

Policy and Procedure Framework



1 Purpose

To establish the framework for the management of Policies, Procedures and supporting documents at the University and alignment to relevant Regulatory Compliance Instruments, as appropriate.

2 Scope

This Framework applies to all Policies, Policy Instruments and Regulatory Compliance Instruments at the University. All University Members must comply with the provisions of this Framework.

3 Policy Statement

The University, through its Policies, Policy Instruments and Regulatory Compliance Instruments and Regulatory Compliance Obligations establishes a compliance management framework to enable it to effectively and efficiently manage its obligations and compliance risks.

A Policy is a high level strategic directive that establishes a principle-based approach to a subject. A Policy should be developed for any area of the University's operation where direction or purpose needs to be set in order to conduct University business.

A Policy is implemented through other instruments, such as Procedures or supporting documents, which give instructions and set out processes to implement a Policy. This Framework establishes a hierarchy and categories of Policies, Procedures and supporting documentation and sets out the requirements and standards for each step of the development and improvement process. All Policies and Procedures must be developed, deployed, monitored and revised in accordance with this Framework.

A Regulatory Compliance Instrument is an external compliance instrument provided by legislation, regulation, standards, statutes or rules, including subordinate instruments.

A Regulatory Compliance Obligation is an external obligation provided in Regulatory Compliance Instruments. All Regulatory Compliance Instruments and Regulatory Compliance Obligations should be recorded in the University's Compliance Register.

3.1 Definition of Policies and Procedures

For the purposes of the Policy and Procedure Framework, Policies and Procedures are defined thus:

Failure to comply with this Policy or Policy Instrument may be considered as misconduct and the provisions of the relevant Policy or Procedure applied. A hard copy of this electronic document is uncontrolled and may not be current as USQ the University regularly reviews and updates its Policies and Policy Instruments. The latest controlled version can be found in the USQ University's [Policy and Procedure Library](#).

- Policies are concise formal statements of principles that indicate how the University will act in a particular aspect of its operation. In this way, Policies regulate and direct actions and conduct. In the absence of a University-defined Policy, any existing legislation, regulation, standards, statutes or rules, including subordinate instruments, constitute the Policy.
- Procedures describe in detail the process to implement a Policy. Procedures are written in sequential order at a relatively high level and assign responsibilities. Generally, a Procedure refers to the process rather than the result.

3.2 Applicability of Policy and Procedure

3.2.1 Duration of enforcement

A Policy or Procedure will remain in force unless formally repealed by the relevant Approval Authority (refer Section 5). The repeal of Policy and Procedures approved by Council or Academic Board prior to this Framework coming into effect, will be approved by the Approval Authority provided in the Framework and Approval Hierarchy (refer Section 5, Figure 1).

3.2.2 Impact of structural change on enforcement

Where structural changes to the University result in a different Approval Authority or other role referenced in a particular Policy or Procedure, the existing Policy or Procedure will remain in force until the Policy or Procedure is amended to reflect the new or amended position title or authority.

Until such time as an amendment is formally made, the Vice-Chancellor may nominate an alternate member of the University community to operationally undertake the authority associated with the particular Policy or Procedure action.

3.2.3 Policy and Procedure compliance

Policy and Procedure compliance is mandatory for all University Members and Students, as applicable and provided in the scope of the Policy or Policy Instrument. The University may at its sole discretion commence applicable action in accordance with relevant University Policies and/or employment contracts, as applicable, or seek other penalties if a person or entity breaches Policy or any related Procedures.

3.2.4 Policy and Procedure application

Policies and Procedures must be applied fairly and consistently.

3.3 Commitment to compliance management

Through this Framework, the University is committing to comply with all relevant Regulatory

Compliance Instruments. This is achieved through the following levels of risk assurance:

1. organisational management
2. Policy and Procedure
3. internal audit.

To ensure strong corporate governance and to carry out the University's operations in an environment of due diligence, the Framework is based on the principles of the Standard AS 3806-2006 Compliance programs.

In undertaking reviews of Policy, Policy Instruments and regulatory compliance, the Accountable Officer is responsible for the appropriate identification and documentation of Policy and Procedure updates required as a result of regulatory change, either at a strategic or operational level. The Accountable Officer should recommend reasonable action to the Approval Authority, or where empowered to, should take reasonable action.

4 Principles

4.1 Characteristics

This section specifies the essential characteristics of acceptable Policy and Procedure at the University. All Policies and Procedures within the Policy and Procedure Framework must uphold the following principles in a balanced and integrated manner in order to be approved.

Content and process are governed by the hierarchy of the Policy and Procedure Framework.

4.1.1 Content

The content of Policies and Procedures will:

- uphold the University's codes of conduct, core values, mission and strategic goals
- be informed by and comply with legislative and industrial requirements
- be consistent with the *University of Southern Queensland Act 1998* and existing University statutes, rules and Policy
- provide a clear and discernible separation between governance and management responsibilities
- clearly articulate expectations and consequences

- not be unnecessarily burdensome
- assign responsibility for actions and decisions required under the Policy
- mitigate risk
- consider the Precautionary Principle in order to minimise potential harm.

4.1.2 Process

The process of development, deployment and review of Policies and Procedures will:

- be appropriately consultative
- be informed by the principles of continuous improvement
- not be unnecessarily burdensome
- be informed by prevailing legislative requirements, sector best practice and the University's Strategic Plan
- be appropriately communicated.

4.1.3 Procedures

Procedures will:

- align with applicable Policies
- clearly articulate roles and responsibilities
- be informed by continuous review and improvement
- not be unnecessarily burdensome.

4.1.4 Presentation

All documentation will be:

- centrally registered
- accessible

- current and accurate
- clear and comprehensible.

5 Content

5.1 Hierarchy

The University has adopted the Framework and Approval Hierarchy at Figure 1. Each level in the hierarchy is in order of precedence. Content lower in the hierarchy must be consistent with content higher in the order of precedence. The level in this Framework hierarchy determines the level within the University at which a new or majorly amended Policy or Procedure is approved.

The Vice-Chancellor has the authority to approve reassignment of an approved Policy or Procedure to a lower level in the hierarchy. Where there is any doubt about the classification of a Policy within the hierarchy, its status will be elevated to the next appropriate level for approval.

5.1.1 Governance Policy

In relation to the operation of Council and its committees and governance of corporate management, Governance Policy fulfils one or more of the following purposes:

- sets standards for behaviour
- establishes high level structures and processes
- sets fundamental requirements, limits and allocates responsibilities
- establishes control mechanisms
- is subject to external reporting requirements.

Governance Policy is approved by Council. The Vice-Chancellor is the Accountable Officer for ensuring the Policy is deployed. The Vice-Chancellor in turn may choose to delegate this deployment to a senior member of the University staff; however the Vice-Chancellor remains ultimately responsible for the deployment of the Policy.

5.1.2 Academic Quality Policy

In relation to the quality and quality assurance of academic matters, Academic Quality Policy:

- sets standards for behaviour

- establishes high level structures and processes
- sets fundamental requirements, limits and allocates responsibilities
- establishes control mechanisms
- is subject to external reporting requirements.

Academic Quality Policy is approved by Council on recommendation from Academic Board.

5.1.3 Executive Policy

Executive Policy provides directions or guidance, or establishes responsibilities or limits, at a lower or more general level than Governance Policy and generally covers matters that are the responsibility of corporate management rather than Council.

Executive Policy is approved by the Vice-Chancellor or, when delegated, the Vice-Chancellor's nominated officer. The Accountable Officer for an Executive Policy will be determined by the Vice-Chancellor or the Vice-Chancellor's nominated officer.

5.1.4 Regulated Policy and Procedure

Policy and Procedure in the human resource and finance areas exist as a result of external regulatory requirements and are therefore classified as Regulated Policy and Procedure. They sit alongside the Framework and Approval Hierarchy (refer Figure 1) with a unique development and approval pathway and may not always conform to the University policy development framework as a result of external regulatory requirements. Regulated Policy and Procedure will be published in the Policy and Procedure Library and alignment with the Policy and Procedure Framework will be maintained wherever possible.

Unless otherwise required by the regulatory authority, Regulated Policy and Procedure is approved as per the Policy and Procedure Delegations Schedule subordinate to the Policy and Procedure Framework. The Chief Financial Officer is accountable for finance Policy and Procedure and the Executive Director (Finance and People Capability) is accountable for human resource Policy and Procedure.

5.1.5 University Procedures

A Procedure describes in detail the process or steps to be taken in order to implement a Policy. Procedures will evolve over time in response to changes in the external or internal environment. University Procedures are mandatory and are applicable University-wide.

A University Procedure implements one or more Governance, Academic Quality or Executive Policies and must uphold the principles of the Policy and Procedure Framework and the relevant Governance, Academic Quality or Executive Policy. A University Procedure may or may not have Local Processes with which it interfaces. A University Procedure cannot override

or conflict with Governance, Academic Quality or Executive Policies, or Regulated Policy and Procedure.

A University Procedure is approved by the Vice-Chancellor or the Vice-Chancellor's nominated officer. In the rare instance that the Vice-Chancellor is accountable for a University Procedure, the Procedure will be approved by Council.

5.1.6 Local Process

Local Processes apply to a specific area, division or campus of the University.

A Local Process must interface with, but may not override or conflict with, Governance, Academic Quality or Executive Policies or University Procedures.

A Local Process is approved by the Supervisor of the Head of the organisational unit to which the Local Process applies.

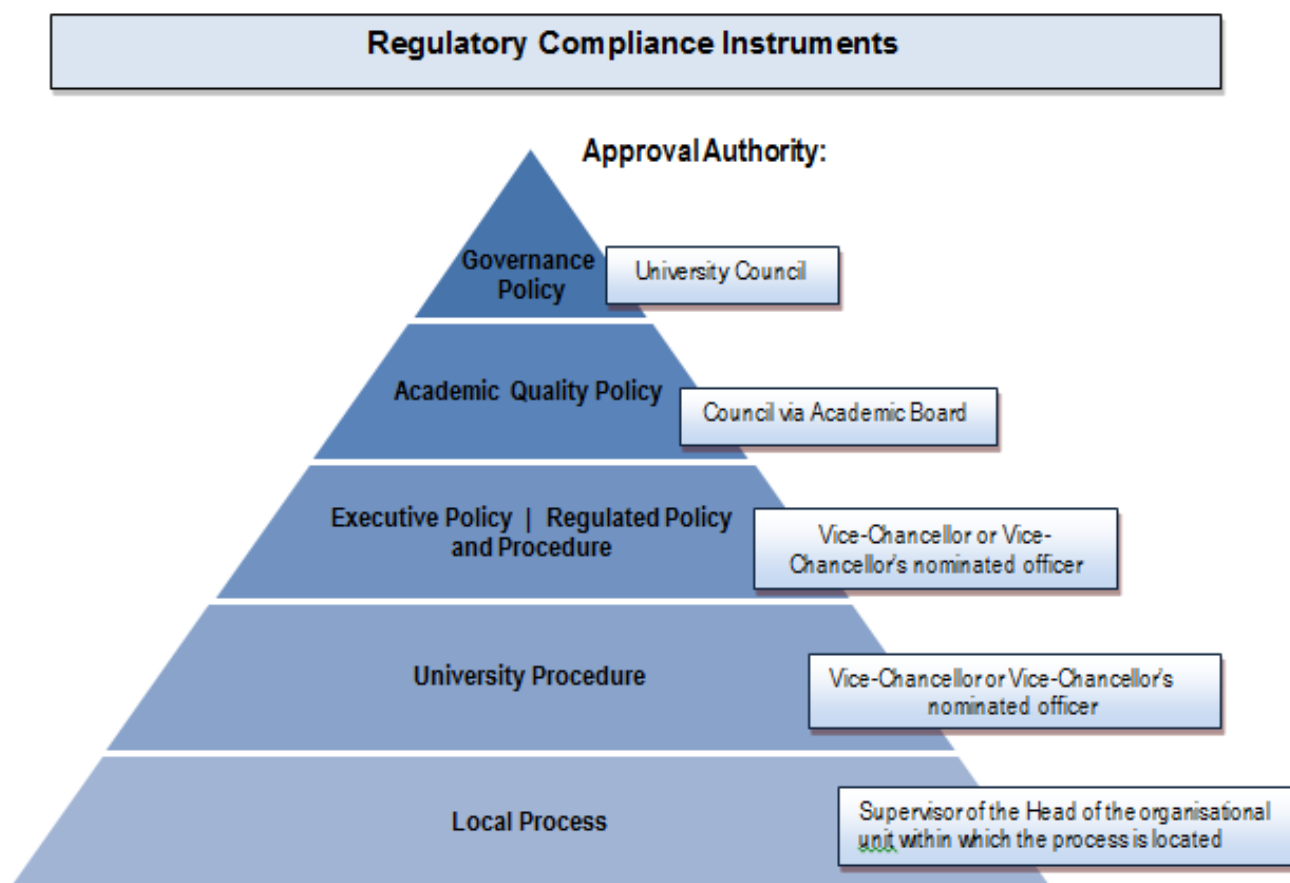


Figure 1: Framework and Approval Hierarchy

5.2 Reporting to Council

Council will be provided with a quarterly report by the Vice-Chancellor, via the Chancellor's Committee, detailing:

- all Policies approved or repealed
- progress against agreed priorities in the Policy and Procedure Development and Review Schedule
- any issues of concern in relation to Policy at the University.

5.3 Style, presentation and publication

All Policies and Procedures will be developed in accordance with the Policy and Procedure Manual and the Policy and Procedure Style Guide and drafted using the relevant template.

All Policies and Procedures will be published publicly in the Policy and Procedure Library, with the exception of those Policies and Procedures which, on the recommendation of the Policy Sponsor or Accountable Officer, the relevant Approval Authority determines must be accessible via secure log in only.

The Manager (Policy Services) is custodian of the Policy and Procedure Style Guide, the Policy and Procedure Manual and the Policy and Procedure Library.

All standard definitions used in Policies and Procedures will be recorded in the Policy and Procedure Definitions Dictionary. The Manager (Policy Services) is responsible for maintaining the Policy and Procedure Definitions Dictionary.

5.4 Record Keeping

Records must be kept for each stage of the Policy and Procedure development process in accordance with the Policy and Procedure Manual. Upon approval or adoption, a Policy or Procedure becomes a corporate record. The Accountable Officer is responsible for ensuring that the Manager (Policy Services) is notified that the Policy or Procedure has been approved or adopted, the decision recorded in minutes, in the case of Policies approved by the University Council, or through other appropriate evidence, and that all necessary documentation is transferred to the University's corporate record keeping system.

5.5 The Policy and Procedure Development Cycle

The University has adopted the *Approach - Deployment - Results - Improvement* (ADRI) conceptual quality framework as the Policy and Procedure Cycle (Figure 2), each stage of which is detailed briefly below. The Policy and Procedure Manual provides detailed instructions for each of these phases and steps. Each step in the process must be carried out in accordance with the Policy and Procedure Manual. Exemption from this process may be considered on a case-by-case basis and approved by the Executive Director (Corporate Management Services)

as the Responsible Officer for this Framework.

The Policy and Procedure Manual will be approved by the Vice-Chancellor or the Vice-Chancellor's nominated officer, and reviewed tri-annually in conjunction with the review of the Policy and Procedure Framework.

While the University Policy and Procedure Development Cycle is staged, it is not necessarily intended to be completely sequential. Completion of the cycle is intentionally iterative, and may involve repetition of some cycle stages.

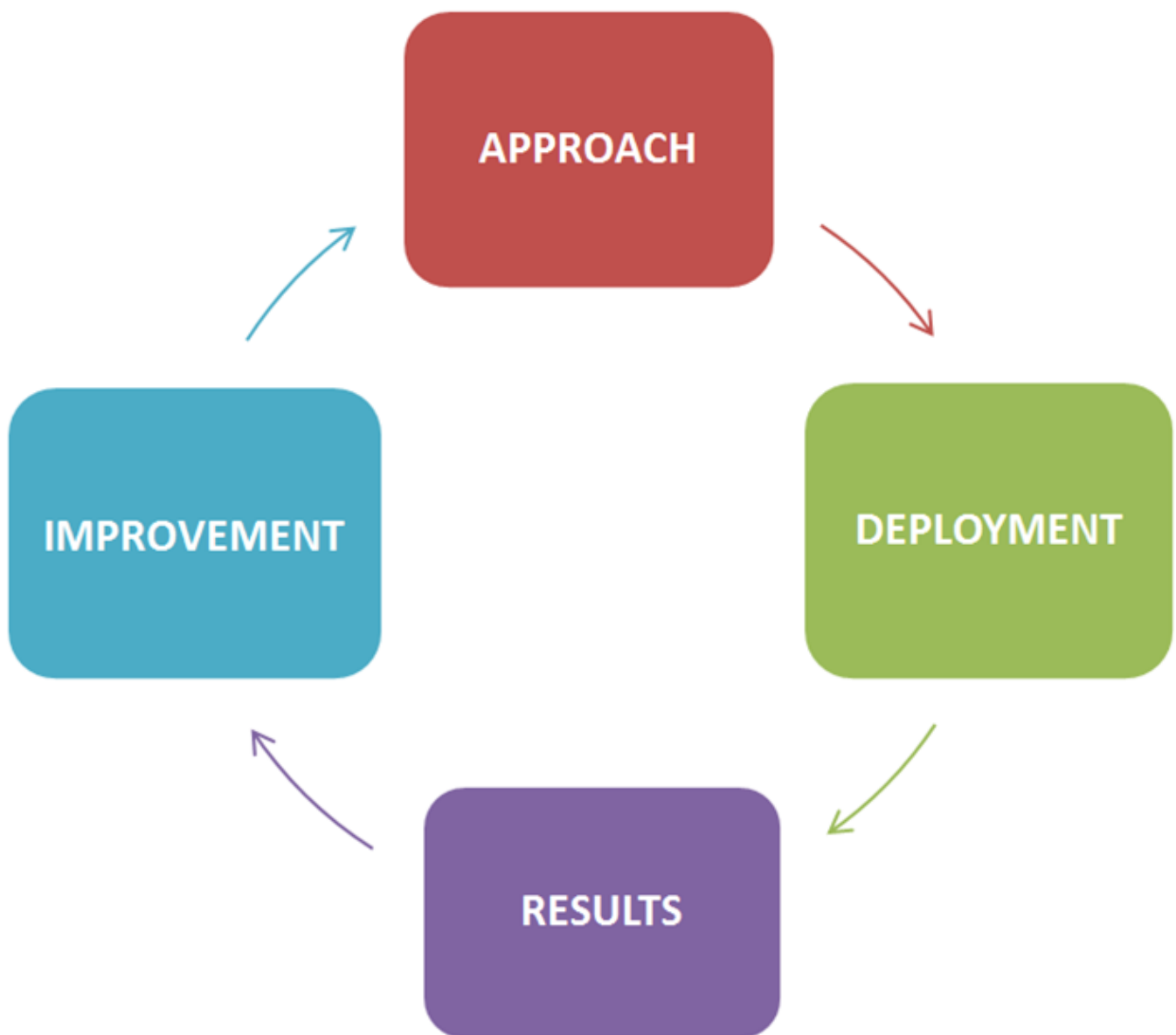


Figure 2: Policy and Procedure Development Cycle

5.6 ADRI Stages

5.6.1 Approach

The University develops and maintains a set of Policies and Procedures in the Policy and Procedure Development and Review Schedule and sets priorities for development and review based on an analysis of relevant alignment factors during the Approach stage. The Schedule is managed by the Manager (Policy Services) and reported to the Vice-Chancellor on an annual basis. The Schedule will be published on the University's intranet.

Issues that trigger a Policy review or the development of a new Policy or Procedure include:

- recognition of a need (for example, legislative requirement, audit outcomes)
- changes in strategic direction and plans of the University
- the Policy and Procedure Development and Review Schedule or an accumulation of issues logged with the Manager (Policy Services)
- identification of content gaps or overlaps across or between Policies
- the review date.

The process of the development or review of Policies and Procedures should allow relevant stakeholders the opportunity to be consulted at a sufficiently early stage. Consultation processes may vary, but will normally include some, or all, of the following:

- formative discussion, involving initial discussion of the Policy or Procedure by the relevant working party, committee, or content experts
- discussion with individuals and organisational units affected by deployment of the Policy or Procedure
- dissemination to a wider audience of stakeholders (this may be a particular group, or the wider University community) for broader consultation for a set period of time
- in the case of Policy only, gazettal to the broader University community for a period of 10 University Business Days.

The proposed Accountable Officer, or if an Accountable Officer is yet to be proposed, a Policy Sponsor, needs to resolve issues identified as the Policy or Procedure is developed or reviewed, such as its relationship to existing Policies and Procedures, risk and control measures, and especially any additional delegations of authority that may be needed.

5.6.2 Deployment

Responsibility for the Framework, including overall responsibility for its management and overarching issue resolution, remains with the Executive Director (Corporate Management Services) who will provide leadership of the Framework implementation and any related boards or groups, in conjunction with the Manager (Policy Services).

The proposed Accountable Officer or Policy Sponsor is responsible for the drafting of the Policy or Procedure in accordance with the Policy and Procedure Manual. Where the Accountable Officer or Policy Sponsor wish to assign the drafting process to another Employee, the Accountable Officer will identify a suitable Policy Drafter to take on this role. The Manager (Policy Services) will provide advice and guidance during the drafting process to ensure that the Policy or Procedure upholds the overarching principles and meets quality standards.

A reasonable assessment of the impact on other Policies, Procedures, stakeholders, University systems and secondary materials/websites, as well as a risk assessment and an analysis of constraints on deployment and options for resolving these, should be included in the Deployment Plan. The Deployment Plan should include communication and training strategies. The Manager (Policy Services) will be informed of the assessments.

Following the drafting and consultation processes, the proposed Accountable Officer or the Policy Sponsor is responsible for submitting the Policy or Procedure, and associated plans, to any endorsing committees/delegates and for obtaining the necessary approval from the relevant Approval Authority via the appropriate approval pathway for the Policy or Procedure to be published in the Policy and Procedure Library by the Manager (Policy Services). The Manager (Policy Services) will provide advice and guidance during the endorsement and approval process to ensure that the pathway taken is consistent with the Framework and Approval Hierarchy (refer Figure 1).

The Accountable Officer or Policy Sponsor is responsible for managing appropriate communication, training and deployment as outlined in the Deployment Plan.

5.6.3 Results

All new Policies and Procedures, or Major Amendments to Policies and Procedures, will normally be reviewed every three years from the date they come into effect, unless a legislative or regulatory instrument specifies otherwise or a risk assessment requires an earlier date. Policies and Procedures can, and should be, amended as and when changes occur that affect the relevance and application of the Policy or Procedure.

A Policy or Procedure under review will not lapse until the revised Policy or Procedure has been approved. Reviews will be carried out by the Accountable Officer. The result of the review will be appropriately recorded and the review date revised accordingly.

Feedback from stakeholders/users on the effectiveness of the Policy or Procedure and its deployment as part of the cyclical review process must include:

- any issues or concerns that have been identified during deployment

- an evaluation of the level of compliance and evidence that the Policy or Procedure is having the intended effect
- whether the detail is current and remains consistent with any external or other regulatory requirements
- the effectiveness of any training and communication strategies.

5.6.4 Improvement

Following the review, proposed revisions and any relevant supporting documentation should be submitted by the Accountable Officer to the Manager (Policy Services) who will coordinate appropriate actions. Recommendations will be either that:

1. no changes are made
2. Editorial Amendments are made
3. Minor Amendments are made
4. Major Amendments are made
5. the Policy is repealed as it is no longer required.

If an existing Policy or Procedure requires amendment, future actions will depend on whether it is an Editorial, Minor or Major Amendment:

- An **Editorial Amendment** to a Policy or Procedure is a housekeeping change such as:
 - rewording to provide clarification;
 - updating a section or position name, contact person, reference to legislation or hyperlink;
 - changing the approved name of a role, position, division or administrative unit; or
 - a typographical error requiring correction.

An Editorial Amendment requires endorsement by the Manager (Policy Services), in consultation with the relevant Accountable Officer or nominee.

- A **Minor Amendment** to a Policy or Procedure is a change not affecting the general meaning, scope, purpose or intent of the document. In most cases, minor changes can be made without the need for broad consultation.

A Minor Amendment requires approval by the Accountable Officer. A summary of approved Minor Amendments will be provided to the Approval Authority through the reporting mechanisms established in this Framework.

- A **Major Amendment** to a Policy or Procedure is a change to the purpose, scope or significant changes to the content of a Policy or Procedure. For Major Amendments, the development process specified in this Framework must be followed.

A Major Amendment requires approval by the relevant Approval Authority (refer Section 5).

6 References

Standards Australia. (2006). *Compliance programs (AS 3806-2006)*. Retrieved from Standards Online.

7 Schedules

This policy must be read in conjunction with its subordinate schedules as provided in the table below.

8 Policy Information

Subordinate Schedules	Policy and Procedure Delegations Schedule (under development)
Accountable Officer	Vice-Chancellor
Policy Type	Governance Policy
Approved Date	6/7/2015
Effective Date	6/7/2015
Review Date	6/7/2018
Relevant Legislation	Standard AS 3806-2006 Compliance programs Copyright Act 1968 Fair Work Act 2009 Financial Accountability Act 2009 Information Privacy 2009

	<p>Public Records Act 2002</p> <p>Public Sector Ethics Act 1994</p> <p>Public Service Act 2008</p> <p>Queensland Information Standard 40: Recordkeeping</p> <p>Queensland Information Standard 44: Information Asset Custodianship</p> <p>University of Southern Queensland Act 1998</p> <p>University of Southern Queensland Enterprise Agreement 2014-2017</p> <p>Work Health and Safety Act 2011 (Qld)</p>
Related Policies	<p>Code of Conduct Policy</p> <p>Delegations Policy</p> <p>Records Management Governance Policy and Procedure</p> <p>Risk Management Policy and Procedure</p> <p>Student Code of Conduct Policy</p>
Related Procedures	
Related forms, publications and websites	<p>Compliance Register</p> <p>Policy and Procedure Manual</p> <p>Policy and Procedure Style Guide</p>
Definitions	<p>Terms defined in the Definitions Dictionary</p> <p>Accountable Officer</p> <p>The person or entity accountable for the Policy or Procedure and who coordinates its deployment. The Accountable Officer is also responsible for leading the review of the Policy or Procedure and will ensure that any Policy or Procedure has accurate and current Regulatory Compliance Instruments referenced. The Accountable Officer may delegate responsibility to another Employee or entity.</p> <p>Approval Authority</p> <p>The person or entity occupying the level indicated in the Framework Hierarchy that has the authority to approve a new Policy or to approve</p>

major changes to an existing Policy.

[Compliance Register](#)

A register of all Regulatory Compliance Instruments, maintenance of which is the responsibility of the Executive Director (Corporate Management Services).

[Deployment Plan](#)

The plan for the communication and implementation of a Policy or Procedure prepared in accordance with the USQ Policy and Procedure Manual using the Policy and Procedure Checklist.

[Drafter](#)

The person or position delegated responsibility for drafting the Policy and who should be contacted for any matters relating to the specific Policy, Procedure or guideline prior to the approval process. In some instances, this may be the Accountable Officer.

[Editorial Amendment](#)

A housekeeping change to a Policy or Procedure such as updating a section or position name, contact person or reference to legislation, changing the approved name of a role, position, division or administrative unit, or a typographical error requiring correction.

[Employee](#)

A person employed by the University and whose conditions of employment are covered by the USQ Enterprise Agreement and includes persons employed on a continuing, fixed term or casual basis. Employees also include senior Employees whose conditions of employment are covered by a written agreement or contract with the University.

[Major Amendment](#)

Changes to the purpose, scope or significant changes to the content, responsibilities, limits, assignment of powers etc. of a Policy or Procedure.

[Minor Amendment](#)

A change to a Policy or Procedure which does not alter the general meaning, scope, purpose or intent of the document.

[Policy](#)

A high level strategic directive that establishes a principle based approach on a subject. Policy is operationalised through Procedures that give instructions and set out processes to implement a Policy.

[Policy and Procedure Definition Dictionary](#)

A dictionary that contains standard definitions used for Policy and Procedure at the University.

[Policy and Procedure Development and Review Schedule](#)

The schedule of Policies and Procedures to be developed and reviewed.

[Policy Instrument](#)

The tools and instruments used by the University to implement its Policies, including but not limited to, Procedures, charters, schedules and manuals.

[Policy Sponsor](#)

The Policy Sponsor is the Accountable Officer for a Policy or Procedure or, when the Accountable Officer is yet to be determined, the person or position responsible for advocating for a Policy or Procedure and sponsoring its development and approval.

[Precautionary Principle](#)

The Precautionary Principle or precautionary approach states that if an action or Policy or Procedure has a suspected risk of causing harm to the public or to the environment, in the absence of scientific consensus that the action or Policy or Procedure is harmful, the burden of proof that it is not harmful falls on those taking the action.

[Procedure](#)

An operational instruction that sets out the process to operationalise a Policy.

[Regulatory Compliance Instrument](#)

An external compliance instrument provided by legislation, regulation, standards, statutes or rules, including subordinate instruments.

[Regulatory Compliance Obligation](#)

An external obligation provided in Regulatory Compliance Instruments.

[Responsible Officer](#)

The person assigned by the Accountable Officer who is responsible for the development or review of the Policy or Procedure and coordination of its deployment.

[University](#)

The term 'University' or 'USQ' means the University of Southern Queensland.

[University Business Days](#)

The days of Monday to Friday inclusive between 9am and 5pm Australian Eastern Standard Time (AEST), with the exclusion of gazetted Public Holidays for the relevant campus location, plus the closure of the University between 25 December and 1 January in the following year inclusive as specified in the USQ Enterprise Agreement, as well as any closure of the University either at one or several campuses in accordance with a direction of the Crisis Management Team.

[University Members](#)

Employees of the University whose conditions of employment are covered by the USQ Enterprise Agreement whether full time or fractional, continuing, fixed-term or casual, including senior Employees whose conditions of employment are covered by a written agreement or contract with the University; Members of the University Council and University Committees; Visiting and adjunct academics; Volunteers who contribute to University activities or who act on behalf of the University; Individuals who are granted access to University facilities or who are engaged in providing services to the University, such as contractors and consultants, where applicable.

Definitions that relate to this policy only

Keywords

Guidelines, manual, terms of reference, memorandum, directive

Record No

13/386PL