

Documented Information Procedure

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## 1 Purpose

To describe the framework and method of creating, approving, maintaining, distributing, and controlling necessary documented information within Programmed’s Integrated Management System (IMS).

In addition, to protect the integrity of the information provided to us by our employees and prospective employees, it will outline the identification, storage, protection, retrieval, retention, and disposition of records, completed, collected, and retained by Programmed throughout our business activities.

## 2 Scope

This procedure applies to all documented information created for use within the Programmed Integrated Management System, and the storage and protection of associated records of employees and contractors inclusive of those who are governed by the GDPR of the European Union.

## 3 Definitions

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Business Unit | Individual entity within a Programmed Division that may have the need to develop and implement its own processes independently from the core business or brand while still adhering to the overall company policies.  For example: Programmed Electrical Technologies is a Business Unit of the Programmed Property Division. |
| Controlled Document | Document which has a document reference and is listed in the Document Register. |
| Document Control | Refers to the regulation of documents by document reference, issue number, date of issue and review date. |
| Document Register | Register of all documentation housed within the Integrated Management System. |
| Documented Information | Documented Information is a term to describe a group of system documentation types (eg. policies, procedures, forms, guidelines, posters, marketing collateral etc.) or electronic data that may require a review (e.g., contents of online forms, online systems, websites, databases etc.). |
| GDPR | General Data Protection Regulations for all citizens of the European Union. |
| HSE OR HSEQ | Health, Safety and Environment; or Health, Safety, Environment and Quality. |
| Integrated Management System (IMS) | The management system utilised within Programmed to integrate all the business’ policies, processes, and procedures into one unified management framework. |
| Record | A Form from the IMS completed by the user and needs to be stored as evidence. |
| Uncontrolled Document | A document created for local use only using a Management System Proforma which will require future review. |

## 4 Responsibilities, Accountabilities and Authorities

|  |  |
| --- | --- |
| **Role** | **Responsibility** |
| Process Owners  (See [4.1 Process Owners](#_4.1__Process)) | * Developing, reviewing, maintaining, and approving documentation within their specific area of responsibility / expertise. * Ensure that documents created meet all regulatory, legislative and requirements of this procedure. * To ensure that appropriate levels of consultation are undertaken on documents created, reviewed, or intended to be removed. * Communicate to relevant stakeholders regarding inclusion, amendment, or removal of documents in their area of expertise |
| Quality and Compliance and HSE Systems Team | * Ensure all documentation included in the IMS are created in approved Templates and are consistent with the Programmed Brand Management Standard. * Ensure that all documents within the IMS are added to the Document Register. * Ensure relevant stakeholders are made aware of publication of new document/process, changes to existing documents/process, and removal of documents from active use. * Monitor the Document Register to ensure that Process Owners are prompted when documents are approaching their review date. |
| Business Unit Manager OR Contract / Project / Client Services Manager | * Ensure that an Uncontrolled Document Register is maintained for each location that has uncontrolled documents. * Ensure that superseded or obsolete versions of documents are removed from all points of use. * Ensure that any Records that are required to be maintained are stored securely and retention of all records, forms and materials completed, collected, used, and retained in accordance with the Programmed Privacy Policy, GDPR and legislative requirements. * Participate in the consultation review of documents for the IMS, including identifying revisions that may enhance the document / process. |
| User | * Responsible for retrieving and using only approved documents from the IMS. * Participate in the consultation review of documents for the IMS, including identifying revisions that may enhance the document / process. |

### 4.1 Process Owners

Process Owners, or their delegate, have the responsibility for developing, reviewing, and approving documentation that supports their unique business function. It is the responsibility of the Process Owner to ensure that documents within their area of responsibility meet all regulatory, legislative, and other requirements.

When developing/reviewing documents the Process Owner will consult with the Quality and Compliance and HSE Systems Team to ensure that the document being created is relevant to the business and that no duplicate process is already in place.

|  |  |  |
| --- | --- | --- |
| **Area of Responsibility** | **Operational Process Identifier** | **Process Owner** |
| Asset Management | AMS | Divisional Head / GM - Asset Management |
| Employment Services | EMP | GM – Training Services South |
| Finance | FIN | Divisional Head / GM - Finance |
| Health, Safety and Environment | HSE | Group General Manager Risk & Compliance |
| Human Resources | HRM | Divisional Head / GM - People |
| Information and Communication Technology | ICT | Chief Information Officer |
| Information Security Management | ISM | Chief Information Officer |
| Injury Management and Workers Compensation | IMC | General Manager - Workers Compensation |
| Learning, Training and Development | LTD | Divisional Head / GM - People |
| Marketing and Communications | MAR | Divisional Head / GM - Marketing |
| Payroll | PAY | Divisional Head / GM - Finance |
| Procurement | PRO | Procurement Manager |
| Quality | QUA | Group Manager – Quality and Sustainability |
| Risk and Legal | RAL | Group General Manager Risk & Compliance OR Divisional Head / GM - Risk & Legal |

## 5 Controlled Document Process

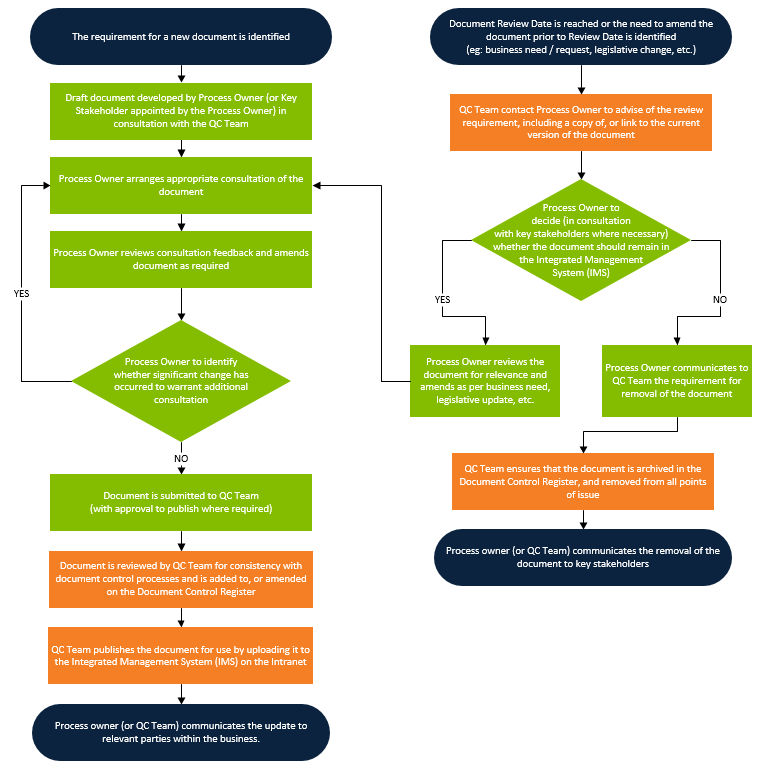
Document requests may arise from various means, including:

* Requests from the business
* Recognised legislative change
* Identification of system gaps following audit

All requests for new documents should be directed to the Process Owner or Quality and Compliance and HSE Systems Team for consideration and action (see [4.1 Process Owners](#_4.1__Process) for a listing).

To meet business requirements, Programmed maintains various document types as listed below:

|  |  |  |
| --- | --- | --- |
| **Medium** | **Description** | |
| Policy | * Plan or course of action that regulates and controls actions by setting the direction of Programmed. * Policies are managed at an APAM Level, meeting Documented Information requirements. | |
| Standard | * The minimum requirements associated with HSE related risks which have been set by Programmed to ensure the standardised management of risks across all divisions, and in turn minimise the likelihood of an occurrence of an injury and/or other related loss. | |
| Procedure | * A procedure delivers instructions and provides direction for the day-to-day operations. It is a step-by-step guide on how to complete a series of tasks or how to handle specific situations. * A procedure also sets out clear objectives, responsibilities, and accountabilities. * Programmed Procedures will follow the below structure for consistency: | |
| 1. Purpose  2. Scope  3. Definitions  4. Responsibilities  5. Process | 6. Document Management  6.1 Associated Documents  6.2 Competency Requirements (Optional)  6.3 Version Control/Revision History |
| Guideline | * A guidance document which outlines solutions that relate to the implementation of policies and procedures * Does not follow a strict structure to allow flexibility, however, are to be created from the Group templates available. | |
| Form | * A form template is a document that requires the user to embed information into the specified fields, i.e., forms, registers, and matrices. Note: A populated form then becomes a record. | |
| Process Flow | * A set of inter-related resources and activities that transform inputs into outputs. | |
| Template | * A document or file with a pre-set format | |

The diagram below outlines the stages to be completed through the new document and document review process.

### 5.1 Consultation

It is the responsibility of the Process Owner to ensure that appropriate levels of consultation are undertaken on documents created or reviewed. Assistance can be provided by the Quality and Compliance and HSE Systems Team when requested.

Process Owners should consider such items as the below.

* If this is a minor change only ([as per 5.2.2 Version Numbering](#_5.2.2__)) whether consultation is required.
* For new documents, or if consultation is to take place:
* Who are the appropriate parties with whom to consult with?
* What is an appropriate amount of time for which consultation should be open?
* What is the most appropriate format to undertake the consultation?
* Whether the document can be used in a trial format during the consultation phase.

HSE Documentation has specific consultation requirements, and to assist with consultation for these types of documents, the Group HSEQ Consultation Forum is available on Microsoft Teams. This page can be utilised to post documents open for consultation and to collate feedback from parties within the business.

* All DRAFT versions hard/soft need to be circulated with a DRAFT watermark during the consultation phase.

### 5.2 Inclusion in the Information Management System (IMS)

Once a document has been completed by a Process Owner it should be forwarded to the Quality and Compliance and HSE Systems Team for inclusion in the Management System. This should be accompanied by written approval where required. Circumstances where additional approval is required is outlined in the above [Process Owner](#_4.1__Process) table.

The Quality and Compliance and HSE Systems Team will review all documentation received with consideration that documents are created:

* In the approved Programmed Template
* Using the appropriate colours, fonts and sizing as per the Brand Identity Guidelines - Programmed

The Quality and Compliance and HSE Systems Team will ensure that all documents within the Management System are added to the Document Register prior to loading to the IMS. The Document Register is always available and accessible from the Programmed Intranet, and is the only Register to be used across the business.

Once added to the Document Register the Quality and Compliance and HSE Systems Team will ensure that each document has a:

* Document Number
* Version Number
* Issue and Review Date

### 5.2.1 Document Numbering

Document numbering within the Management System follows the below format:

**Division - Operational Process Owner - Document Type - Number - (Optional Business Unit) - Optional System Tag**

Examples:

|  |  |  |  |
| --- | --- | --- | --- |
| PRG-HSE-PO-0001 | PSD-QUA-PR-0002-PSK-OE2 | PPD-HSE-FO-0003-PET | PFD-QUA-GU-0004-APAM001 |

A listing of all possible fields to be included in the above are located below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Division** | **Operational Process** | **Document Type** | **Number** | **Business Unit (Optional)** |
| PRG (Programmed Group) | HSE (Health, Safety and Environment) | PO (Policy) | 0001-9999 | PSK (PERSOLKELLY) |
| PSD (Programmed Staffing Division) | LTD (Learning, Training, Development) | ST (Standard) | PSW (Programmed Skilled Workforce) |
| PFD (Programmed Facility Division) | PRO (Procurement) | PR (Procedure) | PTS (Training Services) |
| PHD (Programmed Health Division) | RAL (Risk & Legal) | GU (Guideline) | PIM (Industrial Maintenance) |
| PPD (Programmed Property Division) | MAR (Marketing & Communications) | FO (Form) | PET (Electrical Technologies) |
|  | IMC (Injury Management/ Compensation) | PF (Process Flow) | PT (TurnPoint) |
|  | HRM (Human Resources) | TE (Template) | PPS (Property Services) |
|  | QUA (Quality) |  | PES (Essential Services) |
|  | ICT (Information & Communication Technology) |  | PFM (Facility Management) |
|  | ISM (Information Security Management) |  | PHP (Programmed Health) |
|  | FIN (Finance) |  | PC (Programmed Care) |
|  | EMP (Employment Services) |  |  |
|  | FAR (Finance Accounts Rec) |  |  |
|  | PAY (Payroll) |  |  |
|  | AMS (Asset Management) |  |  |

**\* System Tag (Optional)** - Can be used to indicate system reference for a particular entity.

* For Example: OE5 for PSW or Element 4.1 for PHP, or a contract reference (IE: APAM001)
* System Tags are in [Appendix A](#_APPENDIX_A_–)

### 5.2.2 Version Numbering

Version Numbers are numerical and contain one decimal place. The increments by which version numbers increase depends on the extent of change to a document as outlined below:

|  |  |  |
| --- | --- | --- |
| **Term** | **Definition** | **Example** |
| Minor | A minor change to the text, spelling, instruction, or format of a system document. | The version number would increase by an increment of .1. For example, if the original was V1.1, then the replacement document would become V1.2. |
| Major | A major change is a holistic change to a system document due to changes in legislation, business direction or system processes. | The version number would increase to the next increment of 1. For example, if the original was V1.1, then the replacement document would become V2.0. |

### 5.2.3 Review Date

Documents within the Management System are valid for the following period:

|  |  |
| --- | --- |
| **Document Type** | **Review Period** |
| Policy | 3 Years |
| Standard | 3 Years |
| Procedure | 3 Years |
| Guideline | 5 Years |
| Form | 5 Years |

### 5.2.4 Publishing Documents

Published documents are uploaded into the Management System the Quality and Compliance and HSE Systems Team, and those trained within their Business Unit on this process, and are accessible from the Programmed Intranet. The Programmed Intranet is the single source of documentation in the Management System, and the centralisation of all documents to the intranet ensures that up-to-date documentation is always readily accessible to the business.

All internal staff have access to this platform, along with employees and other relevant parties upon request. All Programmed branches hold Access to Management System posters reminding on-site employees that they may have access to the Management System via their Programmed Representative. This message is further reinforced during the induction/re-induction process and through toolbox talks.

### 5.2.5 Exceptions from Document Information Process

Documentation created for communications purposes eg. information, posters, promotional collateral etc, may be excluded from the documented information process so long as it is not containing information that would require periodic review to ensure currency. It is at the discretion of the Quality and Compliance and HSE Systems Team to determine when exceptions should be applied.

### 5.3 Communication of Change

Once published it is the responsibility of the Process Owner and/or Quality and Compliance and HSE Systems Team to communicate to relevant stakeholders regarding inclusion of new or amended documents into the Management System.

Major changes (as per [5.2.2 Version Numbering](#_5.2.2__Version)) will be communicated directly to stakeholders. Minor changes may also be communicated in this way, or through the Monthly Quality and Compliance Report released by the Group Manager – Quality and Sustainability.

Where documents or data may be posted within the Programmed branch network a specific instruction to remove the prior document version from the branch will be given to avoid unintended use/reference.

### 5.4 Document Review

Programmed documents are periodically reviewed by the process owner and revised as necessary to maintain effectiveness, suitability, and relevance. The review of documents may be initiated for several reasons including:

* Defined review periods/ document expiry
* Legislative change
* Change in business needs/request from the business
* Following an investigation

It is the responsibility of Quality and Compliance and HSE Systems Team to monitor the Integrated Management System to ensure that Process Owners are prompted when documents are approaching their review date.

### 5.4.1 Removing Documentation from the Management System

Upon reviewing a document, a process owner may make the decision that the document is no longer required within the Management System. The process owner should consider whether they should consult with key stakeholders prior to the removal of the document.

It is the responsibility of the Quality and Compliance and HSE Systems Team, and those trained within their Business Unit on this process, to remove the document from the Management System and electronically store archives out of the public domain. The process owner and/or Quality and Compliance and HSE Systems Team will further communicate the removal to relevant parties. This can be completed through a direct communication to stakeholders, via the consultation forum, or communication via the Monthly Quality and Compliance Report released by the Group Manager – Quality and Sustainability.

Where documents or data may be posted within the Programmed network of locations a specific instruction to remove the document from the branch will be given to avoid unintended use/reference.

It is the further responsibility of the Quality and Compliance and HSE Systems Team to ensure that the Document Register is updated noting the document as archived.

### 5.5 Uncontrolled Documents

Uncontrolled documents include those which are developed using existing Programmed proformas. This includes:

Safe Work Method Statements, Safety Management Plans, etc.

* Documents created for a site-specific purpose of conveying local information using Programmed documentation or other (eg. Emergency Plan)

Uncontrolled documents are to be logged in an Uncontrolled Document Register, and the responsibility of the Business Unit Manager to ensure that it is maintained and periodically reviewed.

Uncontrolled Document Register instructions:

* Uncontrolled documents are to be assigned with an identifier number following a logical and sequential numbering and version system and given an expiry for removal or review.
* If the uncontrolled documents are no longer required, they are to be removed from the register. The register contains the location of copies of the documentation to ensure that all obsolete documents are removed from the workplace.
* The Uncontrolled Register is to be uploaded in the relevant branch or business folder on the Intranet.
* Reviews must be conducted following the receipt of the monthly Quality and Compliance Report which identifies changes to legislation, regulations, and other pertinent advisory references.

### 5.6 Retention and Disposition

The identification, storage, protection, retrieval, retention, and disposition of records, completed, collected, and retained by Programmed throughout our business activities is to protect the integrity of the information provided to us by our customers, employees, and contractors and prospective customers, employees, and contractors.

Programmed shall comply to the requirements of the Australian Privacy Principles and the General Data Protection Regulations (GDPR) and these steps must be read in conjunction with the Programmed Privacy Policy in relation to the retention, storage, and disposal of records.

Programmed acknowledges and maintains an understanding of its own and other entities’ commercial considerations and sensitivities regarding the records it retains and may dispose during its commercial activities.

It is the responsibility of each location to ensure the secure disposal of all paper-based documentation completed, supplied, or collected from interaction with our Candidates, Clients, Employees, Contractors, and the like. For example, supply of a secure waste bin from an authorised supplier or use of a shredder for locations with minimal paper documentation.

Programmed Health Professionals Direct Community Care Clients – hard copy documents stored onsite are to be kept in a designated communication folder while current. Once superseded, the document is removed from site, scanned to the client file, and destroyed securely (as per above).

*Note: If other hard copy storage is required by the business, the storage must be secure and protected from the weather and elements and at no time, may a person remove the original files from its location.*

Retention periods for records as required by legislation, are outlined in the ISMS Record Retention Periods Guide.

### 5.6.1 Access to Records and Provision of Information to Individuals and External Parties

Procedures specific to the registration, induction and placement management of employees, and onboarding and ongoing management of clients, will include instructions on record keeping of documents.

Access to these records is to be restricted to those persons employed by Programmed who in the course of their employment are required to access these records.

Upon request, an individual must be provided in a reasonable time period access to personal information held by Programmed about the individual, unless a relevant exception applies (as per 12.3 of the Australian Privacy Standards). All requests of this nature are to be directed to the Human Resources / People Team before access is provided.

On occasion, Programmed may be asked to provide information to external agencies (eg. Regulator, other Government Agency, or legal provider). Programmed recognises that information requested by external agencies is not requested without reasonable cause and seeks to cooperate with requests for information wherever possible. All matters in the first instance are to be referred to Risk and Legal with accompanying documentation.

The Access to Operational Excellence Management System Poster is to be displayed in all Programmed locations where it can be seen by staff and visitors.

## 6 Document Management

### 6.1 Associated Documents

|  |  |
| --- | --- |
| **Document Number** | **Name** |
| PRG-QUA-GU-0240 | Access to Operational Excellence Management System Poster |
| PRG-QUA-FO-1387 | Documented Information - Archive Record Form |
| PRG-RAL-PO-0245 | Privacy Policy |
| PRG-MAR-GU-0434 | Brand Identity Guidelines - Programmed |
| PRG-QUA-FO-0241 | Uncontrolled Document Register |
| PRG-ICT-GU-1210 | ISMS Record Retention Periods |

### 6.2 Competency Requirements

|  |  |
| --- | --- |
| **Task** | **Competency** |
| Development and Review of Documents (Process Owners) | Position Descriptions within the organisation will ensure that Process Owners are employees that hold the appropriate qualifications, skills, and experience to perform their work. |
| Issue Document Numbers, Publishing to and Removing Documents from the Intranet | Completion of training with the Quality and Compliance Team to ensure understanding of the process and tasks associated. |

### 6.3 Version Control / Revision History

|  |  |  |
| --- | --- | --- |
| **Version Control** | | |
| Version | | 1.0 |
| Issue Date | | 16/10/2023 |
| Review Date | | 16/10/2026 |
| Reference | | PRG-QUA-PR-0239 |
| Authorisation | | Group Manager - Quality and Sustainability |
| **Revision** | **Date** | **Significant Changes** |
| 1.0 | 13/10/2022 | Creation of Group Procedure |
| 1.1 | 16/10/2023 | Updated Document References to incorporate new Document Control |

### APPENDIX A – System Tags for Health, Staffing and Facility Management

PROGRAMMED HEALTH

|  |  |
| --- | --- |
| **Element** | **Sub Elements** |
| E01 HSE&Q Policies | * OHS policy |
| E02 Planning | * Planning identification of hazards, hazard/risk assessment and control of hazards/risks * Legal and other requirements * Objectives and targets * Objectives and targets |
| E03 Implementation | * Resources * Responsibility and Accountability |
| E04 Training and Competency | * Training and Competency * Recruitment |
| E05 Consultation and Communication | * Consultation * Communication * Reporting |
| E06 Documentation | * Documentation |
| E07 Document and data control | * Document and data control |
| E08 Hazard identification, hazard/risk assessment and control of hazards/risks | * Hazard identification, * Hazard/risk assessment * Control of hazards/risks * Evaluation |
| E09 Emergency Preparedness and Response | * Emergency Preparedness and Response |
| E10 Measurement and evaluation | * Health Surveillance * Incident investigation, corrective, and preventive action |
| E11 Records and record management | * Records and record management |
| E12 HSEQMS audit | * HSEQMS audit |
| E13 Management review | * Management review |
| E14 Environment | * Environment |

PROGRAMMED STAFFING

|  |
| --- |
| **Element** |
| Element 1 – Operational Excellence Model |
| Element 2 - Planning |
| Element 3 – Partnering with our Clients |
| Element 4 – Engaging with our People |
| Element 5 – Managing our Branch Locations & Services |
| Element 6 – Sustainability Management |
| Element 7 – Incident Reporting & Investigation |
| Element 8 – Measurement, Analysis & Reporting |
| Element 9 – Management Review & Improvement |

PROGRAMMED FACILITY MANAGEMENT

|  |  |
| --- | --- |
| **Contract** |  |
| ACTC001 - ACT Courts | MRWA001 - Main Roads WA |
| AEGI001 - Aegis Correctional Partnership (Hopkins) | NESP001 - National Contracts Miscellaneous |
| AHGL001 - Automotive Holdings Group Limited | NHAU001 - NZ Housing Auckland East |
| APAM001 - Australia Pacific Airports - Melbourne | NTRC001 - NZ Housing Tamaki |
| AROW002 - NZ Schools PPP 2 | ORIC003 - Orica - Deer Park |
| CASY001 - City of Casey | RMHW001 - Ronald McDonald House WA |
| CURT001 - Curtin University | ROTT002 - Rottnest Island |
| CWWF001 - City West Water - Finance | SACL001 - Sydney Airport Corporation |
| DBC001 - Destination Brisbane Consortium (DBC) | SAHO001 - SA Housing Trust |
| DFES001 - Dept of Fire & Emergency Services | SALV001 - Salvation Army |
| DHGS002 - Dept of Housing WA - Great Southern | SWAT001- Sydney Water |
| DHSM003 - Dept of Housing WA - South Metro | TAFE001 - Dept of Training Colleges and TAFE |
| DHWA001 - Dept of Housing WA - Southwest | TAMM001 - Te Ahuru Mowai |
| DMIR001 - Department of Mines & Industry Regulations & Safety | TPER001 - TransPerth |
| DOCA001 - Dept of Culture & Arts | TXUA001 - Energy Australia Yallourn Administration |
| DOEC001 - Dept of Education (South) | TXUF002 - Energy Australia Facility Services |
| DOEN002 - Dept of Education (North) | TXUM003 - Energy Australia Yallourn Management |
| DOHV016 - Dept Of Human Services - Warrnambool | TXUP004 - Energy Australia Yallourn Protective Services |
| DOJC001 - Dept of Corrective Services (DOJ) | UNIT003 - Uniting |
| DTAG001 - Dept of the Attorney General (DOJ) | UNWA001 - University of WA |
| DULU001 - Dulux - Clayton | UOWA001 - University of Wollongong |
| FONT001 - Fonterra | UTAS001 - University of Tasmania |
| GATT001 - Gatton Prison (SQCC) | UWFM001 - University of Wollongong FM |
| HACT001 - Housing ACT | VCFM001 - Victoria FM Minor Contracts |
| HOBS001 - Hobsonville Point Schools PPP | VODA001 - Vodafone |
| KIWI001 - KiwiRail | VSBA001 - Victorian Schools Building Authority (Make Safe) |
| LAHC001 | WATC005 - Water Corporation FM |
| MRFP001 - Medical Research Foundation | WEWO001 - WeWork |