Metapolicy

First Produced:	02/05/2016	Authorisation:	Te Kāhui Manukura
Current Version:	01/03/2025		
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Review Cycle:	3 years	Responsible (division specific):	Director Strategy, Planning, Performance
Applies From:	Immediately		

1 Introduction

1.1 Purpose

A metapolicy - otherwise known as a 'policy on policies' – is a mechanism for embedding sound principles regarding policy process for improved policy outcomes. It provides a framework that sets out to define the range of compliance documents (e.g., regulations, policies, procedures, protocols) and establish a classification system which groups them (e.g., academic, financial, facilities management). In addition, it identifies and describes the processes by which the compliance documents are developed, reviewed, and made available to the organisation and its stakeholders.

1.2 Scope and Application

Provides a process for the development and management of policies, outlines protocol for liaison with policy owners to determine and facilitate approval pathways, determines consistent documentation presentation and alignment with delegated legislation, document control, and facilitating approval. Outlines the policy repository and policy review cycle.

1.3 Formal Delegations

a To the Ara Council, authorisation/approval of:

- i Section 1.16 Protected Disclosures
- ii Section 2.03c Academic Committee Membership
- iii Section 3.05 Fraud
- iv Section 6.01 CE Delegations
- v Section 6.02 CE Leave
- vi Section 6.03 CE Performance Review
- vii Section 6.04 CE Remuneration Review
- viii Section 6.05 CE Travel

b To the Subsidiary Academic Committee and its subcommittees, authorisation/approval of:

- i All other Academic Policies

c To the Ara Council and Te Kāhui Manukura, authorisation/approval of:

- i Section 1.01 Relationships with the News Media and Other External Agencies

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ii Section 1.02 Disclosures and Management of Conflicts of Interest

iii Section 1.07 Brand Standards, Promotional and Non-Promotional Communication

iv Section 2.05 Council/Staff Discounted fees

d To the Ara Council, endorsement of:

i Section 3.04 Discretionary Expenditure

e To Te Kāhui Manukura, authorisation/approval of:

i All other Corporate Ara Policies and major amendments to existing policy

ii Merging or rescinding of Ara compliance documents and policy

f To Directors/relevant managers with delegated authority, the approval of:

i All minor/clerical amendments to existing Ara Policy

1.4 Definitions

a **Approval Authority:** The person(s) within Ara who has the delegated authority to approve:

i the development of a new compliance document.

ii a major review of an existing compliance document; and/or

iii amendments to an existing compliance document's content that changes its original intent.

The Approval Authority generally does not conduct the review of a document. This is completed by the Officer responsible. If the Officer responsible identifies major amendments to the document (i.e. a significant proportion of the wording needs to be changed and/or the intention of whole or part of the document has changed), then the Approval Authority will need to read those changes and approve them.

Approval Authorities shall take new or substantially revised compliance documents awaiting approval to Te Kāhui Manukura for consultation and general visibility.

Any breaches of a compliance document will, in the first instance, be brought to the attention of the Approval Authority.

b **Codes (e.g., Code of Practice, Code of Conduct, Code of Ethics):** These set out minimum expectations and best practice guidelines that it is expected will be adhered to.

c **Compliance Document:** A compliance document is a collective term that refers to any document that is accessed through Ara (or governing agencies) that requires staff, students, and visitors to comply with. Compliance documents may be:

i Codes of Conduct or Practice

ii Forms

iii Frameworks

iv Guidelines

v Instructions

vi Plans

vii Policies (Internally categorised as Corporate, Academic, or Council policies)

viii Principles

ix Procedures

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x Regulations

xi Statutes

xii Strategies

d **Document History and Version Control:** Document history and version control are used to record detail of minor and major amendments (reviews) to Ara documentation over time. It allows anyone accessing the document to know if it is the most current version; when it was last amended; what was changed from the previous version; and who approved the document, including any amendments made to it.

e **Ako Excellence and Strategy, Planning, Performance** are the teams within Ara responsible for the official repository of compliance documents.

f **Guidelines / Procedures:** Standard, step-by-step, methods of operating in line with best practice or safe practice. They generally relate back to a policy statement and may offer advice or set expectations about how a policy or regulation should be implemented or how an activity is carried out. Compliance is expected, and where a decision is taken to depart from the guidelines, actions may need to be explained and/or justified.

g **Legislation:** Laws approved by Parliament and enforceable by the government of the country.

h **Officer Responsible:** The person within Ara who is responsible for a document when it is due for a major review or, when it requires an amendment that is not part of the Academic Quality or Strategy, Planning, Performance responsibility. Will be the person within Ara with the responsibility for ensuring adherence of the document's content and would be best placed to answer any questions with regards to the interpretation of the document or its implementation.

i **Major Policy Change:** Any change to an Ara policy that occurs as a result of a review that substantially changes the meaning of a section, or sections of the original policy, **and/or** where a review results in a significant revision of language within an Ara organisational policy.

j **Policy:** Formal expectations of staff and students on specified Ara matters. Policies are formally documented and approved by the Council or the bearer of the Council's delegated authority. Boundaries are defined and a framework provided within which operating procedures may be developed including the set of principles on which they are based and associated procedures (See also the Policy template, Section 1.19a). Compliance is expected and non-compliance may result in censure, penalties, or disciplinary action. All policies are found in the Waituhi policy library. (Academic and Corporate).

k **Principles:** Statements of the fundamental values and circumstances that form the basis of procedures and good practice guidelines.

l **Procedures:** A statement that provides information or step-by-step instructions to implement a policy; a process.

m **Review Date:** A date (month and year) nominated by the Officer Responsible when the document should next be reviewed. The standard review periods will be between one year and five years. The nominated review date does not prohibit updates more regularly if necessary.

n **Te Kāhui Manukura (TKM):** Committee that advises the Chief Executive on the strategic direction, management, and operation of Ara.

o **Statute:** Rules that determine the standards for each qualification offered by Ara and the formal expectations of Ara with regard to other general matters pertaining to its function e.g., Discipline. Statutes are approved by the Council, are mandatory, and failure to comply with them will normally result in penalties.

Note: can also be referred to as Regulations.

p **Quality Management System (QMS):** A central electronic repository accessed via Waituhi or the Ara website. The chapters of the QMS focus on, quality governance, academic policies, resources, reports, and evaluation reviews.

Related Ara Procedures (indicate if attached to policy or where they can be found) • Ara QMS • Ara Policy Library • CPP119a Policy Template • CPP119b Policy Review Cycle • CPP119c Checklist for Development of New Compliance Document • Ara General Disposal Authority	**Related Ara Policies**
Related Legislation or Other Documentation • Public Records Act 2005	**Good Practice Guidelines** (indicate if attached to policy or where they can be found) •
References • NZQA Quality Assurance framework	
Notes	

2 Principles

2.1 Ara policies will comprise of statements of principle that articulate and align with legislative, regulatory, and the values and vision of the Institute.

2.2 Ara policies and any associated procedures and good practice guidelines will support the mission, goals, and strategies of the Institute as they are expressed in the Strategic Plan.

2.3 Stakeholder consultation will be part of the processes for developing new policies and reviewing existing policies.

2.4 Policies will meet or exceed legislative and regulatory requirements.

2.5 The authority of a policy is established when it is formally approved by Ara Council, the Academic Council or Te Kāhui Manukura.

2.6 Policies will be kept current through a review cycle.

2.7 In the event of any change which will substantively affect the policy, it must be reviewed and submitted to the authorising authority as soon as possible after the substantive change has occurred e.g. changes in legislation.

2.8 Each policy will have a designated Officer Responsible who, unless specified otherwise, will be a member of Te Kāhui Manukura.

2.9 Policies will be available to all staff and students.

3 Associated Procedures for Ara Academic & Corporate Policy on: Policies

Contents:

3.1 Application of Compliance Documents
3.2 Compliance Document Lifecycle
3.3 Review Existing Compliance Documents
3.4 Rescinding or Merging of Compliance Documents
3.5 Quality Management System Library
3.6 Strategy, Planning, Performance Responsibilities and Functions

3.1 Application of Compliance Documents

The QMS, Waituhi Policy Library, and Ara website are the official electronic repositories for Ara compliance documents. The location of these documents will be dependent on the necessary audience and purpose. Some are held separately to departmental compliance documents, by virtue of having Institute-wide application. Where there are inconsistencies between departmental compliance documents and Ara compliance documents, the latter override the former.

Compliance with documents housed in the QMS, Waituhi Policy Library, and Ara website is expected from staff, students, and visitors. For staff and students, this expectation is expressly stated in employment and enrolment contracts. For contractors, there is an induction process that is required to be completed prior to starting work that ensures compliance. For visitors, Ara signage sets expectations in common areas. For any areas that are employee only, the colleague accompanying the visitor should ensure compliance, or if unaccompanied, the visitor should sign in at Facilities Management or the Security office.

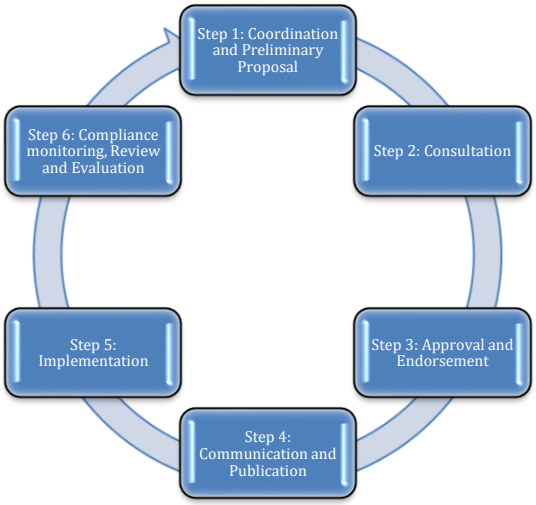
These documents are compliant with NZ legislation and in many instances, provide Ara application or interpretation of legislation. An example is the Privacy Policy; developed to ensure compliance with the Privacy Act 2020.

Ara compliance documents may also be informed by national and international standards published by Standards New Zealand, together with other authorities that define minimum requirements and best practice guidelines

3.2 Compliance Document Lifecycle

a **Policy Cycle**

The policy cycle is as follows:



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Refer to *CPP119b Policy Review Cycle* for a description of each step.

b **Creating New Compliance Documents**

The need for a new compliance document may be driven by a number of factors, both external and internal, including but not limited to:

i new or changed government requirements.

ii new or amended regulations.

iii new strategic direction of the Institute.

iv Restructuring.

v identification of a gap in current 'suite' of compliance documents.

vi emerging operational issues.

vii identification of risks or inconsistencies in behaviour by staff and/or students.

viii review/consolidation of older compliance documents.

ix external pressures, from, for example, the media; and

x events.

Once a need is identified, relevant persons or groups should contact the Strategy, Planning, Performance Team who will guide them through the process of drafting a compliance document using the policy template. The draft should be informed by research, benchmarking, and appropriate consultation. Refer to *CPP119c Checklist for Development of New Compliance Document* for assistance with the drafting process.

Prior to seeking approval of the identified Approval Authority, the draft must be brought to the attention of the Director Strategy, Planning, Performance who will conduct a quality assurance check of the document's content and format in collaboration with the Policy and Complaint Lead. Following this step, the document approval process should then be followed by the Approval Authority, including presenting the draft compliance document at TKM for consultation.

Compliance documents will not be uploaded to the compliance repositories until both the Director of Strategy, Planning, Performance and the Approval Authority have respectively consulted and approved the compliance document, and the Officer Responsible has taken the document to TKM for discussion.

Once approved, the Policy and Complaint Lead or delegate will publish the compliance document in the appropriate locations. It is then the joint responsibility of the Officer Responsible and the Policy and Complaint Lead to ensure that the new compliance document is advertised on Waituhi, or alternative platforms and its existence widely promulgated to interested parties (the Officer Responsible should do this).

Policies must be:

i Presented in a common/standard format (using template provided).

ii Written concisely, in plain English (assistance with translation of policies may be provided to employees and students, if required).

iii Developed in consultation with appropriate stakeholders.

iv Formally approved by the appropriately delegated body.

v Maintained centrally.

vi Kept up to date.

vii Applicable Ara-wide, unless otherwise stated;

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viii Contained under Academic or Corporate Policies & Procedures on Waituhi and on www.ara.ac.nz, Ara's website repositories (other Ara documents should not be referred to as policies).

c **Format of Compliance Documents**

Compliance documents published in the QMS are developed on a standard template to ensure that specific, key information is captured and is standardised across all documents. While there may be variations within the body of the compliance documents in terms of, for example, sub-headings, all should include core information which will assist with classification, the review cycle, and retrieval.

Core information includes:

i Unique ID: Each compliance document in the QMS is assigned a unique ID that stays with the document through its lifecycle and is never reassigned. This information is displayed on the top left-hand side of each page of the document and can be used as a reference for checking the history of a document, particularly if it has undergone name changes.

ii Last modified: This is the month and year when the compliance document was created, or the last amendment/review was approved (whichever is the most recent).

iii Review date: This is the month and year when it is recommended that the compliance document is next formally reviewed.

iv Staff only documents: A limited number of compliance documents within the QMS are accessible to staff only. This is generally because they contain commercially sensitive information.

v Footer information: The compliance document title, page number, and controlled version notification are documented in the footer of each page of all compliance documents in the QMS.

3.3 Reviewing Existing Compliance Documents

When a document held in the QMS is due for review, the following process will be followed:

a No less than 120 days before the latest policy review date, a review cycle workflow will be generated by the Policy and Complaint Lead or delegate.

b In cases relating to policy, the Policy and Complaint Lead or delegate will conduct an initial review of the policy, focused on updating information, relevant legislation, and any other details that can be reasonably actioned.

c Following this, and for all other compliance and practice documents cited in 1.4 (c), the Policy and Complaint Lead or delegate will refer the policy to the Officer Responsible.

d The Officer Responsible must complete a review of the relevant document and incorporate any changes.

i The Responsible Officer must enable appropriate consultation on any changes to the document, particularly where there have been major changes, or changes that alter the substantive meaning of the document.

ii In instances where changes are merely clerical in nature (such as updating dates, titles, correction of written errors, or minor process adjustments) consultation will not be required.

iii It is the responsibility of the Officer Responsible to conduct any required consultation process. The Officer Responsible may seek to engage other parties to assist in conducting a consultation process (for example, People & Culture may be required to facilitate a broader staff-wide consultation).

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iv The scope of the consultation process will be dependent on the impact of the changes across the wider Institute.

v This process must be completed promptly within the 90-day review timeframe to ensure for efficient approval of the documents.

e In cases of a major review, the Officer Responsible must proactively engage with the Strategy, Planning, Performance team to ensure compliance.

f Following the conclusion of the review, any consultation, and incorporation of any changes, the document will be returned to the Policy and Complaint Lead or delegate, who will conduct a final review before referring the document for approval by the relevant Approval Authority, as listed in 1.3.

g Following the approval of a document, the Policy and Complaint Lead or delegate will ensure that it is uploaded to the QMS and other relevant repositories in a reasonable timeframe.

Note: a compliance document may be reviewed at any time to address necessary amendments to content that occur outside the stated review period.

Throughout the lifecycle of a compliance document, continuous monitoring should occur to confirm accessibility, relevance, and compliance within the Institute and with wider NZ legislative requirements. This function is the responsibility of the Strategy, Planning, Performance team, with input from the wider Institute when issues are identified.

All policies must first be reviewed and signed off by the Strategy, Planning, Performance team before being submitted to the delegated approval authority.

3.4 Rescinding or Merging Compliance Documents

As the QMS develops over time, it may become necessary to either rescind certain compliance documents or merge them with others. In order to do so, the Strategy, Planning, Performance team must seek written approval from the appropriate Approval Authority. The Officer Responsible should notify TKM of the intention to rescind the document. Once this has occurred and approval has been granted by the Approval Authority, the Strategy, Planning, Performance team will remove the compliance document from the QMS and notify appropriate stakeholders.

Officers Responsible seeking to have a compliance document that they manage rescinded or merged should liaise with the Strategy, Planning, Performance team in the first instance.

Policies that have become obsolete will be formally disestablished by the delegated approval authority or after periodic review and recommendations to the approval authority from the Chief Executive and the Director's, Ako Excellence, People and Culture, and Corporate Services.

3.5 Stakeholder Consultation

Stakeholder consultation processes may vary but should include some, or all, of the following:

a Formative discussion, involving initial discussion of the policy by the relevant working party or committee.

b Dissemination to a wider audience of stakeholders (this may be a particular group, or the wider Ara community) for broader consultation for a set period of time.

c Determination, by the relevant committee, of the decision to endorse the policy, prior to it being forwarded to the appropriate approval authority.

3.6 Creation of Associated Procedures and Guidelines

Where applicable, the Officer Responsible for the policy may prepare procedures and guidelines to accompany the policy. The procedures/guidelines should provide succinct and expert advice on good practice in relation to the policy. The Officer Responsible determines the level of consultation required, if any, in developing the procedures/guidelines. Once approved, the Officer Responsible will modify any procedures/guidelines as required and report the changes to the appropriate bodies, including Te Kāhui Manukura, for information, and to the Strategy, Planning, Performance team for uploading to the websites as required.

3.7 Publication of Changes to Compliance Documents

a When a new or revised policy is approved or a policy is disestablished, the approval authority notifies the Strategy, Planning, Performance team who will support informing the Ara community via global messaging (posting) as part of the process of creation, updating, or removal of documents. This may include publishing to the QMS, Website, Waituhi posts, and any other relevant forum dependent on the audience and content of the change.

b Any new policy will be publicised alongside any associated or related procedures/regulations/forms/other documentation. This includes existing related documents.;

c In the case of disestablished policy or documents, it will be the responsibility of the Strategy, Planning, Performance team in cases of Corporate Policy, and the Ako Excellence team in cases of Academic Policy to ensure the removal of said policy and any associated procedures from Ara repositories.

3.8 Training Associated with Policy

a Where applicable, the Officer Responsible will, in consultation with the appropriate Manager, coordinate any training deemed necessary to support the policy.

Gaps in policies will be identified by the delegated approval authority and/or by periodic review and recommendations to the approval authority by the Chief Executive and Directors, Academic, People and Culture, and Corporate Services.

3.9 Quality Management System Library

The QMS Library was established as an electronic repository for all official compliance documents. It contains all the compliance documents within the QMS, and final versions of documents as displayed through the QMS on the Ara website and Waituhi.

This document repository has been developed in accordance with NZ legislation (Public Records Act 2005); the Ara General Disposal Authority; and Archives NZ's suggested best practice for document retention and storage.

Documents published in the QMS can be viewed and printed as PDFs. While it is possible to save a copy to a personal computer, users are discouraged from doing so as reviews may occur at any time and once printed, a document is considered to be an uncontrolled version and may be out-of-date. If it becomes necessary to print a compliance document because, for example, it is to be included in agenda papers for a committee, then it is recommended that prior to any meeting, a check be made of the version number at the bottom of the page to ensure it aligns with the electronic, controlled version in the QMS.

3.10 Strategy, Planning, Performance Team Responsibilities and Functions

The Ako Excellence and Strategy, Planning, Performance team have overarching responsibility for the accuracy, standardisation, promulgation, and efficacy of compliance documents that sit in the

QMS. In order for Ara to minimise risk, the Strategy, Planning, Performance team must undertake stringent quality assurance on all compliance documents within the QMS.

The team's responsibilities include:

a support, guidance and direction in the development and review of compliance documents.

b quality assurance of all compliance documents in the QMS.

c regular needs/gap analysis.

d the development and provision of templates, guidelines, and style guides.

e the development of "How to..." documents to assist Officers Responsible and Approval Authorities with their roles.

f ensuring the currency of information.

g publication of updates about new and revised compliance documents.

h making minor changes in the QMS (largely style/grammatical) on behalf of the Chief Executive.

i ensuring the compliance documents meet the requirements of the Public Records Act 2005 and the Ara General Disposal Authority.