

<b>Procedure of Policies and Procedures</b>	
<b>Enabling Policy Statement; Executive Owner ; Approval Route:</b>	Our Operations - Chief Operating Officer - Operations Committee
<b>Associated Policy Statements:</b>	Our Colleagues - Chief People Officer Our Data - Chief Operating Officer Our Education - Pro-Vice Chancellor, Education Our Research and Innovation - Pro-Vice Chancellor, Research and Innovation Our Partners and Reputation - Vice-President External Engagement Our Safety – Chief Operating Officer Our Students - Chief Student Officer
<b>Authorised Owner:</b>	University Secretary and General Counsel
<b>Authorised Co-ordinator:</b>	Head of Governance Services
<b>Effective date:</b>	14 December 2022
<b>Due date for full review:</b>	January 2024
<b>Sub documentation:</b>	N/A

### Approval History

<b>Version</b>	<b>Reason for review</b>	<b>Approval Route</b>	<b>Date</b>
1.0	Creation of new Procedure of Policies and Procedures. Due to the significant changes, the Procedure was approved at EB and not Operations Committee.	Executive Board	16 Dec 21
2.0	Various amendments following first year of operation. Approved at EB given cumulative significance.	Executive Board	14 Dec 22

## 1. Purpose

- 1.1. The overarching aim of this Procedure is to provide a clear description of the Procedure of Policies and Procedures Framework and how it operates.
- 1.2. This Procedure, and accompanying Templates, will provide direction on, and standards for, the development and review of University Policy Statements, Procedures and related documentation.
- 1.3. This Procedure will provide clarity on the:
  - Terminology to be used.
  - Ownership of all documentation.
  - Approval routes for new and amended documentation.
  - Required administrative support.
- 1.4. Adherence to this Procedure will ensure that the University has a coherent Procedure of Policies and Procedures Framework with quality documentation that:
  - Links operational practice to the University's strategic aims.
  - Can be readily accessed and easily understood.
  - Aids compliance with legislation and other mandated requirements.
- 1.5. During the first three years of its existence, this Procedure will provide high level detail regarding the migration of existing 'policy' documentation into the Procedure of Policies and Procedures Framework.

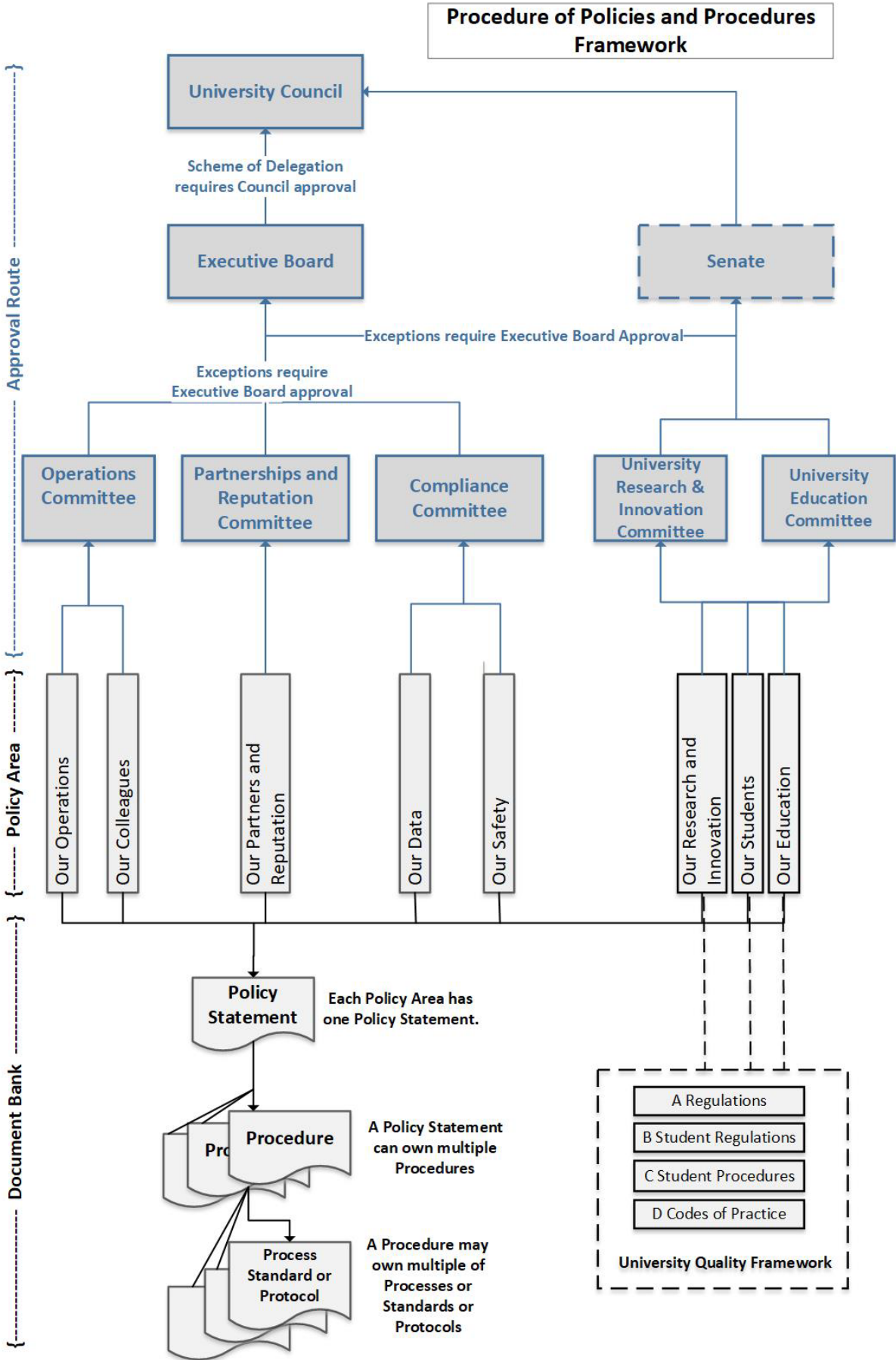
## 2. Scope and Exceptions to the Procedure

- 2.1. This Procedure applies to the development of all University Policy Statements, Procedures and related documentation with only the following exceptions:
  - Where legislation and statutory rules override the general provisions of this Procedure.
- 2.2. Where there are specific requirements of a third party, such as the Information Commissioner's Office, for documentation to follow a naming convention other than that set out in this Procedure, permission can be requested from [secretariat@surrey.ac.uk](mailto:secretariat@surrey.ac.uk) and, if granted, recorded within the document concerned. Approval routes will not be changed.
- 2.3. This Procedure applies to all University subsidiaries with only the following exceptions:
  - Where the University Executive Board (EB) approve specific documentation **solely** for the purposes of one or more subsidiaries.

## 3. Definitions and Terminology

- 3.1. **POPP** – this Procedure is sometimes referred to as 'POPP' – the Procedure of Policies and Procedures.
- 3.2. **Procedure of Policies and Procedures Framework** – this provides the structure of, and inter-relationship between, Policy Areas, the documentation within a Policy Area and the approval routes for that documentation. It is depicted in diagram 3.2.

3.2 Procedure of Policies and Procedures Framework:



- 3.3. **Policy Area** – corresponding Executive Owner:
- Our Students - Chief Student Officer (CSO)
  - Our Education - Pro-Vice-Chancellor, Education
  - Our Research and Innovation - Pro-Vice-Chancellor, Research and Innovation
  - Our Colleagues - Chief People Officer (CPO)
  - Our Data - Chief Operating Officer (COO)
  - Our Partners and Reputation - Vice-President (External Engagement)
  - Our Operations – Chief Operating Officer (COO)
  - Our Safety – Chief Operating Officer (COO)
- 3.4. **Executive Owner** - the University Executive Board Member assigned to a Policy Area who owns the Policy Statement.
- 3.5. **Authorised Owner** - a senior member of staff with executive authority to develop and maintain documentation within a Policy Area. The executive authority can only be conferred by the Executive Owner. It is expected that the Authorised Owner will fall within the reporting line of the Executive Owner; if this is not the case it may suggest that the documentation more appropriately belongs to a different Policy Area, and this must be considered.
- 3.6. **Policy Statement** - high level umbrella document detailing managerial focus with KPIs derived and informed by the University's Strategy and risk appetite. The Policy Statement must be consistent with any relevant legislation or regulatory standards. A Policy Statement will be written on the Policy Statement Template.
- There is one Policy Statement for each Policy Area.
  - A Policy Statement has an Executive Owner who is a member of the University Executive Board (EB).
- 3.7. **Supporting Documentation** – this includes: Procedures, Processes, Protocols and Standards.
- 3.8. **Procedure** - must be enabled by one Policy Statement – the enabling Policy Statement. The most closely aligned Policy Statement is the enabling Policy Statement. Procedures can be associated to multiple other Policy Statements, where relevant. A Procedure provides greater detail about the objectives or requirements in a Policy Statement and details operational rules and principles. A Procedure may have a significant impact on large proportions of the University community. In general, prior to January 2022, these were known as 'policies'. A Procedure must be written using the Procedure Template.
- 3.9. **Sub Documentation** – is owned by a Procedure and shares the same Executive Owner and Authorised Owner, but may need to be drafted with significant input from the requester (who will have the specialist knowledge). Sub Documentation must be reviewed when a Procedure is reviewed. Sub documentation may include:
- **Process** – Is a document that outlines step-by-step actions for specific instances. Processes have a beginning and an end and should be strictly followed to achieve the desired outcome. A Process may have a more limited audience than a Procedure. There is no template for a Process, but it must include a POPP Sub Doc Cover Sheet.
  - **Protocol** – is a technical document which outlines rules for a specific system within either a Procedure or a Process. There is no template for a Protocol, but it must include a POPP Sub Doc Cover Sheet.
  - **Standard** – is a document defining the expected quality and essential requirements of either a Procedure or a Process. This may include systems, assets, personnel, distributed material and physical infrastructure. There is no template for a Standard, but it must include a POPP Sub Doc Cover Sheet.
- 3.10. **Templates and POPP Sub Doc Cover Sheet** – there are two Templates for use in the creation of i) Policy Statements and ii) Procedures – the Policy Statement Template and the Procedure Template. The Templates contain guidance notes to aid their completion. A POPP Sub Doc Cover Sheet must be used for Processes, Standards and Protocols. The POPP Sub Doc Cover Sheet will capture the relationship upwards to the relevant Procedure and enabling Policy Statement.

3.11. **Quality Framework** – this is designed to deliver both academic programmes of a high academic standard and a high-quality learning experience. The [Quality Framework](#) comprises 4 categories of document that relate to the academic affairs of the University.

- **A:** Regulations
- **B:** Student Regulations
- **C:** Student Procedures
- **D:** Codes of Practice

Documentation within the Quality Framework follows its own approval route via the University Senate and its sub-committees, the University Research and Innovation Committee (URIC) and the University Education Committee (UEC).

3.12. **Authorised Co-ordinator** - one or more non-directors within a directorate of the Executive Owner, who have responsibility for ensuring that Supporting Documentation is up to date and has been correctly published.

3.13. **Approval Route** – the route to approval. Approval may take place at either: an Executive Sub Committee, Executive Board, University Council or, for documentation belonging to the Quality Framework, at the University Senate or one of the University Senate sub-committees.

3.14. **Executive Sub-Committee** - there are 3 Executive Sub-Committees: Operations Committee, Partnership and Reputation Committee, Compliance Committee.

3.15. **Stakeholder** - a named role or business area of the University eg. Health and Safety, listed in Section 6. Stakeholder Engagement and Equality Impact Assessment of a Procedure.

3.16. **Migration Plan** – each Executive Owner will create and manage a Migration Plan for the existing ‘policies’ and related documentation that falls into their Policy Area. It is expected that all existing ‘policies’ will be migrated into the Procedure of Policies and Procedures Framework within three years from January 2022. Where an existing ‘policy’ is no longer required, it will be retired.

## 4. Procedural Principles

### 4.1. Responsibilities

- Executive Board (EB):
  - Defines Policy Areas with reference to the University Strategy.
  - Determines the University risk appetite.
  - Assigns an Executive Owner to a Policy Area.
  - Annually approves Policy Statements.
  - Annually notes the Migration Plans.
  - Approves Procedures where:
    - There are Exceptions to the Executive Sub-Committee approval route for:
      - Our Operations
      - Our Colleagues
      - Our Partners
      - Our Safety
      - Our Data
    - There are exceptions to the academic approval route (via the University Senate and its sub-committees) for:
      - Our Students
      - Our Education
      - Our Research and Innovation.
- Executive Sub-Committee:
  - Approves Procedures for their assigned Policy Area(s).
  - Bi-annually approves the Migration Plan for their assigned Policy Area.
  - Annually reviews Policy Statements for their assigned Policy Area(s) prior to Executive

Board approval.

- Operations Committee:
  - Approves Procedures and annually reviews the Policy Statements for:
    - Our Operations
    - Our Colleagues
- Partnership and Reputation Committee:
  - Approves Procedures and annually reviews the Policy Statement for:
    - Our Partners
- Compliance (Health, Safety and Wellbeing) Committee:
  - approves Procedures and annually reviews the Policy Statements for:
    - Our Safety
- Compliance (Data Information Security) Committee:
  - approves Procedures and annually reviews the Policy Statements for:
    - Our Data
- Executive Owner:
  - Is accountable for their Policy Area.
  - Develops and maintains Supporting Documentation within their Policy Area. May delegate the development and maintenance of Supporting Documentation to an Authorised Owner.
  - Ensures appropriate consultation with stakeholders on changes being considered within their Policy Area. Where required, the consultation should include the recognised campus Trades Unions and/or the University of Surrey Students' Union.
  - Where necessary, may convene appropriate task groups, steering groups or working groups to advise on the development of a Policy Area.
  - Approves Processes, Standards and Protocols within their Policy Area, which are then reported to, and noted by, the relevant approving Sub Committee.
  - Approves minor amendments to Procedures within their Policy Area. Minor amendments include name changes and must not alter the meaning or impact of the Procedure. Where the meaning or impact of a Procedure is altered, the relevant Approval Route must be followed.
  - Completes, maintains and signs off an Equality Impact Assessment for each Procedure within their Policy Area using the [template provided by Equality Diversity and Inclusion](#). May delegate the completion, maintenance and sign off of an Equality Impact Assessment to an Authorised Owner.
  - Determines the training requirements necessitated by a new or amended Procedure and creates a Training Plan, where necessary.
  - Determines a Communication Plan designed to ensure that all relevant persons (including staff, students, Council members and any other third parties) are made aware of new and amended Procedures.
  - Assigns one or more Authorised Co-ordinators for their Policy Area.
  - Has responsibility for the creation and execution of a Migration Plan for legacy 'policies' within their Policy Area.
- Authorised Owner:
  - Develops and maintains Supporting Documentation within their delegated authority.
- Authorised Co-ordinators:
  - Ensures that Supporting Documentation is up to date, has progressed through the correct approval route and has been published correctly.
  - Maintains all completed Equality Impact Assessments for Procedures within their Policy Area.
  - For their Policy Area, co-ordinates the:
    - Training Plan.
    - Communication Plan.
    - Migration Plan.

- Governance and Risk Assurance (GRA):
  - Maintains this Procedure.
  - Provides guidance and advice about this Procedure and about Migration Plans.
  - Undertakes periodic spot checks to ensure compliance with this Procedure.
  - An Internal Audit of the Procedure of Policies and Procedures Framework is included in the Audit Plan.

#### 4.2. Approval Routes

- The Approval Routes for new and amended Procedures are depicted in diagram 3.2.
- Procedures with an enabling Policy Statement of Our Operations, Our Colleagues, Our Partners and Reputation, Our Data, or Our Safety will be approved by the relevant Executive Sub-Committee unless an 'exception' applies.

Exceptions occur when one of the following conditions apply:

- Implementation requires unallocated budget.
- Implementation would result in significant changes to terms and conditions of employment, including pay and promotion criteria.
- The Procedure pertains to the University's cash and debt arrangements or the application of external accounting policies/standards (but not where the content of the procedure covers the investment of cash).
- Where one or more of the Stakeholders request that the Procedure is approved by EB, and the Chair of EB agrees its inclusion on the EB agenda.
- When there are significant changes to the Procedure of Policies and Procedures (ie this Procedure).

Exceptions must be approved by the Executive Board, and the newly approved Procedure should then be formally noted by the relevant Sub Committee.

- Procedures with an enabling Policy Statement of Our Research and Innovation, Our Students, or Our Education will be approved by the Executive Board upon the recommendation of the relevant Senate sub-committee, if one of the following exceptions apply:
  - Implementation requires unallocated budget.
  - Where the Procedure is associated with one or more of the following Policy Statements: Our Operations, Our Colleagues, Our Partners and Reputation, Our Data, or Our Safety.
  - Where the Procedure is not part of the Quality Framework.
  - Where there is an overlap between student experience and staff experience, e.g., the Sexual Misconduct Policy (*which, upon migration into POPP, will be known as the Sexual Misconduct Procedure*).

Where none of the above exceptions apply, documentation will be approved by either the University Senate, or one of its sub-committees in accordance with the Quality Framework.

- Processes, Standards and Protocols are approved by the Executive Owner of the enabling Policy Statement.
- Significant changes that alter the meaning of the Procedure must be submitted to the relevant approving committee. Minor changes such as change of a role title or other names which do not change the meaning of the Procedure may be approved by the Executive Owner.

#### **4.3. Migration of Legacy 'policies'**

- Migration Plan – each Executive Owner will create and manage a Migration Plan for the existing 'policies' and related documentation that falls into their Policy Area.
- At 6 monthly intervals, each Migration Plan should be reviewed and approved by the relevant Sub-Committee (until such time as the migration is complete).
- Migration Plans will be noted annually at the December meeting of EB (until such time as the migration is complete).
- Existing 'policies' must be migrated into the Procedure of Policies and Procedures Framework at their next scheduled full review. The migration should, therefore, be completed within three years from January 2022. Where an existing 'policy' is no longer required, it will be retired.
- During the Migration period there may be times when both new Procedures and existing 'policies' exist within a Policy Area. An explanation for this must be included on the relevant Policy Area webpage, alongside publication of the Policy Area Migration Plan.

## **5. Governance Requirements**

### **5.1. Implementation: Communication Plan**

- This Procedure, together with the related Templates, will be published on the University website and a notice will be issued via both a Leader's Alert and an accompanying post on SurreyNet.
- Governance and Risk Assurance (GRA) will provide bespoke training sessions to Executive Owners, Authorised Owners and Authorised Co-ordinators.

### **5.2. Implementation: Training Plan**

- GRA will provide support and guidance, as necessary.
- GRA will provide a training session annually and each time that significant changes are made to this Procedure.

### **5.3. Review**

- This Procedure will be reviewed annually by Executive Board.
- An annual report (dashboard metrics) will be prepared by GRA and submitted to EB. The report will cover migration status and legacy policy vis-à-vis POPP Procedure metrics.

### **5.4. Legislative Context and Higher Education Sector Guidance or Requirement**

The creation and maintenance of high quality documentation within the University Procedure of Policies and Procedures Framework will help to ensure that the University complies with, and is able to monitor compliance with, all legislative and regulatory requirements.

### **5.5. Sustainability:**

This Procedure has no impact on carbon emissions or on energy consumption.

## **6. Stakeholder Engagement and Equality Impact Assessment**

6.1. An Equality Impact Assessment was completed in December 2021 and is held by the Authorised Co-



ordinator.

6.2. This Procedure is a Corporate Governance Document setting out the *procedure* to be followed for the development of all Policy Statements and all other Procedures. This Procedure impacts on all members of the University community and has been developed by the University Secretary and General Counsel (USGC). Consultation has taken place with:

<b>Stakeholder</b>	<b>Nature of Engagement</b>	<b>Date</b>	<b>Name of Contact</b>
Governance	Development and creation of this Procedure v1.0.	Oct/Nov 2021	Ros Allen, Head of Governance Services.
EDI	Development and creation of this Procedure v1.0.	Nov 2021	Jo McCarthy-Holland, Equality and Diversity Advisor
H&S	Development and creation of this Procedure v1.0.	Nov 2021	Matt Purcell, Director of Health & Safety
Chief Student Officer – Our Students	Development and creation of this Procedure v1.0.	Nov 2021	Lucy Evans, CSO
COO – Our Data; Our Safety; Our Operations	Development and creation of this Procedure v1.0.	Nov 2021	Andy Chalklin, COO
Pro-Vice-Chancellor, Research & Innovation – Our Research and Innovation	Development and creation of this Procedure v1.0.	Nov 2021	Prof David Sampson, Pro-Vice-Chancellor, Research & Innovation
Vice-President (External Engagement) – Our Partners and Reputation	Development and creation of this Procedure v1.0.	Nov 2021	Patrick Degg, Vice-President (External Engagement)
Pro-Vice-Chancellor, Education – Our Education	Development and creation of this Procedure v1.0.	Nov 2021	Prof Osama Khan, Pro-Vice-Chancellor, Education
Chief People Officer – Our Colleagues	Development and creation of this Procedure v1.0.	Nov 2021	Will Davies, CPO