This policy can be made available in different formats, for example, in larger print, Braille or audio-format. It may also be made available in other languages as appropriate.

Blue Triangle (Glasgow) Housing Association Ltd

Information and Records Management Policy

GOV 008 REV 0

28 July 2016

Our Mission Statement

"Blue Triangle exists to support, accommodate and assist vulnerable people achieve better lives."

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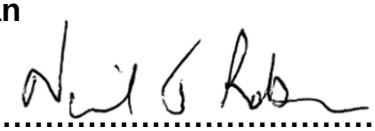
Contents

Section 1	Introduction	4
1.1	Rationale for the policy	4
1.2	Risk assessment statement	4
1.3	Policy context	4
Section 2	Legal and regulatory standards	5
2.1	General	5
2.2	Legal framework	5
2.3	Regulatory standards – The Scottish Housing Regulator (SHR)	5
2.4	The Scottish Social Housing Charter	6
2.5	The Scottish Social Housing Charter Indicators	6
2.6	Regulatory standards – the Care Inspectorate	6
Section 3	Policy content	7
3.1	Principles governing management of information	7
3.2	Scope and range of the policy	8
3.3	Roles and responsibilities	8
Section 4	Consultation	8
Section 5	Monitoring and review link with KPIs	9
Section 6	Publishing and availability of policy	9
Section 7	Accessibility	9
Section 8	Other relevant policies and procedures	9
Section 9	Complaints	9
Section 10	Equality Impact Assessment	10

Revision history

Rev No.	Rev. Date	Consultation Requirements (See Section 4 – Consultation)	Lead Officer	Committee	Approved by COM
1	July 2016	New policy created	CEO	Management	28 July 2016

Chairman

Signed:  **Dated: 28/07/2016**

Chief Executive Officer

Signed: **Dated: 28/07/2016**

Section 1 Introduction

1.1 Rationale for the policy

The Information and Records Management Policy is part of our governance policy and procedures. It is an essential part of our core purpose to offer support, accommodation and assistance to people affected by homelessness to help them achieve better lives. The policy ensures that we create, capture and manage information efficiently and effectively to ensure that we have:

- the right information when we need it to make the right decisions;
- the evidence we need to account for our actions and decisions allowing us to be open, transparent and accountable, as well as, providing evidence of compliance;
- the records required to protect the interests of our organisation, our employees, our service users and our external partners.

1.2 Risk assessment statement

This policy relates to a high area of risk within the Association as failure to have this policy in place could adversely impact on the delivery and outcomes of our service user support programmes and the wider operations of our organisation. These risks include:

- poor decisions based on inaccurate or incomplete information;
- failure to protect the rights of service users who are dependent on the direct support we provide;
- financial or legal loss if information required as evidence is not available or cannot be relied upon;
- non-compliance with our statutory, regulatory and contractual requirements;
- loss of reputation with damaging effects on the trust of our service users, employees, regulators and other stakeholder groups.

Applying this policy and related strategies, procedures and controls, therefore, protects us from a range of information risks.

1.3 Policy context

This policy sets out the principles that govern the management of our information throughout its life to ensure that it:

- meets our operational, financial and strategic needs and our legal obligations;
- can be trusted to be accurate, up to date and reliable;
- is quickly and easily located, retrieved, identified and usable;
- is protected and stored securely;
- is accessible for as long as required and disposed of appropriately.

Section 2 Legal and regulatory standards

2.1 General

This section outlines the main standards that relate explicitly to information and records management. All the legal and regulatory standards that we are governed by require us to create and maintain authoritative records and evidence of compliance with these standards.

2.2 Legal framework

The legal framework that underpins the management of information and records is derived from various sources.

The Data Protection Act 1998 and related codes of practice regulate how we process personal data in order to protect the interests of employees, service users and personnel from other organisations with which we work in partnership.

When partnerships are formed, contractual relationships and information sharing agreements in line with data protection law must be established.

In addition, under the Public Records (Scotland) Act 2011, our commissioning authorities must ensure those contractual relationships also regulate our records management arrangements.

We have a duty, under The Environmental Information (Scotland) Regulations 2004, to make environmental information (noise pollution, energy, waste, soil, landscape) available on request. Our ability to do so is predicated on good information management systems and practice.

2.3 Regulatory standards: the Scottish Housing Regulator (SHR) (Governance and Financial Management

Regulatory Standard 4

The governing body bases its decisions on good quality information and advice and identifies and mitigates risks to the organisation's purpose.

Regulatory standard 4.3

The governing body identifies risks that might prevent it from achieving the RSL's purpose and has effective strategies and systems for risk management and mitigation, internal control and audit.

Significant performance failures

The Scottish Housing Regulator (SHR) had a duty to consider issues raised with them about "significant performance failures." A significant performance failure is defined by the SHR as something that the landlord does or fails to do that puts the interests of its tenants at risk, and which the landlord has not resolved. That is something that is a systemic problem that does, or could, affect all of its landlord's

tenants.

Examples of a significant performance failure could be if social landlords are not:

- delivering the outcomes and standards in the Scottish Social Housing Charter over a period of time; or
- achieving the regulatory standards of governance or financial management.

2.4 The Scottish Social Housing Charter

The customer/landlord relationship

2: Communication

Social landlords manage their businesses so that:

- tenants and other customers find it easy to communicate with their landlord and get the information that they need about their landlord, how and why it makes decisions and the services it provides."

2.5 Scottish Social Housing Charter Indicators

There are no relevant charter indicators that apply.

2.6 Regulatory standards: the Care Inspectorate

Standard 7: Exercising your rights

You keep your rights as an individual.

You have the right to confidentiality, unless any specific legal provision applies. Your personal plan explains how information about you will be handled and how your confidentiality will be protected.

You do not have to give the housing support provider any information which is not essential for your housing support services. The housing support provider will tell you why they need information about you.

Your personal information will be kept secure and easily available to you and anyone else you want to be able to look at it.

Standard 9: Choosing to leave or end the service

You and the housing support service provider will plan and discuss how to end the service.

You will know what will happen to any records that relate to you when the housing support service ends or changes. If your records have to be passed to a new housing support provider, they will be complete and up to date, and will have been put together with your involvement and agreement.

Section 3 Policy content

3.1 Principles governing the management of information

We recognise the value of our information and records as corporate assets, supporting our daily functions and operations and providing evidence of actions and decisions.

We ensure that adequate records are created and captured to account fully, transparently and accurately for all actions and decisions.

We take appropriate action to protect the authenticity, reliability, integrity and usability of our records as their business context and management requirements change over time.

We store, retrieve and share information across the organisation effectively, efficiently and securely including where they are dispersed across different systems and locations.

We put in place procedures, processes and controls to ensure that our information and records are kept safe, secure and accessible for as long as they are required, regardless of their format or location.

We exploit the functionality of existing and planned IT systems and infrastructure to automate compliance with this policy to reduce staff burden of manual compliance and the risk of inconsistency and human error.

We manage personal data in compliance with data protection legislation. This policy and related procedures support that compliance as part of our wider Data Protection Policy and Strategy.

We put in place appropriate governance controls around the sharing of information with our external partners and other third parties in order to enable effective joint working practice while at the same time minimising risks of inappropriate disclosure of personal, operational or commercially sensitive information.

We systematically and authoritatively dispose of information and records when they cease to be of business value.

We comply with any record keeping requirements resulting from legislation including our duties as a data controller as defined by the DPA, audit rules and other relevant regulatory and contractual obligations.

We take a proportionate, risk-based approach to the management of our information and records.

We provide comprehensive and regular training for employees to ensure that policy objectives are implemented effectively.

We monitor how effectively we implement our policy objectives through our performance management system.

We review this policy formally on a regular basis, at least every three years; amendments are made, as required, after consultation with relevant employees and other service users.

3.2 Scope and range of the policy

This policy applies to the management of information and records in both digital and physical media and all technical formats created or received by us or on our behalf in the conduct of our business activities (including email and any other form of electronic communication).

This policy applies to all information and records owned by us whether they are created or received and managed by us or by third parties on our behalf.

The principles should be applied when working collaboratively and to records created or received and managed by us on behalf of our Commissioning Authorities.

All staff that we employ, including agency and relief staff, are required to comply with the terms of this policy.

3.3 Roles and Responsibilities

The **Chief Executive Officer** has overall strategic responsibility for information and records management.

The **Senior Management Team** is responsible for:

- promoting and ensuring compliance with this policy
- advising on strategic developments that are likely to impact on information management
- releasing appropriate resourcing to ensure compliance
- supporting the management of change.

Administrators have day-to-day responsibility for records and information management within the business areas they support, reporting to the CEO and senior management team and liaising with colleagues as appropriate.

Senior and Area managers are responsible for ensuring that information and records within their areas of responsibility are managed in accordance with BTHA policy and procedures, and that staff within their areas clearly understand their responsibilities, and receive appropriate role-based training.

All staff must ensure that the information and records for which they are responsible are accurate, indexed appropriately, and are created, maintained and disposed of in compliance with BTHA policy and procedures.

Appropriate training and support will be provided to enable all of the above to meet their responsibilities as set out in this policy.

Section 4 Consultation

Section 54 of the housing (Scotland) act 2001 stipulates a requirement of RSL's to consult their tenants on policies and procedures which significantly affect their tenants. BTHA has no tenants but considers this a right which should be given to its service users/residents. The occupancy agreement that we use, therefore, includes a clause which indicates our commitment to consult with service users/residents.

The regulatory standards (Care and Housing) also stipulate that service providers

should have robust consultation processes in place in order to comply. This means that if there are proposals or policies which could significantly impact on service users/residents such as those in relation to housing management, repairs and maintenance or more strategic changes that we endeavour to notify service users/residents of this and listen to any concerns. The main vehicle for this will be our service users/residents' forum.

We also operate a policy on consulting with staff and taking feedback on board.

Service users and staff will not be consulted on all policies – an assessment will be made at policy review as to what level of consultation (if any) will take place.

Section 5 Monitoring and review link with KPIs

Policies will be reviewed on a three yearly cycle by the Committee of Management according to a policy programme provided on an annual basis at the start of the financial year. All policy reviews will take into account our equality impact assessment toolkit requirements. Committees will report on performance to committee of management at the end of the year. We use a small number of key performance indicators (KPIs) which monitor critical success factors. Our policy monitoring framework tracks any policies which impact on KPIs. Other policies may have indicators which are monitored at departmental level.

This policy and its implementation will be reviewed by the Committee of Management.

Section 6 Publishing and availability of policy

This policy is available in electronic format or hardcopy to all staff, service users, Committee members and other customers, as appropriate.

Section 7 Accessibility

We are committed to promoting accessible services that address the needs of individual service users and employees, as appropriate. For example, our policies can be provided in other formats such as in larger print or in audio-format.

Section 8 Other relevant policies and procedures

The Association has a wide range of policies covering corporate services (covers the entire association) and operational services (covers only specific operational areas). It is important that this policy is not viewed in isolation but consideration is given to the wider context in which it operates. This policy framework helps to minimise incidents of possible wrongdoing as clear systems are in place for staff and Board members to follow.

Section 9 Complaints

We follow the Model Complaints Handling System that has been developed by the

Scottish Public Services Ombudsman (SPSO). This is a comprehensive procedure that allows for complaints to be dealt with in either one of two stages.

Complaints must be dealt with in line with set timescales so that complaints are dealt with quickly.

If still dissatisfied after Stage 2 has been completed, a dissatisfied customer can take their complaint to the SPSO.

Any service user wishing to complain should ask for a copy of our complaints procedure. A service user, alongside their right to complain to the SPSO, can also complain to the Care Inspectorate, the Local Authority or other commissioner of the service, and they may have the right to complain to the Scottish Housing Regulator. To take their complaint further, a service user generally needs to go through our internal complaints procedure in the first instance.

Section 10 Equality Impact Assessment

Equality Impact Assessments are required when developing or amending or reviewing policies. This is to ensure that the impact of any policy is understood in terms of EO requirements.