Information Governance Policy/Policy Document

DG13 – Managing Information Records

Prepared by: <Shelim Miah>
Version: 2.0
Effective Date: 05/02/2019  
Review Date: 05/02/2022

Reviewers:  
- Paul Smallcombe, Records & Information Compliance Manager

Policy Owner:  
Name/Position  
David Boakes, AD IT Operations

Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Description</th>
<th>Author</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Initial version.</td>
<td>Paul Smallcombe</td>
<td>21/04/2010</td>
</tr>
<tr>
<td>1</td>
<td>Annual Review – No change</td>
<td>Paul Smallcombe</td>
<td>21/04/2014</td>
</tr>
<tr>
<td>1</td>
<td>Annual Review – No Change</td>
<td>Paul Smallcombe</td>
<td>29/05/2015</td>
</tr>
<tr>
<td>1.1</td>
<td>Review</td>
<td>Ian Douglas</td>
<td>20/03/2017</td>
</tr>
<tr>
<td>1.2</td>
<td>Review</td>
<td>Paul Smallcombe</td>
<td>27/11/2018</td>
</tr>
<tr>
<td>1.3</td>
<td>Review</td>
<td>David Boakes</td>
<td>24/01/2019</td>
</tr>
<tr>
<td>2.0</td>
<td>Finalised</td>
<td>Shelim Miah</td>
<td>05/02/2019</td>
</tr>
</tbody>
</table>

Authorisation:

<table>
<thead>
<tr>
<th>Name / Position</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name / Position</td>
<td>David Boakes, AD IT Operations</td>
</tr>
<tr>
<td>Signature</td>
<td>D. Boakes</td>
</tr>
<tr>
<td>Date</td>
<td>05/02/2019</td>
</tr>
</tbody>
</table>
## Contents

1. POLICY STATEMENT ........................................................................................................... 4
2. SCOPE .................................................................................................................................. 4
3. POLICY DETAIL ................................................................................................................... 4
4. ROLES & RESPONSIBILITIES .............................................................................................. 5
5. PROCESS AND PROCEDURES ........................................................................................... 5
6. MONITORING ...................................................................................................................... 5
7. EXCEPTIONS ......................................................................................................................... 5
8. REFERENCES ......................................................................................................................... 6
9. DEFINITIONS ....................................................................................................................... 6
1. **Policy Statement**

1.1 Information is a valued asset, and it is important to capture and store information in line with Queen Mary University of London’s (QMUL) information management and retention Policies. QMUL has a legal obligation to protect this information against loss and unauthorised disclosure.

1.1 The Policy aims to:

- Outline the expectations of those who manage records.
- Ensure the security and protection of QMUL information.
- Sufficient controls are in place to minimise the risk of information loss or damage and destruction
- Outline roles & responsibilities
- Enhance Communications

2. **Scope**

2.1 This policy applies to all staff including any third party who store or hold data for QMUL who have access to or wish to have access to QMUL data/information records in all its forms i.e. paper and electronic; for example HR records, Events Log and incident records etc.

3. **Policy Detail**

3.1 QMUL will create, maintain and retain records as evidence of its activities and transactions for their administrative, legal, regulatory, financial, informational and/or historic value.

3.2 Records are to be managed as per the QMUL Records Retention Policy and its associated Records Retention Schedule.

3.3 Where appropriate each department must have in place an adequate system for documenting its activities and managing the outputs by a nominated departmental Records Champion.

3.4 In order to ensure that records are authentic and accurate, they are to be created as soon as possible during or after the activity to which they relate.

3.5 Wherever practicable only one master copy of a record is to be retained for the prescribed retention period. Additional copies must only be retained short-term and not longer than the prescribed retention period. This does not include data backups as part of normal operational activity.

3.6 Records shall be managed together, in a logical order according to the activity they document.

3.7 Records are to be fully inventoried which includes assigning each a review date i.e. a date when the end of retention is reached and when disposal can occur, in line with the QMUL Records Retention Schedule.

3.8 A log is to be kept of any original (master) record(s) that is removed at any time from storage or transferred elsewhere.
3.9. Once a year as a minimum a review is to be carried out to identify any record that has exceeded its retention period, which needs to be disposed of as per the policy DG16 Disposal of Information, unless there is an ongoing business or legal requirement to retain the records further.

3.10. Records selected for permanent preservation are to be transferred to the Archives, managed by the Library, in accordance with the QMUL Archive Collection Policy.

3.11. Where required a record is to be kept of the authorisations resulting from the review process described in step 3.9 as an audit trail of disposal and of the actions taken.

3.12. The storage, handling and disposal of records are to be determined by their classification as per DG09 – Information Classification. Refer also to DG14 – Storage of Information, DG15 – Handling of Information, and DG16 – Disposal of Information.

4. Roles & Responsibilities

4.1. The Risk and Governance Manager will be the custodian of the document and manage its review and update. All approved documentation are to be stored in a central repository and uploaded to the web where applicable.

4.2. The Information Governance Group (IGG) will own and authorise the change and release of this document.

5. Process and Procedures

5.1. The associated processes and guidance documents can be found by visiting the ITS webpage.

6. Monitoring

6.1. It is mandatory for all information records owned or held by QMUL to comply with this Policy and any associated procedure. Where non-compliance is identified, appropriate action will be taken, which may result in escalation to senior management for action to be taken.

6.2. Checks may be made by the Risk and Governance Manager or the Head of Information Security and the findings may be reported to the IT Lead Team (ITLT) and or IGG for corrective actions to be issued.

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 IGG for a decision via the Records and Compliance manager.

7.2. The IGG will then make a decision or refer this to Queen Mary Senior Executive team (QMSE) for guidance.
8. References
   SOP DG09 – Information Classification
   SOP DG14 – Storage of Information
   SOP DG15 – Handling of Information
   SOP DG16 – Disposal of Information
   QM Records Retention Policy and Schedule
   QM Archive Collection Policy

9. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Asset</td>
<td>A piece of information such as a document, record or report that holds data that is valuable and can be sensitive.</td>
</tr>
<tr>
<td>Disposition</td>
<td>Final (permanent) destruction or transfer to an archives</td>
</tr>
<tr>
<td>Data Sets</td>
<td>A collection of data or information that could be contents of a database or a project file</td>
</tr>
<tr>
<td>Risk</td>
<td>An uncertain event or circumstance that, if it occurs, will affect the outcome of an objective</td>
</tr>
<tr>
<td>Process</td>
<td>A series of actions or steps taken in order to achieve a particular outcome</td>
</tr>
<tr>
<td>User</td>
<td>A member of staff, enrolled student, contractor, visitor, or another (any other) person authorised to access and use QMUL’s systems.</td>
</tr>
<tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>IGG</td>
<td>Information Governance Group – provide assurance and guidance on information governance across QMUL.</td>
</tr>
<tr>
<td>QMSE</td>
<td>Queen Mary Senior Executive (QMSE) is Queen Mary’s senior management team who advise the Principal on the management of day-to-day business as well as its long-term future. The group comprises the Principal, Vice-Principals and the Senior Officers in Professional Services</td>
</tr>
<tr>
<td>User</td>
<td>A member of staff, enrolled student, contractor, visitor, or another (any other) person authorised to access and use QMUL’s systems.</td>
</tr>
</tbody>
</table>