

Document and Record Management Policy

1. Purpose

Inala Community House (ICH) is dedicated to handling documents and information in accordance with relevant legislation, regulation or service agreements with funding organisations.

This policy seeks to ensure that documents and records are appropriately created, captured, accessed, managed, stored and disposed of. ICH also acknowledges that good recordkeeping is critical to organisational efficiency, evidence of work that has been undertaken and demonstrates accountability and transparency. Good recordkeeping enables good decision making and protects ICH's reputation.

2. Scope

This policy applies to all Board members, staff, volunteers, students, trainees and contractors. For the purposes of this policy, these persons shall be referred to as workers.

3. Definitions

Record: includes all documents and files (whether printed or not), social media, website, photographs, videos, data in different IT systems, etc.

Confidential documents and records: as included within the ICH *Confidentiality Policy*.

Controlled documents or records: are ones that have been properly approved and recorded in the Current Documents Register. These documents are not permitted to be changed unless such a change is then approved by the relevant person.

Uncontrolled documents or records: are ones that have not been approved or recorded in the Current Documents Register or where controlled documents have been printed.

4. Policy

4.1 Document Hierarchy

ICH's operations fall into three broad hierarchical categories: Governance, Organisational and Service Specific, although there may be some overlap in certain cases. The development of documents must be consistent and compliant with other documents within the hierarchy including the Constitution which is the governing document for ICH.

Organisational documents will overarch, guide and inform program and service delivery related documents. Organisational documents establish the minimum standard whereas service specific documents can set higher standards or detail different legal/service agreement requirements. If a document author is unsure of the linkages between any documentation, they can contact Human Resources for guidance and assistance.

4.2 Document Types

To understand document hierarchy within ICH it is important to understand the aim of each various document type as follows.

- Policy: set out the intent and statement of purpose on a given topic. They are intended to provide information about where the organisation stands on its approach to that topic. They also set out the principles or standards of conduct that must be observed by workers.
- Procedure: how the organisation intends to enact its policy statements. Procedures describe a concise outline of specific actions that people impacted by the related policy should take, noting the responsible person and timeframes. Procedures use verbs as they offer precise direction.
- Form: is a template for gathering information consistently. They provide an efficient and economical format for collecting required information. Forms ask questions in an organised manner and provide adequate space for answers to be provided.
- Guideline: informational documents that provide supporting frameworks to a policy or procedure. Guidelines mainly include suggestions rather than “shall” or “will” statements and encourage best practice whilst allowing flexibility in decision making processes. By definition, a guideline is not mandatory.
- Template: serves as a starting point for new documents. They are usually pre-formatted as a means of guiding the author to complete the required information, without having to recreate the document each time it is used.
- Other: includes registers, fact sheets, brochures, newsletters, media releases, reports, PowerPoint presentations, etc.

4.3 Document Development

4.3.1 Document Creation

Any worker may identify and request the need for a new document. Generally, workers shall consult with the relevant Service Manager. The Manager shall then verify if there is a document already existing within the Current Documents Register which meets the requirements of the request. Where no suitable document exists, a new document shall be created or a recommendation made, where appropriate.

The requirement for new or additional documents may be based on, but not limited to:

- Suggestions from workers;
- Internal or external audit findings;
- Feedback and complaints from stakeholders
- Changes in ICH activities and or structure
- An incident occurring where there is no current policy or procedure available
- New legislation, regulations or standards

An existing policy or its related documents may also require review as a result of the above reasons.

Controlled documents are not able to be amended without going through the relevant approval process to update the details on the Current Documents Register.

Stakeholder involvement is a key issue for both developing and reviewing, particularly policy and procedure documents. It is fundamental to include the end users of the document/s in this step wherever possible and appropriate.

Draft document should use the standardised template wherever possible. This practice assists in ensuring consistency across ICH documentation. Depending upon the nature of the document, it may also be appropriate to have it passed to the marketing team to ensure the design is consistent with branding guidelines.

4.3.2 Consultation

If appropriate, consultation with key stakeholders should occur once a draft has been developed. This may take some time depending on the complexity, the number of people involved and the sensitivity of the issues.

4.3.3 Review and Approval

Once a document is ready for the approval stage, the document control process commences.

There may be multiple levels of approval for some documents however final responsibility for review and approval of documents includes:

- Board: all governance documentation and ratification of all policies
- CEO: review of all policies and review and approval of all procedures
- Service Manager: approval of internal forms and templates

Some documents may be treated on a case-by-case basis such as documents that are for wider public use.

4.3.4 Publication and Training

Following approval, new or amended policies and procedures should be disseminated to stakeholders and other interested parties as soon as possible. Training may be required to successfully implement and monitor the newly adopted policies and procedures. In this way, ICH documents can be shown to be relevant and meaningful.

Publication of authorised and controlled documents will occur via the approved document management system.

4.3.5 Implementation, Monitoring and Review

Sometimes, the implementation of a new or revised document may cause unforeseen circumstances in other documents or processes. Any unforeseen impacts should be reported immediately to the relevant Manager so that a quick resolution can be sought. It is essential that the document owner, responsible Manager or supervisor check that any new documentation is being implemented consistently and take action if not. Rectification of issues can be done by re-training, dealing with non-compliant processes, handing back incomplete or non-compliant forms, etc.

Subject to a successful implementation, a scheduled and regular review process should be followed. All controlled documents are stored in the appropriate document management

system. Where appropriate, ICH's templates contain a review date which is the date documents are due for future review and provides an easy reference to refer to.

4.4 Document Handling

4.4.1 *Secure Storage*

Documents and records may have various storage and access requirements:

- Confidential documents and records, for example those with personal or sensitive organisational information must be stored securely. Some confidential documents will be restricted to a certain group of people in order to safeguard that information.
- Non-confidential documents, for example website and social media content that is readily accessible to the broader public

All confidential documents and records are required to be securely stored. For physical documents, this may include locking in a secure office or filing cabinet. Electronic document storage shall be secured in accordance with the ICH Information Technology Policy.

4.4.2 *Access to Documents and Records*

Access to confidential documents and records should be granted where:

- The information is directly relevant to the services being provided
- A service user has requested access to their own information (in accordance with the ICH Privacy Policy)
- It is required by law or funding agreement
- Consent has been obtained from the individual whose information is being accessed

The CEO and Managers are responsible for removing access to documents and records when access is no longer required.

4.4.3 *Archival and Disposal*

Any documents required to be archived will be stored for a period of seven years unless otherwise required by legislation, regulation or service agreements with funding organisations.

If services have separate archiving requirements, these must be documented in a service specific policy or procedure.

Managers must ensure that all documents being archived are:

- Placed in boxes supplied by the Institutional Support Department
- Labelled appropriately and with a disposal date listed
- Logged on a spread sheet for record and auditing purposes. The details recorded must include types of records, name of files (e.g. service user), date & and the service/s accessed.

All archived documents will be confidentially disposed of after being in storage for seven years (unless otherwise directed by the disposal date listed on the box, in accordance with the service policies or procedures).

4.5 Responsibilities

The Board is responsible for:

- Ratification of all policies and procedures
- Ensuring that a system is in place that ensures appropriate recordkeeping

Chief Executive Officer is responsible for:

- Reviewing and approving different documents and records
- Ensuring that access to electronic systems is limited to people who need to have access
- Removing access to systems where access is no longer required
- Maintaining the Current Documents Register
- Ensuring that a system is appropriately implemented that ensures appropriate recordkeeping

Managers are responsible for ensuring that:

- Documents and records are created, handled, stored, archived and disposed of in accordance with this policy
- The team are aware of their responsibilities in accordance with this policy
- Access to document and record systems (electronic and in print) is limited to people who need to have access
- Access to systems is removed where it is no longer required
- Documents that are no longer needed are archived
- Documents are prepared for archiving with appropriate information logged on the register
- Documents are boxed, labelled and ready for pick up

Workers are responsible for ensuring that:

- Documents and records are created, handled, stored, archived and disposed of in accordance with this policy
- They understand the requirements of this policy and the general requirements when handling and managing confidential information

5. Review

This policy shall be reviewed every three years.

This policy remains in effect unless otherwise determined by resolution of the Board of Directors.

6. Related Documents

Policies

ICH Confidentiality Policy
ICH Privacy Policy
ICH Information Technology Policy

Procedures

ICH Document and Records Management Procedure