.4 The communication plan should also facilitate provision of feedback by stakeholders to the relevant Owner on the policy.

6.3.5 In addition to the communication plan, a list of all new and revised policies is communicated to employees by email from the responsible Vice President to the University every year. Under employees' contracts, all employees are bound by approved policies.

6.4 Implementation and Review

6.4.1 The implementation of the policy should be monitored by the Policy Owner as denoted on the policy template. The Policy Author is responsible for receiving feedback on issues identified in the initial implementation phase which may prompt a review of the policy. If there are any issues with implementing the policy an email should be sent outlining the issues to the Policy Author. The Policy Author will be responsible for collating this feedback and sharing with the Policy Owner who will determine whether a review of the policy is required.

6.4.2 Many policies will need to be implemented at a local level and the Policy Owner, e.g. Executive Management Team member, is responsible for communicating the policy to the relevant local units for local implementation.

6.4.3 Head of local unit/area responsible for local implementation, e.g. Head of Department, functional area manager e.g. HR Manager, Director of Research Institute will be responsible for informing the Policy Owner about any significant issues or problems with the implementation of the policy (e.g. appeals or disputes) that may arise.

6.4.4 The policy template includes a review date. The Policy Owner is responsible for scheduling a review of the policy no later than three years after the date of initial approval by Governing Body and/or as soon as possible following new or updated legislation, national or sectoral policy. Thereafter, subject to the approval of Governing Body, it should be reviewed every three to five years, or sooner if there is a requirement to align with new legislation, structures or changes in related policies or good practice.

6.4.5 The office of each responsible Vice President (Academic Affairs, Corporate Affairs, Research, Innovation & Graduate Studies and others as appropriate) will conduct a periodic review of all policies in their area for the purposes of prompting the need to initiate a new policy or a policy review.

6.4.6 The review process should incorporate feedback from relevant stakeholder groups/users of the policy or procedure to make sure that it remains fit-for purpose.

- 6.4.7 A Policy Review Record Sheet (Appendix 5) should be completed to record any changes (minor or major) made to a policy to ensure that the document history is captured.
- 6.4.8 Any changes that impact on the intended purpose or substance of the policy (minor or major) require the policy to be resubmitted to the relevant committee(s) for noting and approval. Major changes may require the policy to be considered as an Agenda item by committees; in this case it should be accompanied by a memorandum outlining the rationale for the changes.
- 6.4.9 Care should be taken that the footer on the revised policy is revised to reflect the amendment. If major or substantive changes it is Version 2.0¹. The Date of Issue is the date of publication on which the revised policy is uploaded on the relevant website and the link to that website should be used in communications to stakeholders to inform them that the revised policy is now effective.
- 6.4.10 An updated Equality Impact Assessment should be incorporated into the review process, to be aware of any changes, requirements or updates needed to respond to Equality, Diversity and Inclusion within the University community and relevant developments in the intervening period. See Appendix 4.

7. Training

Training on this policy will be provided by the Corporate Affairs Team.

8. Related Documents

Document Management Framework, includes templates for terms of reference, minutes and reports (to follow).

9. Useful Links

[Governing Body](#)

[Executive Management Team](#)

[Policies page](#)

[Branding Guidelines](#)

[Technological Universities Act 2018 \(revised\)](#)

¹ See Appendix 6 Version control guidance for further information

10. Date of next review: January 2025

11. Appendices

Appendix 1 Description of Policy Contents

Appendix 2 Policy Checklist

Appendix 3 Guidelines for writing good policies

Appendix 4 Equality Impact Assessment form

Appendix 5 Policy Review record sheet

Appendix 6 Version Control guidance

Appendix 7 Communications Checklist

Appendix 1 Description of Policy Contents

SETU Policies should be presented as follows:

Cover Sheet

SETU Policies have the branded SETU Policy cover sheet.

Page 1 Include the following tables:

Policy Details Table

Revision History Table

Consultation Details Table

Publication Details

Feedback Table (Policy Author)

Confirmation of Review table

Page 2 Table of Contents

Download the policy template which is included in the selection of SETU Brand templates which can be found [here](#).

Standard font is inter 12. Further Brand Guidelines are available on the SETU website at this [link](#).

The following information should be included in the document footer (excluding the cover sheet):

Policy Name	Version Number	Page
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Content Titles

1. Context/Introduction

This section outlines the landscape in which the policy is operating, including legislative, regulatory, financial, and strategic considerations.

2. Purpose (mandatory)

This section states the reason or rationale for the policy i.e. the issue that the policy seeks to address or the legislative obligations that require the policy to be developed.

3. Benefits (optional)

This section outlines the benefits of having the policy e.g. to provide clear, transparent, and easily accessible guidelines that consider the issue that the policy seeks to address.

4. Scope (mandatory)

This section states what groups or sections of the University the policy or procedure applies to. It should also outline any groups or sections of the University to which a policy or procedure does not apply.

5. Principles (mandatory)

This section outlines the core values and beliefs that the policy articulates e.g. transparency, fairness, equity, impartiality etc.

6. Definitions (optional)

This section provides an explanation of key words or terms used in the policy and assists readers in understanding or implementing the policy.

7. Policy (mandatory)

This section outlines the details of the policy itself.

8. Responsibility and Implementation

This section outlines the roles and responsibilities of the responsible Vice President/manager involved in monitoring the implementation of the policy. Formal titles or positions should be listed rather than an individual's name. Responsibility should be assigned to an individual position/role rather than to an Area or a Committee. The position (e.g. Vice President/Head of School/Function/Director of Research Institute) responsible for local implementation of the policy should also be listed.

9. Related Documents

This section outlines any documents or guidance material that relates to the policy and provides context and/or additional information to assist readers understand or implement the policy. Any related policies impacted by the policy should also be listed.

10. Document/Version Control for New Policies

This section outlines the date on which the policy was approved and by what Committee i.e. Academic Council or Governing Body, and the academic year during which the policy will be next due for review (no longer than one year following approval of the policy).

Approved by:

Date policy approved:

Date of next review:

Officer responsible for review:

Appendix 2 Policy Checklist

This Appendix further explains the objectives when drafting a SETU Policy.

Context	What is SETU doing (or trying to do)? How is it doing it? Where and when? Optional: a sentence on how this policy supports the University's strategic plan. Will this policy replace any existing policies? Does it build on any existing regulations or informal guidelines? Does it refer to other policies and have those other policies changed recently? (NB - These documents may need updating now.)
Purpose	Why do we need a policy on this topic? What does it achieve?
Benefits	What are the benefits of realising this policy? What are the drawbacks of not having the policy?
Scope	What activities, people, units and resources does this policy apply to? When/where does it apply? Any exclusions? What is out of scope?
Principles	What are SETU's principles about this activity/service/resource/topic? What does SETU believe? (This should be limited to 5-6 statements.)
Definitions	If necessary, include an explanation of terms or abbreviations used within the policy and procedure. Where there are existing definitions of the terms in other University regulations or policy, those definitions should be used.
Policy	What does SETU do to act out its principles? What rules/resources does it have in place? What is SETU committed to deliver - expected standard.
Responsibility and Implementation	Who is responsible for implementing this policy at a local level? Who is responsible for reviewing and monitoring it at the Executive Management level? Has the most effective, efficient, manageable and sustainable manner of implementation been chosen in consultation with policy users?
Record Management	Is there any documentation of the system/process involved here? What happens to this documentation? Hard copies/soft copies? Where is it stored? Who can look at it? Are records managed according to the EU/GDPR and Health Research Regulations?
Equality Impact Statement	Has an up-to-date Equality Impact Assessment been incorporated into the review process, so as to be aware of any changes, requirement or updates needed to respond to Equality, Diversity and Inclusion within the University community and relevant developments in the intervening period?
Related Documents	What internal policies, procedures and process maps are directly related to this policy? What external acts or

	legislation affect it? Are these properly referenced in the policy?
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Appendix 3 Guidelines for writing good policies

1. Content

Policies have a lot in common with strategy documents, in that they both outline the desired state of the organisation. However, a strategy document may recognise that the desired state differs from the current state. A policy document expresses the desired state in terms of the current status quo. In other words: it is assumed that the policy can be executed by the organisation in its current form.

2. Policy vs. Procedure

The key test of to distinguish policies and procedures is: "Will this document only need updating when our organisational structure, goals or objectives change?" If the answer is yes, you have successfully written a policy.

3. Writing Style & Quality

Policy documents should:

- ❖ Be clear and understandable to a general audience,
- ❖ Be written in the active voice,
- ❖ Use gender inclusive language
- ❖ Omit unnecessary words, and use short words and sentences,
- ❖ Avoid jargon and acronyms,
- ❖ Avoid specifying information that may be subject to change, requiring the document to be updated.

Attention should be given to the overall quality of the document which will be enhanced by proof reading throughout the process and especially for drafts that are circulated to committees, Executive Management Team, committees of Governing Body and Governing Body.

4. Policy Title

The policy title should capture the content of the policy.

Policy titles should be easy to search online and elsewhere. Do not use the word "policy" in the title, unless it comes at the end, so it is easy to find documents alphabetically. There is no need to include SETU in the title.

5. Common Terms

To ensure consistency across documents, the same terms should be agreed upon and used:

- ❖ The full name "South East Technological University" should be used in the first instance.
- ❖ "SETU" should be used as the short-hand version every time thereafter.
- ❖ Use "the University".

- ❖ Use the term “programme” (not course) to describe a programme of study leading to an award.
- ❖ In the first instance, write “Academic Council”.
- ❖ Thereafter, it may be described as “Academic Council” or “Council”.
- ❖ Use full titles not short hand, eg Vice President not VP.

Do not capitalise general terms such as “external examiners”, or “examining system” etc., unless they are active, named systems/services/posts within SETU, e.g., President, Registrar, Vice President, Disability Service, Access Programme or Quality Office, etc.

6. Currency and Version Control

All issuing and re-issuing of policies should be done through one designated position in a unit. In this way, amendment records can be appropriately maintained, and issuing controlled.

The standard format of policies and procedures includes an issue date and version number. The first time a policy or procedure is approved by Governing Body and issued it should be numbered ‘1’, with subsequent amendments numbered ‘2’, ‘3’, ‘4’ if substantial or ‘1.2’, ‘1.2’ if minor etc. Until the policy is issued, mark it as a draft document. For further information on version control see Appendix 6

7. Visual Formatting Guidelines

The Policy template can be downloaded at this [link](#).

Standard font is inter 12. Further Brand Guidelines are also available at the link above.

Avoid underlining, italicising or bolding text.

Left align text (do not justify).

Finished documents should be published online in PDF format.

Prior to publication, all documents should be proofed to make sure they meet accessibility guidelines.

8. Consider partners, stakeholders and collaborators:

In developing and or reviewing a policy consider:

- ❖ Who are the partners/collaborators in developing these policies and procedures?
- ❖ What is needed from them?
- ❖ At what stage will they be involved?

9. Consider Gender Balance

In developing or reviewing a policy consider whether the team involved is gender balanced and as diverse as possible, and includes members of

minority/underrepresented groups across the university to negate possible unforeseen negative equality impacts.

10. Additional Resources

The following may provide good practice reference points and samples of documents that we have not yet developed in SETU.

Other Irish universities: <https://www.iua.ie/ouruniversities/>

The Russell Group of universities: <https://russellgroup.ac.uk/about/our-universities/>

The University of Bath <https://www.bath.ac.uk/>

The League of European Research Universities (LERU):

<https://www.leru.org/members>

Appendix 4 Equality Impact Assessment Form

Equality Impact Assessment (EIA) is a systematic and evidence-based process which verifies that the University's policies and practices are non-discriminatory, and are fair and inclusive in meeting the legitimate needs of the diverse groups that make up the SETU community. The key purpose of the Form and Guidelines are to help identify any Equality, Diversity and Inclusion (EDI) impact (positive or negative) associated with new or updated policies, along with any potential discrimination or gaps in policy development. It helps to ensure that SETU Policies are non-discriminatory and uphold the university's public sector equality duty.

This form should be completed, in conjunction with the EIA Guidelines (available from the EDI Office), and submitted along with the proposed policy for approval to Governing Body as part of new policy development or major review of existing policy. The EDI office is available for support and to consult with on the possible EDI impacts of a propose policy and the operation of this form, and it is advisable to consult with the office prior to any proposed policy going to consultation.

Equality impacts should continue to be considered throughout the policy drafting process and the final Equality Impact Assessment Form should be submitted with the final policy for approval by Governing Body.

Policy and Procedure Title	
Effective Date	
Version	
Policy Owner	

Part 1	
EIA Date:	
Membership of Policy Development Group:	
Scope of Policy:	
Policy Development Phase: <ul style="list-style-type: none"> • Proposed new policy • Undertaking a review of an existing policy • Other (please state): 	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Please identify any opportunity to promote Equality, Diversity and Inclusion in the University or any potential adverse impact that the development of this policy could have, on any of the equality grounds identified below.	
Opportunity to promote or embed EDI in the University through the Policy.....	

Part 2

Please consider whether the review has identified that the policy could have an impact across any of the following equality grounds.

Equality Ground	Identified Potential Impact (if any)
Race	
Disability	
Gender (including gender identity)	
Age	
Sexual Orientation	
Religion	
Civil Status	
Family Status	
Membership of the Travelling Community	
Socio-economic Status	

Part 3

Select one of the four outcomes below to indicate how the development/review of the policy will be progressed and state the rationale for the decision.

- Outcome 1:** No change required – the assessment is that the policy is/will be robust and/or promotes Equality, Diversity and Inclusion in the University.
- Outcome 2:** Adjust the policy – this involves taking steps to address any adverse impacts before the policy has been developed.

Outline these steps:
- Outcome 3:** Continue the policy while mitigating against any potential adverse impacts.

Outline how these adverse impacts can be mitigated against:
- Outcome 4:** Stop the policy or practice, as there are adverse effects which cannot be prevented or mitigated against.

The form should be signed by the Policy Owner and submitted along with the Policy for approval/review:

Policy Owner

Appendix 5 Policy Review Record Sheet

The Policy Review Record Sheet is intended to provide guidance for the review of a policy. If the revised policy needs to go forward for committee approval, the record sheet may be appended to the revised policy for information purposes.

Policy Review record sheet

Current Policy Title	
Policy Owner	
Date of first approval	

Tick one:

Comprehensive Review	
Major Policy Change	
Minor Policy Change	
No Change	

Has this policy been reviewed or amended since it was first approved? If yes, please detail when it was last reviewed or amended, what triggered the review or amendment, and what changes were made.

Is a change or amendment to the policy being proposed now? If yes, please outline what amendment is being proposed and why (e.g. external or internal triggering events such as a change in legislation, new regulations, addressing a new risk, issues identified with existing policy, etc.)

Are there other existing policies that overlap or are closely related to this policy? Are there any existing policies which are referenced in this policy or on which this policy is dependant? If yes, which indicate below which ones.

Are changes to these policies also required? If so, please summarise these below.

What consultation took place as part of the review of this policy? Please list the groups or individuals.

Outline the impact of the revised policy, if known, on internal and external stakeholders.

Outline how the revised policy will be communicated to internal and external stakeholders.

Outline how the impact of the revised policy will be monitored.

Outline how compliance with the revised policy will be monitored.

Appendix 6 Version Control

Version control is a method of managing multiple variations of the same document, particularly when it is important to keep a clear record of how the document was created, developed and changed over time. Each time the document is revised a unique identifier is applied, which enables the reader to identify the latest version of the document and differentiate between drafts and final approved versions of the document.

Version control, as outlined below, is to be applied to the development of key University documents, such as policies, procedures and strategic plans, as these documents are reviewed and updated on a regular basis and it is essential to know which version is currently in force, or which version was in force, at a point in time.

Benefits of Version Control

The benefits of using version control include;

- ❖ Provides a systematic and consistent approach, which is universally understood and applied.
- ❖ Creates authentic, complete and reliable records, making a clear separation between drafts and final versions.
- ❖ Provides a clear audit trail of how the document has been created, changed and developed over time.
- ❖ Enables the latest final version of a document to be found quickly and easily or trace which version was “in force” at any one time.
- ❖ Allows the deletion of drafts or redundant versions with confidence, reducing duplication, errors, confusion or misunderstanding.

Methodology for Tracking Version Numbers

Where it is important to identify and track minor or major revisions to the document, as is the case for SETU policies, before a final version is agreed, then the formal numbering system outlined below is to be used. The system differentiates between minor and major revisions.

Minor revisions are amendments to correct or update a title, name, numbering, web link or a reference to law, another policy document, a delegation or other relevant document; or otherwise modify it in a way that does not significantly change the intent or content of the existing version of the policy document. This includes editorial amendments to correct document formatting, spelling, grammar, or clarity of language, which does not otherwise affect the document intent or content.

Major revisions are amendments that substantially alter the intent or content of the policy. Major revisions would be where the document has had significant changes or review and requires re-approval.

Minor revisions are indicated by making increments to the decimal place e.g. V 1.2; V 1.3; V1.4

Major revisions are indicated by making increments to the whole number e.g. V 1.0; V 2.0; V 3.0

An example of how this may look in practice is seen below;

Draft V 0.1	This is the first version of the draft
Draft V 0.2	This is the second version of the draft which reflects minor changes and additions
Final V 0.3	This is the final draft version of the document
Version 1.0	This is the first approved version of the document
Version 1.1	This version reflects minor changes to the first approved version, version 1.2; version 1.3 etc can be used to record further minor changes and/or subsequent approval by Governing Body where there were no changes.
Version 2.0	Version 2.0 indicates the second major approved version of the document.
Version 2.1	This version reflects further minor changes to the second approved version of the document, version 2.2; version 2.3 etc record further minor changes
Version 3.0	Version 3.0 indicates the third major approved version of the document

The SETU policy template includes a Version Control Table, which provides useful contextual information about each change, the author, date and status of the document. A Version Control Table should be inserted on the front page of the document.

An example of a Version Control/Review Table is seen below;

Version	Author	Date	Changes
V 0.1	HR Manager	1.1.2022	First draft
V 0.2	VP CAF	1.2.2022	Comments added
V 0.3	HR Manager	1.3.2022	Executive management team comments added Final draft approved by EMT
V 1.0	VP CAF	1.4.2022	Version 1.0 Approved by Governing Body

Include any useful information which brings added value to the understanding and context of the history to the document.

Although documents are superseded by a later final version, remember it may also be important for the University to retain older versions of a document, for instance to demonstrate what policy, regulation or condition of grant were “in force” at a particular time.

Appendix 7 Communications Checklist

The Communications Checklist is intended to provide an outline plan for communicating a new or revised policy. The list of stakeholders and the communication channels should be customised for the policy in question.

Stakeholder	Communication Channel								Date	Responsibility
	Briefing Note	Information Session	Workshop	Meeting	Newsletter	Website	All Employees email	Other		
Internal										
Student Body										
All Employees										
All Academic Employees & Researchers										
All PMSS Employees										
Governing Body										
Executive Management Team										
Academic Council										
Heads of School										
Heads of Department										
Heads of Function										
Students Union										
Student representatives										
Student Services										
Research Institutes & Centres & Group										
Subsidiaries										
External										
HEA										
THEA										
Other										