IT Services Policy

DG00 – Review & Update of Policies

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Policy Owner:  
Name/Position: Rhys Davies, Chief Information Officer

Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Description</th>
<th>Author</th>
<th>Date</th>
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<tr>
<td>1</td>
<td>Initial version.</td>
<td>William Mordaunt</td>
<td>28/09/2010</td>
</tr>
<tr>
<td>1</td>
<td>Annual Review – No Change</td>
<td>Chris Day</td>
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<td>Shelim Miah</td>
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Authorisation:

Name / Position: Rhys Davies Chief Information Officer

Signature: R. Davies

Date: 28/05/2018
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1 Policy Statement

1.1 All IT policies, process and procedural documentation must be reviewed regularly and updated by the appropriate person and approved by the relevant approval body. This will ensure that documentation is current, available and aligned to the business operational needs.

1.2 The Policy aims to:
- Outline the expectations of document owners.
- Ensure a consistent and frequent review cycle is in place.
- Ensure the latest version is available and accessible by all
- Outline roles & responsibilities
- Enhance Communications

2 Scope

2.1 The policy applies to all policy documentation written by IT Services, any IT processes intended for both external and internal customers, and or third party suppliers working for QMUL and any procedural instructions written for team members.

3 Policy Detail

3.1 Each policy, process and procedural document (referred to as appropriate document from this point on) must be formally reviewed a minimum of once every 12 months after its effective date.

3.2 All appropriate documents must use the QMUL IT Services templates and clearly highlight the author, owner, revision date and classification of the document. The template can be found on the ITS forms and template website.

3.3 The reviews will be performed by the policy owner (or their delegate).

3.4 Following the publication of the appropriate document, and in the period leading up to its review date, stakeholders will provide feedback to the appropriate individual or approval body i.e. to the Risk & Governance Manager, Faculty Relationship Manager or the appointed Single Point of Contact (SPOC). Any changes to the appropriate document will be reviewed, together with any feedback received, by the document owners and approved by the relevant approval body, who will agree any changes required.

3.5 The Risk and Governance Manager has delegated authority to approve word-formatting changes, minor changes to clarify statements, improve understanding and correcting grammar to the appropriate document on behalf of the IT Lead Team (ITLT).

3.6 The revised documentation must be approved, published and communicated as soon as possible and no longer than 30 days and the master copy stored in a central location.

3.7 The policy owner and approval body if appropriate will create and execute a plan for the implementation of the revised document.
4 Process and Procedures
4.1 The associated processes and guidance documents can be found by visiting the ITS webpage, some pages maybe restricted to IT staff.

5 Roles & Responsibility
5.1 The Risk and Governance Manager will be responsible for initiating the review cycle for the document owner to carry out the review. The document owner will assess and incorporate appropriate comments/feedback received.
5.2 Once the document has been updated, the Risk and Governance Manager will request approval from the appropriate approval body. All approved documents are to be stored in a central repository and uploaded to the web where applicable.

6 Monitoring
6.1 All policy documents must comply with this policy. Where non-compliance is identified, ITS will take appropriate action.
6.2 Checks will be made by the Risk and Governance Manager and the findings will be reported to the IT Lead Team (ITLT) in the first instance for corrective actions to be issued.
6.3 The AD of IT Operations, in conjunction with the Risk & Governance Manager, is responsible for the monitoring, revision and updating of this policy.

7 Exceptions
7.1 In the event of an exception that is not addressed by this policy, the matter will be firstly referred to the ITLT via the Assistant Director for IT Operations.
7.2 The ITLT will then make a decision or refer this to the IT Strategy Board (ITSB) for further guidance as necessary.

8 References
SOP DG00 – Review and Update of Policies & Standard Operating Procedures
# 9 Appendix A – Definitions

<table>
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<tr>
<th>Term</th>
<th>Meaning</th>
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<tr>
<td>Policy</td>
<td>A set of rules or framework that outlines the boundaries in which to operate.</td>
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<td>Process</td>
<td>A structured set of Activities designed to accomplish a specific Objective. A Process takes one or more defined inputs and turns them into defined outputs.</td>
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<td>SOP</td>
<td>Standard Operating Procedure is a documented high-level step-by-step sequence of Operational activities for adhering to policies that can be replicated across several departments and team.</td>
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<tr>
<td>Procedural Document</td>
<td>A set of low level detailed instruction that specify exactly what steps to follow to carry out an activity. E.g. instructions on how to print.</td>
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<tr>
<td>Appropriate Document</td>
<td>For the purpose of this document this refers to IT Policies, Processes and Procedures as listed.</td>
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<td>User</td>
<td>A member of staff, enrolled student, contractor, visitor, or another (any other) person authorised to access and use QMUL’s services.</td>
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<td>Approval Body</td>
<td>May refer to where appropriate the Information Governance Group, IT Lead Team or any other board/group owning the policy.</td>
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<td>ITLT</td>
<td>IT Lead Team – Team of Senior Managers consisting of the Assistant Directors of IT, Faculty Relationship Managers and Chaired by the IT Director.</td>
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<td>ITSB</td>
<td>IT Strategy Board – Team of Executive Managers consisting of Vice Principals and the IT Director, who oversee the delivery of the IT Strategy.</td>
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<td>SPOC</td>
<td>Single Point of Contact; a person that acts the coordinator or focal point of information concerning an activity or program.</td>
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