

EXECUTIVE MEMBER - THE MAYOR

<p>Date: Thursday, 17 July 2025 Time: 10.30 a.m. Venue: Spencer Room, Town Hall</p>
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AGENDA

1. Welcome and Fire Evacuation Procedure

In the event the fire alarm sounds attendees will be advised to evacuate the building via the nearest fire exit and assemble at the Bottle of Notes opposite MIMA.

2. Declarations of Interest

3. Corporate Complaints Policy 3 - 14

4. Public Information and Information Requests Policy 15 - 38

5. Records Management Policy 39 - 58

6. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Wednesday, 9 July 2025

MEMBERSHIP

Mayor C Cooke (Chair)

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Chris Lunn, 01642 729742, chris_lunn@middlesbrough.gov.uk

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MIDDLESBROUGH COUNCIL	
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Report of:	Director of Legal and Governance Services, Charlotte Benjamin
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Relevant Executive Member:	The Mayor, Chris Cooke
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Submitted to:	Single Member Executive – The Mayor
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Date:	17 July 2025
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Title:	Corporate Complaints Policy
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Report for:	Decision
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Status:	Public
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Council Plan priority:	All
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Key decision:	No
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Why:	Decision does not reach the threshold to be a key decision
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Subject to call in?:	Yes
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Why:	Non-urgent report
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Proposed decision(s)	That the Mayor APPROVES the revised Corporate Complaints Policy.
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Executive summary
<p>The report seeks approval for proposed revisions to the Council's Corporate Complaints Policy to ensure the Council deals appropriately with complaints raised. The report sets out the procedures to ensure complaints are dealt with under the right process and resolved promptly. It sets out that we aim to rectify issues for our customers and learn lessons from these experiences to enhance future outcomes.</p> <p>The decision requires Single Member Executive approval as it is a 'minor variation to an existing policy or procedure' as per Section 6.38.2(a) of the constitution.</p>

1. Purpose of this report and its contribution to the achievement of the Council Plan ambitions

1.1 This report presents and seeks approval of the Council’s Corporate Complaints Policy following it’s schedules triennial review in order to ensure our continued compliance with statutory and regulatory guidance.

Our ambitions	Summary of how this report will support delivery of these ambitions and the underpinning aims
A successful and ambitious town	Implementation and adherence to a Corporate Complaints Policy does not directly impact on these ambitions, however compliance with the principles of the policy will ensure failures with delivery of services are: <ul style="list-style-type: none">positively responded todealt with at the earliest opportunityfair.
A healthy Place	
Safe and resilient communities	
Delivering best value	Effective management from complaints, including embedding learning from complaints supports delivery of Best Value by ensuring that action is taken where complaints highlight gaps in service deliver, inefficiencies or failures of process, assisting the Council in its work to continuously improve its services. The policy is also supported by reporting of complaints data to Audit Committee, which supports the Council demonstrate accountability and transparency in its approach to complaints management.

2. Recommendations

2.1 That the Mayor **APPROVES** the revised Corporate Complaints Policy.

3. Rationale for the recommended decision(s)

3.1 Consideration of policy is required to ensure compliance with our statutory responsibilities which will ensure we articulate how we will deal with complaints raised with the Council and what can be expected from that process.

4. Background and relevant information

4.1 The Policy applies to all services including services directly provided by the Council, by a contractor or through a partnership which the Council leads.

4.2 The policy covers corporate complaints. It signposts to the separate statutory processes that are in place to manage qualifying complaints about adult social care and / or children’s services.

4.3 Separate processes are also in place for:

- complaints about schools
- complaints about councillor misconduct
- complaints about staff misconduct
- a potential insurance claim
- a potential data protection breach
- parking penalty charge notices
- requests for information
- refusals of planning permission
- school admissions or exclusions.

4.4 The Policy is reviewed every three years unless there are changes to legislation in the intervening period. This policy review has included a revision to reflect feedback from the Local Government Social Care Ombudsman to strengthen oversight of complaints once in process to improve control and ensure responses are appropriately recorded.

5. Ward Member Engagement if relevant and appropriate

5.1 This is not applicable to this decision and does not directly impact on any Ward. The Corporate Complaints Policy forms part of the suite of policies put in place as part of the Information Governance Framework.

6. Other potential alternative(s) and why these have not been recommended

6.1 The Council could choose not to adopt corporate policies on complaints, however statutory duties would remain in place and in the absence of a standard approach there would be an increased risk of making decisions that fail to meet those duties, which can result in financial penalty imposed on us. Given these duties are in place this option is not recommended.

7. Impact(s) of the recommended decision(s)

Topic	Impact
Financial (including procurement and Social Value)	There are no additional financial costs associated with the approval of these recommendations
Legal	The policies will continue to ensure that the Council conducts its business and decision making in line with the requirements of statutory duty around our response and processing of complaints raised with us.
Risk	Approval of the policies will positively impact on risks within the Council’s risk registers, primarily the risk that the Council fails to comply with the law.
Human Rights, Public Sector Equality Duty and Community Cohesion	There is no impact associated with the proposed policy within this area.

Reducing Poverty	There is no impact associated with the proposed policy within this area.
Climate Change / Environmental	There are no climate or environmental impacts associated with the proposed policy
Children and Young People Cared for by the Authority and Care Leavers	There are no direct implications arising from this Policy on this group
Data Protection	This policy aims to protect individual rights against the legislation in relation to their protected characteristics

Actions to be taken to implement the recommended decision(s)

Action	Responsible Officer	Deadline
Publication of the policy on the MBC Website and Intranet pages	L Hamer, Governance and Information Manager	July 2025

Appendices

1	Complaints Policy
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Background papers

Body	Report title	Date

Contact: Leanne Hamer, Governance and Information Manager
Email: leanne_hamer@middlesbrough.gov.uk



Corporate Complaints Policy

Creator	Author(s)	Governance & Information Manager, Complaints and SARs Manager		
	Approved by	Ann-Marie Johnstone Head of Governance, Policy & Information		
	Department	Legal & Governance		
	Service area	Policy Governance & Information		
	Head of Service	Ann-Marie Johnstone		
	Director	Charlotte Benjamin		
Date	Created	2025/05/06		
	Submitted	2025/05/06		
	Approved	2025/xx/xx		
	Updating Frequency	3 years		
Status	Version: 2.0			
Contributor(s)	Head of Governance Policy & Information; Complaints Manager; Governance and Information Manager			
Subject	Customer Excellence			
Type	Policy			
	Vital Record		EIR	
Coverage	Middlesbrough Council			
Language	English			

Document Control

Version	Date	Revision History	Reviser
0.1	20220410	First draft	Complaints team
0.2	20220410	First revision	A Johnstone
1.0	20220419	Finalised	A Johnstone
2.0	20250429	Review and revision. Updated Early Resolution, Training, Equality and Diversity and Accessibility	L Hamer

Distribution List

Version	Date	Name/Service area	Action
1.0	20220419	WLMT	Implementation
2.0	TBD		

Contact: complaints@middlesbrough.gov.uk



1. Summary

We are committed to providing excellent customer service. Our Customer Strategy and Charter sets out the standards our customers can expect from us, and what we expect from our customers in return.

Where you think we have fallen short of these standards, we want you to tell us so that we can put things right where we need to and improve our performance in the future.

We will ensure that the complaints process is accessible, easy to read and in a format that is accessible to all.

This policy sets out how we will respond to your complaint, and what you can expect when making a complaint to us.

The following sections outline:

- the purpose of this policy;
- definitions;
- scope;
- the legislative and regulatory framework;
- the corporate complaints process;
- roles and responsibilities;
- supporting policies, procedures and standards; and
- monitoring and review arrangements.

2. Purpose

Through the implementation of this policy we aim to:

- deal with complaints as soon as we can;
- put things right for our customers where we need to; and
- learn from complaints to improve outcomes for all customers.

3. Definitions

A **complaint** is an expression of dissatisfaction about our services (whether provided directly by us, or by one of our contractors or partners) that requires a response from us.

One-off issues, such as a missed bin collection, are usually classed as service requests, rather than complaints.

A complaint can be made by any person or organisation that has received a service, or anyone legally acting on their behalf. We require complaints to be made in writing so that there is a clear basis for investigation.

We will not investigate complaints:

- about matters that occurred more than one year ago, unless there are extenuating circumstances;
- about a matter previously investigated by us, and which we consider concluded; or

- where legal action is being pursued.

We will not usually investigate anonymous complaints, but they will be forwarded to services for consideration.

3.1 What is not a complaint?

Some situations that will not be dealt with under the complaints process - examples of these are:

- Service Requests
- Reports of problems - potholes, street lighting, fly tipping
- Applications for services
- A missed bin collection
-

In these instances, your complaint will be closed and a service request raised on your behalf

4. Scope

This policy applies to complaints about all services, either provided directly, by a contractor or through a partnership which we lead, except certain complaints about adult social care and children's services, which are dealt through separate statutory processes (outlined below).

Separate processes are in place for:

- | | |
|--|------------------------------------|
| • complaints about schools | • appeals regarding: |
| • complaints about councillor misconduct | • parking penalty charge notices |
| • complaints about staff misconduct | • requests for information |
| • a potential insurance claim | • refusals of planning permission |
| • a potential data protection breach | • school admissions or exclusions. |

If your complaint or request falls outside of the scope of this policy we will tell you, let you know how it will be dealt with and who will deal with it.

5. Legislative and regulatory framework

There are three processes for complaints about the Council's services.

Complaints about adult social care and public health are typically dealt with under The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

http://middlesbrough.gov.uk/sites/default/files/SocCare-Complaints_Procedure.pdf

Complaints about children's services are dealt with under statutory guidance for local authority children's services on representations and complaints procedures.

<https://www.middlesbrough.gov.uk/children-families-and-safeguarding/get-involved-and-have-your-say/childrens-services-comments-and-complaints>

All other complaints about our services are dealt with under the corporate complaints process outlined within this policy. Our process complies with the Local Government and Social Care Ombudsman's principles for effective complaints handling:

- Our policy is simple, in Plain English, and is well-publicised.
- Our staff understand our policy, and will receive your complaint positively.
- We will tell you who is dealing with your complaint.
- Wherever possible, we will deal your complaint at the earliest opportunity.
- Where not possible, we will agree a timescale for our response with you.
- We will train our staff to handle complaints effectively.
- We will carry out fair and confidential investigations.
- We will make sure that you are updated on the progress of your complaint.
- We will tell you how we made our decisions.
- If we have got things wrong, we will apologise and put things right where we can.
- We will learn from what you tell us, and use your feedback to improve.

All complainants will be treated fairly and with dignity and respect, in line with our Equality Policy, and our obligations to those with protected characteristics under equality law. Reasonable adjustments to our complaints processes will be made for people with disabilities.

6. Corporate complaints process

6.1 How to make a complaint

You can make a complaint to us in whichever way is easiest for you.

- Use our online form at www.middlesbrough.gov.uk
- Email us at complaints@middlesbrough.gov.uk
- Phone us on 01642 729814
- Write to us at PO Box 500, Middlesbrough, TS1 9FT
- Or call into the Customer Centre, Middlesbrough House, TS1 2DA.

We take all complaints seriously. Making a complaint will have no impact on your future dealings with us.

All personal information disclosed as part of a complaint is stored in accordance with data protection law. We will keep records of all complaints for a minimum of two years.

6.2 How we will deal with your complaint

Your complaint will be first considered by our complaints team, who will:

- aim to acknowledge your complaint within one working day;
- engage with you to fully understand your issue(s) and your expectations;
- fully and accurately record the details of your complaint;
- advise you of what we will do about your complaint, and what will happen next; and
- tell you about support and advocacy services, should you need these.
- In the event of a delay, you will be promptly notified and regularly updated on the progress.

If we can take action straight away to resolve your complaint satisfactorily without going through our formal complaints process then we will do this in agreement with you.

If we are unable to do this within five working days of receiving your complaint, then our formal complaints process will be used. This has two stages:

Stage 1 – investigation by the service complained about

Stage 2 – reinvestigation by an independent senior officer

6.3 Stage 1

A complaint will be progressed to Stage 1 when:

- we can't resolve your complaint informally within five working days;
- you tell us that you want to make a formal complaint; or
- we think it is necessary to use the formal process.

At Stage 1, you can expect:

- the complaint will be investigated by the Directorate that you have complained about, by someone who was not directly involved in the reason for your complaint.
- The investigating officer will aim to contact you within one working day to acknowledge and confirm the basis of your complaint. They will agree a timescale for responding to your complaint with you, which will not be longer than 20 working days.
- During the investigation, you will be informed if there will be any delay in meeting this agreed timescale for response.
- Once the investigation is completed, the investigating officer will write to you with their findings and will advise you whether your complaint is upheld, partially upheld, or not upheld.
- If we are at fault, we will apologise and tell you how we plan to put things right. The investigating officer's letter will advise you how to request a Stage 2 investigation if you are unhappy with the outcome of the investigation.

6.4 Stage 2

Stage 2 is a complete reinvestigation of your complaint by an independent senior officer.

You can request a Stage 2 investigation if:

- you are unhappy with how your complaint was handled at Stage 1; or
- you are unhappy with the response you have received.

If a Stage 2 investigation is agreed where we believe further investigation is merited and we think further investigation would be unlikely to produce the outcome that you are seeking, we will advise you to contact the Local Government and Social Care Ombudsman (see below).

What to expect from Stage 2:

- As with Stage 1, the investigating officer will aim to contact you within one working day to acknowledge and confirm your reasons for requesting a Stage 2

investigation. Again, the officer will agree a timescale for responding to your complaint with you, which will not be longer than 20 working days.

- During the investigation, you will be informed if there will be any delay in meeting this agreed timescale for response.
- Once the investigation is completed, the investigating officer will write to the Head of Service responsible for the service or issue you have complained about with their findings.
- The Head of Service will consider the investigating officer's report and then advise you whether your complaint is upheld, partially upheld or not upheld. If we are at fault, we will apologise and tell you how we plan to put things right.

At this point, the Council's corporate complaints process ends. If you are still unhappy with the outcome, we will advise you how to contact the Local Government and Social Care Ombudsman.

6.5 The Local Government and Social Care Ombudsman

The Local Government and Social Care Ombudsman is an independent body that provides impartial and prompt investigation and resolution of complaints of injustice through maladministration by local authorities. The Ombudsman can investigate complaints about how the Council has done something, but they can't question what a council has done simply because someone does not agree with the Council's decision.

The Ombudsman is unlikely to investigate your complaint unless you have given us the opportunity to consider your complaint under this, or other appropriate process. If, however, there is little prospect of a satisfactory outcome, we may advise you to contact the Ombudsman before our process has run its course.

To contact the Ombudsman, you can:

- Use their online form at www.lgo.org.uk.
- Phone them on 0300 061 0614.
- Text the words 'call back' to 0762 481 1595.

The Ombudsman publishes statistics on the investigations it undertakes. Statistics about Middlesbrough Council can be found here:

<https://www.lgo.org.uk/your-councils-performance/middlesbrough-borough-council/statistics>

7. Roles and responsibilities

Effective complaints management is the collective responsibility of all service managers and commissioners. Key roles and responsibilities under this policy are outlined below.

Executive	Responsible for agreeing the Council's Customer Strategy.
Audit Committee	Responsible for ensuring that effective systems are in place that will underpin the processes of the Council and ensure the highest standards in respect of audit and corporate governance matters.

Standards Committee	Responsible for maintaining an overview of the Council's whistle-blowing policy, complaints handling and Ombudsman investigations.
Corporate Management Team	Responsible for agreeing the Council's overall approach to service complaints.
Head of Governance, Policy and Information	Responsible for the development and implementation of the Council's Customer Strategy and management of complaints processes.
Head of Resident and Business Support	Responsible for development of the Council's Customer Strategy, representing the voice of our customers, and leading on the approach to customer excellence across the organisation.
Complaints Manager and Team	The Complaints Manager acts as the Council's designated complaints lead and as the Council's link officer with LGSCO. The team works with Heads of Service, team managers and complainants on a day-to-day basis to ensure that complaints, providing information, advice and guidance as appropriate.
Heads of Service	Responsible for overseeing compliance with this policy within their service, in particular achieving early resolution of complaints wherever possible and ensuring that learning from complaints is applied effectively to minimise repeat complaints and improve outcomes for all customers.
All managers	Responsible for overseeing day-to-day compliance with this policy by their staff and other personnel they manage.
All staff, contractors, consultants, interns and any other interim or third parties	Responsible for compliance with this policy, and referring all complaints to the corporate complaints team in the first instance.

8. Supporting policies, procedures and standards

This policy should be read in conjunction with the following other key documents.

Unacceptable Contact Policy	This sets out how the Council will act to address unacceptable (i.e. abusive, vexatious, unreasonable or unreasonably persistent) contact from customers, in order to prevent harm, distress or stress to our elected members, employees, or service providers, and remove disproportionate burdens on our time and resources.
Potentially Violent Persons Policy	This sets out specifically how the Council will act in response to violence or threats of violence against our elected members, employees, or service providers.

8.1 Equality and Diversity

Equality is at the heart of everything the council does, and our aim is to treat people fairly with respect and dignity. The policy complies with legal requirements in relation to age, disability, gender, pregnancy and maternity, marriage and civil partnership, gender reassignment, race, religion or belief and sexual orientation. Reasonable adjustments will be made for people with disabilities.

8.2 Training

All complaints officers are trained to deal with complaints on behalf of the council, training and guidance is monitored and updated in line with new guidance from the LGO.

9. Monitoring, lessons learnt and review arrangements

We will strive to learn from complaints to improve outcomes for our customers.

When investigating the complaint, consideration must be made for what potential actions could be taken to prevent a similar complaint from occurring again. Where appropriate, if actions are identified before formally responding to the complaint they will be included in any response. Learning outcomes will be reviewed to understand their impact. Trends will be assessed to identify patterns, investigate potential causes, and identify opportunities for service improvement.

Real time information on complaints is available to Senior Management.

Complaints investigations may include recommendations for changes to our policies and procedures. Where these are agreed and implemented before complaints are determined, we will advise the complainant of the changes we have made as part of our response.

Satisfaction surveys have been included within all responses for Complaints giving the opportunity for further feedback, details of these are monitored and discussed with service areas.

10 Evaluation

The implementation and effectiveness of this policy will be reviewed on a quarterly basis by Corporate Management Team, using the following metrics:

- the total numbers of and reasons for complaints by service area;
- the early resolution rate by service area;
- the proportion of complaints formally investigated by service area; and
- the proportion of formally investigated complaints upheld or partially upheld by service area.

An annual complaints report will be presented to the Council's Standards Committee and published on our website.

This policy will be reviewed every three years, unless there is significant development that would require a more urgent review e.g. new legislation.

MIDDLESBROUGH COUNCIL	
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Report of:	Director of Legal and Governance Services, Charlotte Benjamin
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Relevant Executive Member:	The Mayor, Chris Cooke
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Submitted to:	Single Member Executive – The Mayor
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Date:	17 July 2025
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Title:	Public Information and Information Requests Policy
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Report for:	Decision
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Status:	Public
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Council Plan priority:	All
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Key decision:	No
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Why:	Decision does not reach the threshold to be a key decision
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Subject to call in?	Yes
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Why:	Non-urgent report
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Proposed decision(s)
That the Mayor APPROVES the revised Public Information and Information Requests Policy.

Executive summary
<p>The report seeks approval for the Council's Corporate Public Information and Information Requests Policy, following completion of a scheduled review.</p> <p>The policy ensures that the Council meets the requirements of the Local Government Transparency Code 2015 and associated guidance, proactively identifies and publishes datasets over and above those required by the Code to minimise the need for individuals or organisations to submit statutory information requests.</p> <p>The decision requires Single Member Executive approval as it is a 'minor variation to an existing policy or procedure' as per Section 6.38.2(a) of the constitution.</p>

1. Purpose of this report and its contribution to the achievement of the Council Plan ambitions

1.1 This report presents and seeks approval of the Council’s Public Information and Information Requests Policy following its scheduled triennial review in order to ensure our continued compliance with statutory and regulatory guidance.

Our ambitions	Summary of how this report will support delivery of these ambitions and the underpinning aims
A successful and ambitious town	Implementation and adherence to a Public Information and Information Requests Policy does not directly impact on these ambitions, however compliance with the principles of the policy will ensure requests for information are: <ul style="list-style-type: none">• transparent• dealt with in line with timescales.
A healthy Place	
Safe and resilient communities	
Delivering best value	Effective responses to requests for information, including proactive publication of data will ensure alignment with Best Value principles. Monitoring of service performance against statutory timescales is undertaken as part of the policy to ensure the Council identifies and addresses in relation to statutory information request compliance. This will assist the Council to improve services. Data on compliance with the policy is reported regularly to senior managers, Executive, OSB and Audit Committee, which supports the Council to demonstrate accountability and transparency in its approach to responding to requests for information and increase the volume of data published.

2. Recommendations

2.1 That the Mayor **APPROVES** the revised Public Information and Information Requests Policy.

3. Rationale for the recommended decision(s)

3.1 Consideration of policy is required to ensure compliance with our statutory responsibilities which will ensure we articulate how we will deal with request for information and what can be expected from that process.

4. Background and relevant information

- 4.1 The Public Information and Information Requests Policy applies to all services including services directly provided by the Council, by a contractor or through a partnership which the Council leads.
- 4.2 The policy sets out how the Council will respond to information requests submitted to the Council by individuals and organisations that could fall within the rights established by the Freedom of Information Act (FoIA), Environmental Information Requests (EIR), General Data Protection Regulations (GDPR) and the Data Protection Act (DPA).
- 4.3 The policy sets out how the Council will proactively publish data to reduce the need for people to submit requests. The policy sets out that the Council will respond to requests in line with statutory timescales.
- 4.4 Separate processes are in place for the following:
 - Councillor Enquires
 - Legal Requests
 - CCTV Requests.
- 4.5 The Policy is reviewed every three years unless there are changes to legislation in the intervening period, or other events that would require an earlier review.

5. Ward Member Engagement if relevant and appropriate

- 5.1 This is not applicable to this decision and does not directly impact on any Ward. The Public Information and Information Request Policy forms part of the suite of policies put in place as part of the Information Governance Framework.

6. Other potential alternative(s) and why these have not been recommended

- 6.1 The Council could choose not to adopt corporate policies on requests for information. However, statutory duties would remain in place. Without a standard approach, there is an increased risk of making decisions that fail to meet those duties, which could result in financial penalties. Given these duties, this option is not recommended.

7. Impact(s) of the recommended decision(s)

Topic	Impact
Financial (including procurement and Social Value)	There are no additional financial costs associated with the approval of these recommendations.
Legal	The policies will continue to ensure that the Council conducts its business and decision making in line with the requirements of statutory duty around our response and processing of requests raised with us.
Risk	Approval of the policies will positively impact on risks within the Council's risk registers, primarily the risk that the Council fails to comply with the law.

Human Rights, Public Sector Equality Duty and Community Cohesion	There is no impact associated with the proposed policy within this area.
Reducing Poverty	There is no impact associated with the proposed policy within this area.
Climate Change / Environmental	There are no climate or environmental impacts associated with the proposed policy.
Children and Young People Cared for by the Authority and Care Leavers	There are no direct implications arising from this Policy on this group.
Data Protection	This policy aims to protect individual rights against the legislation in relation to their protected characteristics.

Actions to be taken to implement the recommended decision(s)

Action	Responsible Officer	Deadline
Publication of the policy on the MBC Website and Intranet pages	L Hamer, Governance and Information Manager	July 2025

Appendices

1	Public Information and Information Requests Policy
2	Public Information and Information Requests Supporting Procedure

Background papers

Body	Report title	Date

Contact: Leanne Hamer, Governance and Information Manager
Email: leanne_hamer@middlesbrough.gov.uk



Public Information and Information Requests Policy

Creator	Author(s)	Ann-Marie Johnstone		
	Approved by	Ann-Marie Johnstone, Head of Governance Policy and Information (SIRO)		
	Department	Legal and Governance Services		
	Service area	Governance Policy and Information		
	Head of Service	Ann-Marie Johnstone		
	Director	Charlotte Benjamin		
Date	Created	2019/02/28		
	Submitted	2019/02/28		
	Approved	2019/06/04		
	Updating Frequency	3 years		
Status	Version: 2.0			
Contributor(s)	Head of Governance Policy and Information (SIRO); Data Manager; Data Protection Officer; Request for Information Business Partner.			
Subject	Local Government Transparency Code 2015 and statutory Information Requests covering freedom of information, Environmental Information Regulations, Subject Access Requests and GDPR information rights requests.			
Type	Policy			
	Vital Record		EIR	
Coverage	Middlesbrough Council			
Language	English			

Document Control

Version	Date	Revision History	Reviser
1.2	20200129	Update of Director	L Hamer
1.3	20210920	Update of closure approval	L Hamer
1.4	20220503	Update of Head of Service	L Hamer
1.5	20230206	Correction to DP complaint process	DPO
2.0	20250416	Second revision	S Huggins

Distribution List

Version	Date	Name/Service area	Action
1.0			
2.0	20250416	Circulation to RFI team	S Huggins

Contact:	foi@middlesbrough.gov.uk
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Summary

This policy is part of the Information Governance framework underpinning the Council's Information Strategy and is aligned with all applicable statutory guidance in relation to data transparency and statutory information requests.

It sets out how the Council will proactively publish information, and will respond to statutory requests for recorded information, either held directly by the Council or by another organisation on behalf the Council, in line the vision of the Information Strategy that:

'the right information will be available to the right users, at any time, accessible from anywhere, underpinning the achievement of the Council's strategic objectives.'

The following sections outline:

- the purpose of this policy;
- definitions;
- scope;
- the legislative and regulatory framework;
- roles and responsibilities;
- supporting policies, procedures and standards; and
- monitoring and review arrangements.

Purpose

The purpose of this policy is to ensure that the Council meets the requirements of the Local Government Transparency Code 2015 and associated guidance, proactively identifies and publishes datasets over and above those required by the Code to minimise the need for individuals or organisations to submit statutory information requests.

It also aims to ensure that the Council responds effectively and as required by legislation to those information requests that are exercised by individuals using their rights under Freedom of Information Act (FOIA) 2000, Environmental Information Regulations (EIR) 2004, the EU General Data Protection Regulation (GDPR) 2016, and the Data Protection Act (DPA) 2018.

Definitions

Data transparency	Data transparency is the mandatory publication of certain local authority datasets to increase democratic accountability and public involvement in services.
Open Data	Open data is often used interchangeably but in fact relates to the format and terms under which data is published and made available for use and re-use.
Information requests	An information request is defined as a request to access recorded information that is held directly by the Council or held

	on its behalf by another organisation. All information requests must be made in writing, except requests under GDPR and EIR, which can be made verbally.
Freedom of Information Act (FoIA) Requests	Under the FOIA, the Council has a duty to make information available to the public upon request, unless specific exemption(s) apply. It is also obliged to proactively and routinely publish information that has been frequently requested in the past in its Publication Scheme.
Environmental Information Requests (EIRs)	Deriving from European law, this provides for public access to 'environmental information' held by public authorities, unless specific exception(s) apply. It is also obliged to proactively and routinely publish information that has been frequently requested in the past in its Publication Scheme.
Subject Access Requests (SARs)	A subject access request (SAR) gives people the right to ask, free of charge, for confirmation of what data the Council holds about them and what it is used for and to ask for a copy of that data. This quick guide provides a summary of how to handle a subject access request
Other General Data Protection Rights (GDPR)	The General Data Protection Regulation (GDPR) outlines several rights for individuals in relation to their personal data. These rights include the right to be informed, access, rectification, erasure, restrict processing, data portability, and to object to processing in certain circumstances, as well as rights related to automated decision-making and profiling

Scope

This policy applies to all information requests submitted to the Council by individuals and organisations that could fall within the rights established by the FOIA, EIR, GDPR and DPA. It does not apply to requests from elected members of the Council, which are dealt with through the separate members' enquiries process.

Please note that in this context, 'the Council' refers to a number of separate data controllers in law, as set out in the Council's Data Protection Policy.

The policy applies to all records owned by the Council, whether they are created or received and managed directly, or by third parties on its behalf. It also applies to records

created, received or managed by the Council in partnership with, or on behalf of, other organisations.

It does not apply to information which the Council holds on behalf of another person or organisation, including where the Council processes personal data (as a data processor) on behalf of another data controller, unless it is authorised to respond on the behalf of such parties.

It applies to existing information only. The Council is not required to meet information requests that require it to *create* information in order to provide a response.

Legislative and regulatory framework

Key elements of the legislative and regulatory framework for information requests are set out below. Failure to comply with this framework can lead to significant financial penalties, criminal prosecution and non-criminal enforcement action.

EU General Data Protection Regulation (GDPR) 2016 and Data Protection Act (DPA) 2018	The DPA places a duty on the Council to manage personal data in a way that is lawful and fair, not excessive, secure and proportionate (e.g. not to retain it longer than required). It also obliges the Council to respond to certain requests from personal data from the data subject (including Subject Access Requests or SARs).
Digital Economy Act 2017	Provides government powers to share personal information across organisational boundaries to improve public services.
Environmental Information Regulations 2004 (EIR)	Deriving from European law, this provides for public access to 'environmental information' held by public authorities, unless specific exception(s) apply. It is also obliged to proactively and routinely publish information that has been frequently requested in the past in its Publication Scheme.
Freedom of Information Act (FOIA) 2000	Under the FOIA, the Council has a duty to make information available to the public upon request, unless specific exemption(s) apply. It is also obliged to proactively and routinely publish information that has been frequently requested in the past in its Publication Scheme.
Local Government Acts 1972, 1985, 1988 and 1992	Establishes requirements to manage records and information and gives implied authority to share certain kinds of information with partners.
Local Government Transparency Code 2015	Requires local authorities to publish certain information, specifying content and frequency of publication, and recommends the publication of certain other information.
Lord Chancellor's Code of Practice on handling information requests	Issued under s.45 of the FOIA, the code sets out the practices which public authorities should follow when dealing with requests for information under the Act.

Other Regulations and Codes of Practice	<p>The Council's approach is also informed by range of other regulations and codes of practice, including:</p> <ul style="list-style-type: none"> • Lord Chancellor's Code of Practice on the management of records; • National Data Guardian's Data Security Standards; • Privacy and Electronic Communications Regulations 2003 (PECR); • Re-use of Public Sector Information Regulations 2005; • 'Caldicott principles' on NHS patient information (revised 2013) and the NHS Data and Protection Toolkit; and • Open Standards Principles.
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In brief, the Local Government Transparency Code 2015 requires the Council to publish the following data. It also recommends additional data that could be published at the Council's discretion.

Data	Frequency
Waste collection contract	Once only
Items of expenditure exceeding £500	Quarterly
Government procurement card transactions	Quarterly
Invitations to Tender and procurements exceeding £5,000 but less than £30,000	Quarterly
Local authority land and building assets	Annually
Social housing assets (where relevant)	Annually
Grants to voluntary, community and social enterprise organisations	Annually
Organisation chart	Annually
Trade union facility time	Annually
Parking account	Annually
Parking spaces	Annually
Senior salaries	Annually
Constitution	Annually
Pay multiple (also published as part of the annual Pay Policy Statement)	Annually
Counter-fraud activity	Annually

In addition, other requirements to publish data have been introduced since the Code was last updated, including the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 and Trade Union (Facility Time Publication Requirements) Regulations 2017.

Under the DPA, the Council can also choose to proactively make available personal data to individuals, accessible for example through their MyMiddlesbrough account.

All law and regulations require the Council to respond to information requests as written or stated (i.e. with additional or explanatory information only where considered necessary), and as promptly as possible. There are maximum time limits for responding to each major type of request:

Request	Council must respond within:	Calculated from:
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FOIA	20 working days	First working day after receipt
EIR	20 working days, 40 if complex	First working day after receipt
UK GDPR (inc. SAR)	One month	The day of receipt

In general terms, legislation presumes that the Council will aim to fulfil all information requests where it can, but there is provision to apply exemption(s) / exception(s), for example on the basis of confidentiality, though these must always be balanced against the public interest where there is a qualified exemption. The requester must be advised of the outcome in writing.

In respect of these activities, the Council is regulated by the Information Commissioner's Office (ICO). Requesters who are unhappy with the Council's response to their FOI/EIR request can request an internal review. Requestors can contact the Data Protection Officer about any issues related to the exercise of their data protection rights. Alternatively, they can raise the matter with the ICO, which may investigate their complaint or, in relation to data protection rights, seek 'judicial remedy' via the Courts.

Roles and responsibilities

Effective response to information requests is the collective responsibility of all those individuals named within the scope of this policy.

Senior Information Risk Owner (SIRO)	Responsible for the overall management of information risk within the Council, advising the Chief Executive, management team and Information Asset Owners, and ensuring that staff training is available and fit-for-purpose. The role is undertaken by the Head of Governance Policy and Information, who is also responsible for the Information Strategy. In exceptional circumstances closure of overdue requests to be approved by the SIRO where no response has been received from the service area after a period of 6 months or more.
Information Requests Team	Responsible for establishing procedures for managing information requests, provision of advice and guidance, and monitoring compliance. Proactively and routinely publish information that has been frequently requested in the past in its Publication Scheme.
Data and Analytics Manager	Responsible for the development and implementation of the Council's data management policy and supporting procedures, to ensure that the Council meets its obligations in respect of data integrity, statutory returns to the Government and data transparency.
Data Protection Officer	Responsible for provision of advice and guidance to the Council on its obligations in relation to data protection, acting as the Council's contact point for data subjects and for the ICO.

Records Manager	Responsible for the development and implementation of the Council's records management policy and supporting procedures, providing advice and checking compliance to ensure the Council's records are well-kept and that the systems used to hold them are fit-for-purpose.
Information Asset Owners (Heads of Service)	Responsible for maintaining comprehensive and accurate information asset registers (IARs) for their service areas, and ensuring that: <ul style="list-style-type: none"> • staff in their service area are aware of their responsibilities and appropriately trained; • data and records are managed in line with the Council's policy and procedures; • information is released in line with legal requirements and this policy; and • identifying and escalating information risks to the SIRO.
All managers	Responsible for overseeing day-to-day compliance with this policy by their staff and other personnel they manage, ensuring that information and datasets are made available for publication or release where required, and ensuring that appropriate checks are made prior to release to ensure that nothing is released in error.
All staff, contractors, consultants, interns and any other interim or third parties	Responsible for ensuring that information requests are responded to in line with the relevant legislation.
Information Strategy Group	Operational group of key officers led by the SIRO responsible for implementing the Information Strategy, in conjunction with Information Asset Owners.
Risk Management Group	Cross departmental group of senior officers responsible for ensuring the Council has in place a suitable risk management framework. The group has reporting lines to enable risks in relation to this policy and other issues to be escalated by the SIRO and considered as necessary.

Supporting policies, procedures and standards

The following policies, procedures and standards will be implemented across the Council to ensure that the Council optimises the publication of datasets and responds to statutory information requests effectively.

Data Management Policy	This provides a framework for effectively standardising, managing, linking and exploiting data throughout its lifecycle, and to ensure that the Council meets its obligations in respect of data integrity, statutory returns to the Government and data transparency.
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Data Protection Policy	This ensures that the Council continues to treat personal data safely, securely and ethically; deals with incidents swiftly and learns lessons from them; and is fully compliant with the DPA.
Data Subject Rights Requests Procedure	This sets out the step-by-procedure for addressing information requests made under the DPA.
EIR / FOIA Requests Procedure	This sets out the step-by-procedure for addressing information requests made under the FOIA.
Transparency Policy and Procedure	This sets out the Council's commitment to data transparency, the data it will publish and under what terms.
Records Management Policy and supporting procedures	This provides a framework for ensuring that the Council's records are well-kept and that the systems used to hold them are fit-for-purpose.

Monitoring and review arrangements

The implementation and effectiveness of this policy and its supporting procedures will be reviewed by Leadership Management Team on a quarterly basis, using the following metrics:

- number of information requests;
- number of requests responded to in time; and
- proportion of information requests fulfilled.

The SIRO will provide an annual report to management team and Audit Committee.

This policy will be reviewed every three years, unless there is significant development that would require a more urgent review e.g. new legislation.



Public Information and Information Requests Policy Supporting Procedure

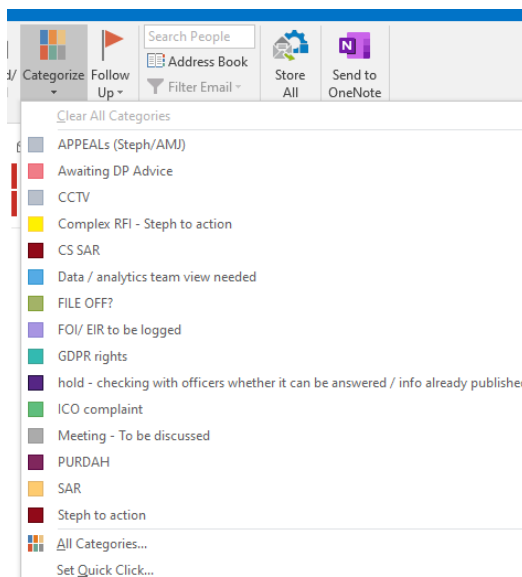
Creator	Author(s)	Ann-Marie Johnstone (Governance and Information Manager)		
	Approved by	Paul Stephens		
	Department	Strategy Information and Governance		
	Service area	Legal & Governance Services		
	Head of Service	Paul Stephens		
	Director	Charlotte Benjamin		
Date	Created	2021/09/22		
	Submitted	2021/10/21		
	Approved	2021/10/21		
	Updating Frequency	3 years		
Status	Version: 1			
Contributor(s)	Head of Strategy, Information and Governance (SIRO); Information Requests and Records Manager; Governance and Information Manager.			
Subject	Local Government Transparency Code 2015 and statutory Information Requests covering freedom of information, Environmental Information Regulations, Subject Access Requests and GDPR information rights requests.			
Type	Procedure			
	Vital Record		EIR	
Coverage	Middlesbrough Council			
Language	English			
Document Control				
Version	Date	Revision History		Reviser
0.1	20210922	First draft		AM Johnstone
1.0	20211021	First version		AM Johnstone
2.0	20250416	Second version		S Huggins
Distribution List				
Version	Date	Name/Service area		Action
1.0	20211025	Circulation to RFI team as part of service review consultation for those in scope		AM Johnstone
2.0	20250416	Circulation to RFI team		S Huggins
Contact:	foi@middlesbrough.gov.uk			

Summary

1. This procedure sets out how the Information Requests and Records Management Team will operate to ensure compliance with the requirements of the Public Information and Information Requests policy.
2. This procedure covers:
 - Monitoring the FOI email account
 - Triage and consideration of requests to ensure they are valid for Freedom of Information (FoI), Environmental Information Regulations (EIRs) and Subject Access Requests (SARs)
 - The process for logging requests
 - The role of the central team in responding to requests and how this will be delivered
 - How e-discovery (once use of it goes live) and objective admin accounts will be used when searching for information with the scope of valid requests
 - The process for identification and management of complex cases
 - The process for identification and management of vexatious cases
 - CCTV requests
 - Other GDPR rights
 - Coroner requests
 - Requests for internal reviews
 - ICO investigations into FOI and EIR responses
 - Process for closing requests without responding.

Monitoring the FOI email account

3. The Information Request officers will monitor the email inbox including the Junk mail (foi@middlesbrough.gov.uk) on a daily basis and process requests unless they require a steer from the Request for Information Business Partner. The expectation is that most emails will not require input from the FOI BP in order to process them.
4. The team will use the flags available in outlook to manage the account. The full team will meet on a weekly basis which will be the forum to raise issues and concerns, seek views on items and support for requests that are not progressing as they should, identify lessons learnt from FOIs, consider items that could be published to reduce demand, monitor and identify complex cases and potentially vexatious cases.



Triage and consideration of requests to ensure they are valid for Freedom of Information (Fol), Environmental Information Regulations (EIRs) and Subject Access Requests (SARs)

5. It is the role of the team to receive and assess requests for information. Although the Council has a dedicated in box to manage this the FOI Business Partner with support from the Governance and Information Manager who is also responsible for the promotion of the information rights of individuals to ensure that other officers who may receive requests can identify where a request for information may be within the scope of the FOI or EIR process. The Data Protection Officer will conduct similar activities to ensure organisational awareness of information rights available under the Data Protection Act which includes SARs.
6. Once a request is received by the team, the team must assess if it is valid. To be valid:

Process	Characteristics of a valid request	timescales
FOI	<ul style="list-style-type: none"> - Request is in writing - Includes the real name and address (email or postal) of the requester for correspondence (requests using a pseudonym are invalid) - Describe the information requested 	20 working days (first working day after receipt)
EIR	<ul style="list-style-type: none"> - Request can be in writing or verbally - Provide an address (email or postal) for a response as it must be issued in writing 	20 working days, 40 if complex (first working day after receipt)
SAR	<ul style="list-style-type: none"> - Request is in writing or verbally. - The individual is asking for their own personal data (third party requests may also be valid if you are satisfied that they are entitled to act on behalf of the individual) 	One month from the day of receipt
Internal review of an FOI / EIR	<ul style="list-style-type: none"> - Request is received within 40 days of the response being issued. 	20 working days, or 40 working days in exceptional circumstances.

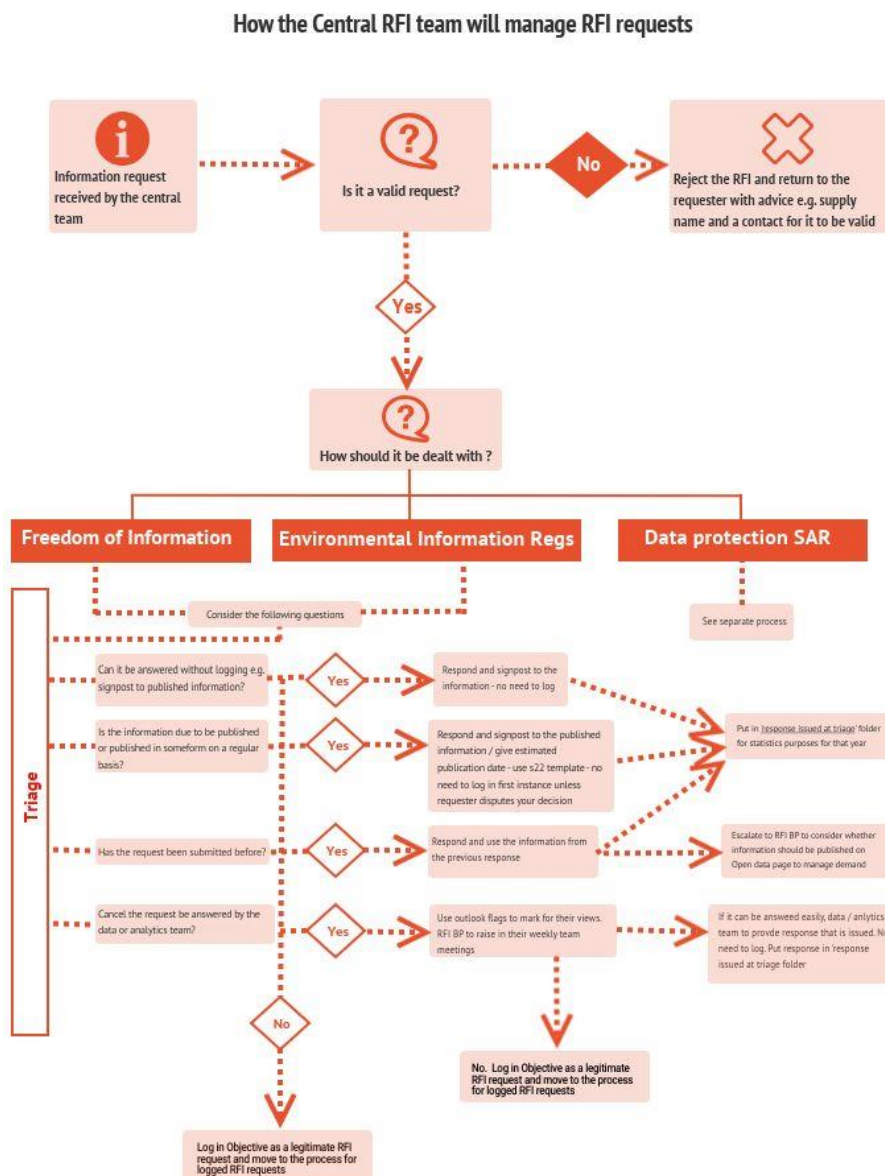
7. Invalid requests should be returned to the requester with advice on why they are invalid.

Valid requests

8. As part of determining whether a request is valid, it will also have to be decided which legislation is relevant to the request, FOI, EIR or SAR.

Triage for FOI and EIRs

9. Those requests which are deemed to fall under FOI or EIR should first be triaged to attempt to respond to them without logging them if possible, in order to facilitate a faster response to the requester and align with the ambition that the Council will answer requests for information through the conduct of everyday business where possible. The diagram below sets out the triage process:



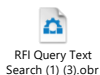
10. Please note, some requests may need to be split in order to be answered where answers are needed from multiple departments. If this is the case,

create another folder and assign by workflow to the separate service areas (see detailed guide for technical sets).

11. Sources of published information will include statutory returns that are published on the government's sites. The Council also has an [open data site](#) on which it publishes data, documents and policies as well as its website. This open data site should be checked for information as part of triage to assess whether the requested information is already in the public domain.

Information Requests Officers will also be expected to identify whether there is demand for new data sets to be added to the site to manage demand. The site is kept up to date by the Information Requests team however, on occasion you may spot that data is missing e.g. data published annually in December is missing the last scheduled data. In that case alert the Information Requests Team who will resolve this. Please email new or updated data sets to foi@middlesbrough.gov.uk

12. Searches of RFIs can be conducted on objective using the search functionality in the system to identify requests for the same information that have been submitted previously, see separate guides on this functionality and the link to the search tool that has been built to undertake this task in Objective.



13. The Data and Analytics team will be a source of support in identifying those RFIs that can be answered by them without sending them to the service. The Data and Analytics team is managed by Victoria Holmes.
14. The general approach when using data from these Data and Analytics teams is to signpost to data already published or planned to be published. These teams should not be asked to generate data sets for different periods for example when data is already published on an annual basis. We should not be creating new data to answer requests. In most cases when information is held in electronic files and can be retrieved and manipulated using query tools or language within the software, that information is held for the purposes of FOIA and the EIR. The use of query tools or languages does not involve the creation of new information. Their use should be viewed simply as the means of retrieving information that already exists electronically.
15. Requests that are closed by the triage process should be placed in the response issued at triage folder for that year. Note, new folders need creating each January for the months ahead.



01. RFI Email
Correspondence.ob

16. The link below is for responses issued during by triage (link needs to be updated each calendar year to take to the correct location).



Response issued at
Triage.obr

The process for logging requests

17. Once a request has been identified as valid, it must be logged in Objective and assigned to the appropriate service area for response. A step-by-step guide for this can be found here.



RFI Workflow User
Guide - IG Team.obr

18. There is a detailed spreadsheet listing all key nominated officers and service area them, that is saved in Objective and will be kept up to date by the RFI BP.



Key Nominated
Officers - Revised list

19. Service groups are set up in Objective with individuals or groups of key nominated officers. These change frequently, it is important that you keep them up to date. The responsibility for any amendments will be actioned / authorised by the RFI BP.



Key Nominated
Officers.obr

20. Occasionally an applicant may request information that we hold on behalf of a third party. Before we can release any information regarding a third party we must write to the third party to see if they have any objections to the council releasing the info. See guidance link below.

21. [FOI RFI iPortal workflow user guide.pdf \(middlesbrough.gov.uk\)](https://middlesbrough.gov.uk/foi-rfi-iportal-workflow-user-guide.pdf)

The role of the central team in responding to requests and how this will be delivered

22. The Central Team of Information Requests officers and RFI BP has been established in order to centralise tasks previously completed by business support officers and other nominated officers that sit in service areas.
23. The team will co-ordinate all RFIs, logging and assigning to officers directly where their input is required.

Key Nominated Officers will populate the response letter templates. The team will then review the response and will populate any reasons why it cannot be

supplied prior to emailing the response or printing the letter using Hybrid Mail Service.

24. Where there are requests for information that can be gathered by the team using either the administration function in **Objective, Sharepoint or the e-Discovery** functionality for valid requests, the team will conduct this task, notifying the relevant officer(s) and member(s) first, that the searches will be conducted and the parameters of those searches.

In some instances, service areas conduct their own searches.

25. It will be the responsibility of an appropriate officer in the service, with knowledge of the topics within the scope of the request, to approve releases and to agree the accuracy of redactions that have been made by the team prior to release. The appropriate officer will generally be the owners of the relevant email accounts but this can be delegated if appropriate, however those delegating that function must confirm they are assured that the individual has sufficient information to be able to accurately determine redactions that will be required to ensure compliance with the relevant legislation or regulations.

26. Data held in other systems will have to be provided by the service area where the team do not have access to that data.



RFI Stationery
Templates.obr

How e-discovery will be used when searching for information with the scope of valid requests for RFI

27. As stated above, the central team will conduct preliminary searches for information within the scope of valid requests using appropriate system admin functions if the request covers the 365 environment or Objective. This section sets out the process for using e-discovery which is the tool used to search the Microsoft 365 environment. This tool is powerful and because of the extensive nature of the data that could be captured by this, it must only be used by the Complaints and SARs Manager, Information Requests officers, the RFI BP and wider members of the Records management, Information Requests and Complaints and SAR team once they have had formal approval to do so and that approval has been logged.
28. This only relates to FOI, EIR and SAR requests. Processes for access by the Data Protection officer for other GDPR purposes are outside the scope of this policy. Access for other issues may also be within the scope of the Council's Surveillance Policy also.

Approval process

29. Where it is determined that a request is valid and within the scope of reasonable time limits, the Head of Governance, Policy and Information

or the Governance and Information Manager will be asked to approve the searches and their parameters in their roles as SIRO and Deputy SIRO. This approval will be completed via email and the email placed in the RFI folder or SAR folder by the administering officer for that case so there is a separate audit for each approval. Officers and members will be notified before the search is undertaken as a courtesy.

Extraction process

30. The Information Request Team will undertake and conduct an e-discovery search of the specified email account(s) using the approved search parameters. Data will be gathered and placed within relevant information request within objective. A link will be sent to the individual officer(s) to review and give direction on redaction of the requested information. Once the officer has completed this process, they will inform the Information Requests Team who will then redact the information, compile a response to send to the requester.

The process for identification and management of complex cases

31. On occasion the Council will have to deal with complex requests. In order to ensure these types of requests are managed effectively, once identified, all contacts will be logged in the complex case log. Complex cases may be identified as complex because of one of the following reasons although this list is not exhaustive:

- Numerous contacts from an individual or group of individuals about a similar set of issues
- Requests for information that may involve actual or potential litigation,
- Multiple contacts across a range of access channels including RFIs, SARs, complaints, legal services, members standards, officer complaints process or grievance process etc.

32. Where an Information Requests Officer identifies a potentially complex case, they will identify it to the RFI BP who will contact the leads for the related processes listed below and seek information on whether they also have had contact from the same individuals or from others on the same issues.

33. Contacts for the other corporate governance relevant disciplines who should be contacted where it is likely that they may have also been contacted are, this list is not exhaustive:

- SARs – Complaints and SARs Manager – Claire Roberts
- Complaints – Complaints and SAR Officer – Claire Risker and Michael Hooker
- Litigation – Deputy Monitoring officer – Ann-Marie Wilson and Ann-Marie Johnstone
- Planning objections – Head of Strategic Housing
- Regeneration projects – Sam Gilmore
- Members Standards – Director of Legal and Governance Services - Charlotte Benjamin

- Officer complaints – Head of HR – Nicola Finnegan
- GDPR rights – Data Protection Officer – Michael Brearley
- CCTV – Operational Community Safety Manager – Dale Metcalfe.

34. The RFI BP will decide, in liaison with the Head of Governance, Policy and Information whether to commence a track and arrange appropriate access to ensure leads can enter the relevant details in the complex case log, link below.



Complex Cases.obr

The process for identification and management of vexatious cases

35. In some instances complex cases may need to be considered to be vexatious. The threshold for vexatious RFI requests is very high. If it is felt that a request is becoming vexatious, the ICO guide to dealing with these requests should be referred to [dealing-with-vexatious-requests.pdf \(ico.org.uk\)](https://ico.org.uk/for-organisations/guide-to-dealing-with-vexatious-requests/).

36. If there are concerns that a topic could be within the scope of this definition then the first step is to report that to the RFI BP and to commence logging all contacts on that subject in the vexatious log.



Vexatious.obr

Communications plans

37. You may be aware that someone who has contacted the account or phoned, is subject to a communications plan because of poor behaviour. The Council maintains a register of communications plans that are known to the Information Requests team as advised by Legal Services.



Complex Cases and
comms plans.obr

CCTV requests

38. CCTV requests are managed by the CCTV team. Any requests received should be sent to cctv@middlesbrough.gov.uk.

Other GDPR rights

39. The Data Protection team deal with information rights that are exercised by the public. While the Complaints and SARs Manager will complete historic SARs and the Information Requests officers will log valid requests, other GDPR rights will be processed by the Data Protection team. Any requests received in error to the FOI account should be sent to dataprotection@middlesbrough.gov.uk.

Coroner requests

40. Any complaints or questions /requests for the Coroners service need to be sent direct to coroners email address and not logged. The email address is teessidecoroner@middlesbrough.gov.uk
41. Coroners are not subject to the same legislation as MBC as they are governed under HMS.

Electoral Services

42. Similarly, some information held by the service is not subject to MBC where it relates to central government funded elements of election work. Seek guidance from the Head of Democratic Services on whether an RFI is within the scope of MBC to respond before logging.

Requests for internal reviews

43. RFI applicants have the right to complain to us if their request for information is:
 - Denied
 - Partially denied, or
 - If dissatisfied with the response to their request.
44. There is also the right to complain to the Information Commissioners Office (ICO), but they should exhaust the internal review process first.
45. Some applicants may not be complaining but may just be querying information or asking for support to understand a decision. Where practical we will try to resolve queries concerns informally by:
 - Explaining in more detail the grounds for refusal to disclose any or all of the information requested, or
 - Clarifying any exemptions or exceptions being relied on.
46. If an applicant requests an internal review, the following process will be initiated, and a case file with the detail be created in Objective



Creating an Appeal
Against an RFI.obr

47. The following outcomes are possible:
 - The original decision is upheld, or
 - The original decision is reversed in part or in full, or
 - The original decision is in some way modified

48. An applicant should contact us within 40 days of the date of our response letter informing that they request an internal review

There is no statutory deadline for undertaking internal reviews. Guidance published by the ICO states that internal reviews should take no longer than 20 working days in most cases, or 40 in exceptional circumstances. If it isn't possible to provide a response within those timescales a letter notifying the requestor should be issued with anticipated timescales.

49. Internal reviews are processed by the RFI BP as they have not dealt with the original request on behalf of the reviewing officer. They are responsible for reviewing the decision and the information held (if held).

50. As part of the process, the RFI BP will have an initial discussion with the reviewing officer to discuss the following:

- hold meetings with relevant officers who may provide additional information
- consideration on whether the Freedom of Information Act (FOIA) Environmental Information Regulations (EIR) have been applied appropriately and that any exemption / exceptions are correctly applied, including the balance of public interest.
- Consideration as to whether there have been any developments since the original response and any possibility of previous decisions being amended or reversed.

51. A final review meeting will be held between the RFI BP the Governance and Information Manager / Head of Governance, Policy and Information (the two designated reviewing officers) to agree on the final response which will be issued by the RFI BP.

52. Final response is then issued to the requestor, explaining their rights and option to further complain to the ICO including their contact details.

ICO investigations into FOI and EIR responses.

53. Those who are dissatisfied with the outcome of the internal review are entitled to complain to the Information Commissioners Office. The ICO will contact the team through the FOI account and advise that an appeal has been received and that they consider it to be valid.

54. On receipt of the ICO complaint a case file via 'create an appeal against this RFI' workflow (link below) is created in Objective against the RFI case. All the relevant case history relating to the internal review and RFI response should be gathered in this folder using links in preparation for a full response to the ICO.



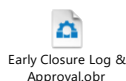
Creating an ICO
Complaint Investigatic

55. The case is then assigned to the RFI BP, the Governance and Information Manager and The Head of Governance, Policy and Information via the L&G-RFI Appeal/Internal Review service group.
56. Confirmation to the ICO should be made as soon as the complaint is received via an email acknowledgement from the FOI account, this will normally be an action completed by the RFI BP unless they are unavailable in which case an Information Requests officer will complete this task. The ICO complaint email should be forwarded to the of Head of Governance, Policy and Information, Governance and Information Manager. The ICO will then send notification as soon as they assign a case officer.
57. Upon receipt of the complaint detail from the case officer, a meeting is promptly coordinated with RFI BP and the relevant service area involved with the original request. The ICO Case Officer will request responses from us which will be addressed in this meeting. They will also provide the timescales that must be complied with.
58. Responses to the ICO Case Officer are via Sharepoint Connect to the email account specified by them and should be within the timescales. On conclusion to their complaint the Case Officer will provide us with a decision notice which will outline any further actions for us and whether or not the complaint is upheld in any instance or not.
59. Should actions need to be taken these should happen as soon as possible and confirmation back to the ICO that this has taken place.
60. All cases that are sat with the ICO should be entered into the log below so the Council can track and report the volume of these on a monthly basis [this section will be expanded on to include use of those stats in the monthly reporting process once they are established as a process.



Closing down requests

61. Requests will only be closed with the consent of the requester or if closure is approved by the Head of Governance, Policy and Information. A log has been created (insert link here of [all](#) requests that are closed without a response and the reason for that closure.



MIDDLESBROUGH COUNCIL	
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Report of:	Director of Legal and Governance Services, Charlotte Benjamin
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Relevant Executive Member:	The Mayor, Chris Cooke
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Submitted to:	Single Member Executive - The Mayor
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Date:	17 July 2025
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Title:	Records Management Policy
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Report for:	Decision
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Status:	Public
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Strategic priority:	All
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Key decision:	No
Why:	Decision does not reach the threshold to be a key decision

Subject to call in?:	Yes
Why:	Non-urgent report

Proposed decision(s)
That the Mayor approves the Records Management Policy and Corporate Retention Schedule Refresh attached at Appendix 1.

Executive summary
<p>The report seeks approval for proposed revisions to the Council's Records Management policy and retention schedule following their scheduled triennial review to ensure continued delivery of the Council's Information Strategy and its alignment with the statutory Code of Practice on the management of records which sits within the Council's Information Governance Policy Framework. The report provides the rules and guidance necessary to appropriately safeguard our corporate information to ensure it is secure, complete, managed effectively and appropriately accessible.</p> <p>The decision requires Single Member Executive approval as it is a 'minor variation to an existing policy or procedure' as per Section 6.38.2(a) of the constitution.</p>

1. Purpose of this report and its contribution to the achievement of the Council Plan ambitions

1.1 This report presents and seeks approval of the proposed revisions to the Council’s Records Management Policy and Retention Schedule following their schedules triennial review in order to ensure our continued compliance with the statutory Code of Practice on the management of records and sits within the Council’s Information Governance Policy Framework.

Our ambitions	Summary of how this report will support delivery of these ambitions and the underpinning aims
A successful and ambitious town	Implementation and adherence to a Records Management Policy, however compliance with the principles of the policy will ensure that the Council’s records vital to delivery of services that are needed to achieve the Council’s ambitions in these areas are: <ul style="list-style-type: none">• secure• complete• managed effectively• appropriately accessible.
A healthy Place	
Safe and resilient communities	
Delivering best value	Aim for successful adherence to the Policy in order to ensure robust and effective corporate governance.

2. Recommendations

2.1 That the Mayor approves the triennial review of the Corporate Records Management policy and the Corporate Retention Schedule attached at Appendix 1.

3. Rationale for the recommended decision(s)

3.1 Consideration of policy is required to ensure compliance with our statutory responsibilities which will ensure the right information will be available to the right users, at any time, accessible and used ethically to support achievement of the Council Plan Ambitions.

3.2 Managing Records effectively will support delivery of the Council’s emerging Digital Strategy.

4. Background and relevant information

4.1 The increasing reliance on electronic records, with more information being created and received digitally, has added a new dimension to the challenges that Middlesbrough Council faces. The growth of digital technology has provided different ways for us to communicate and share information which makes information and records management even more complex.

4.2 The Council is in the process of implementing a new corporate storage platform which will ensure structure, consistency and security for our records. Its Policy and Retention

schedules will determine how our information is structures and how long information is held for in line with retention legislation.

4.3 The Policy will underpin and ensure:

- that, where and when required, authoritative information about its past activities can be found and used for current business (corporate memory)
- the Council can demonstrate compliance with its legal duties and respond to public information requests more efficiently
- become more transparent, proactively and routinely publish data of public interest; and
- achieve a more effective use of resources, through the ongoing digitisation of records and the correct implementation of the corporate Records Retention Schedule.

4.4 Furthermore, effective records management will also help the Council mitigate the following risks:

- loss of records vital to effective operations.
- taking poor decisions based on inadequate or incomplete records.
- failure to handle personal or confidential information with the required level of security.
- criticisms or sanctions from the Information Commissioner for non-compliance; and
- financial losses due to the lack of reliable evidence or incurring unnecessary costs for data storage.

4.5 The Policy and Schedule are reviewed every three years unless there are changes to legislation in the intervening period that would require an earlier review.

5. Ward Member Engagement if relevant and appropriate

5.1 This is not applicable to this decision. The Records Management Policy forms part of the suite of policies put in place as part of the Information Governance Framework and does not directly impact on any Ward.

6. Other potential alternative(s) and why these have not been recommended

6.1 The Council could choose not to adopt corporate policies on records management, however statutory duties would remain in place and in the absence of a standard approach there would be an increased risk of making decisions that fail to meet those legal duties. Given these duties are in place this option is not recommended.

7. Impact(s) of the recommended decision(s)

Topic	Impact
Financial (including procurement and Social Value)	Costs associated with scanning will be assessed following a successful approval of a business case. Cases will be reviewed on an individual basis.

Legal	The policy will continue to ensure that the Council conducts its business and decision making in line with the requirements of statutory duty around the retention of information.
Risk	Approval of the policies will positively impact on risks within the Council's risk registers, primarily the risk that the Council fails to comply with the law.
Human Rights, Public Sector Equality Duty and Community Cohesion	There is no impact associated with the proposed policy within this area.
Reducing Poverty	There is no impact associated with the proposed policy within this area.
Climate Change / Environmental	There are no climate or environmental impacts associated with the proposed policy
Children and Young People Cared for by the Authority and Care Leavers	There are no direct implications arising from this Policy on this group
Data Protection	This policy aims to protect individual rights against the legislation in relation to their protected characteristics

Actions to be taken to implement the recommended decision(s)

Action	Responsible Officer	Deadline
Publication of the policy on the MBC Website and Intranet pages	P Jemwa, Records Manager	July 2025

Appendices

1	Records Management Policy and Corporate Retention Schedule
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Background papers

Not applicable.

Contact: Leanne Hamer, Governance and Information Manager
Email: leanne_hamer@middlesbrough.gov.uk



Records Management Policy

Live from:	April 2025
Live until:	March 2028
Contact:	records@middlesbrough.gov.uk



Title	Records Management Policy			
Creator	Author(s)	Paul Jemwa (Records Manager)		
	Approved by	Ann-Marie Johnstone (Head of Governance, Policy and Information)		
	Department	Governance, Policy and Information		
	Service area	Legal and Governance Services		
	Head of Service	Ann-Marie Johnstone		
	Director	Charlotte Benjamin		
Date	Created	2025/04/30		
	Submitted	2025/04/30		
	Approved	2025/xx/xx		
	Updating Frequency	3 years		
Status	Version: 3.0			
Contributor(s)	Interim Head of Governance, Policy and Information (SIRO); Governance and Information Manager; Data Protection Officer;			
Subject	Records Management			
Type	Policy			
	Vital Record		EIR	
Coverage	Middlesbrough Council			
Language	English			
Document Control				
Version	Date	Revision History	Reviser	
0.1	20181005	First draft	L Hamer	
0.2	20190204	First revision	AM Johnstone	
1.0	20190529	Finalised	P Stephens	
2.0	20220503	Update	L Hamer	
3.0	20250xxx	Review	P Jemwa	
Distribution List				
Version	Date	Name/Service area	Action	
1.0				
2.0	20220504	Intranet	Published	
3.0	20250xxx	Intranet	Published	

Summary

This policy is part of the framework underpinning the Council's Information Strategy and is aligned with the statutory Code of Practice on the management of records and sits within the Council's Information Governance Policy Framework.

It sets out how the Council will manage its records, in line with the vision of the strategy that **'the right information will be available to the right users, at any time, accessible and used ethically to support achievement of the Council Plan Ambitions'**.

Managing Records effectively will support delivery of the Council's emerging Digital Strategy.

The following sections outline:

- the purpose of this policy;
- definitions;
- scope;
- the legislative and regulatory framework;
- roles and responsibilities;
- supporting policies, procedures and standards; and
- monitoring and review arrangements.

Purpose

The increasing reliance on electronic records, with more information being created and received digitally, has added a new dimension to the challenges that Middlesbrough Council faces. The growth of digital technology has provided different ways for us to communicate and share information which makes information and records management even more complex. A solution to transforming ways of working with, storing digital information, providing structure and consistency across dedicated corporate storage platforms is SharePoint Online.

Through the implementation of this policy the Council aims to:

1. Provide guidance to teams across the organization to cleanse their existing content, removing redundant, obsolete and trivial information so that only valuable content is migrated to SharePoint Online.
2. Rationalise and map content held on existing platforms to new locations in SharePoint Online, identifying library column/metadata requirements, site structures, access permissions and retention assessment.
4. Provision of information management advice and guidance to Information Owners and end users on the current and future structure and organization of their documents, use of metadata and other SharePoint functionality, customizing new sites and libraries and configuring site features appropriately.
5. Analysis of discovery phase results to understand individual team requirements for their information management needs, finding and recommending solutions (administrative and technical) to any complex operational issues or requirements,

6. Supporting the governance of electronic records management solutions through maintaining high quality documentation and managing business input into decisions on change priorities
7. Digitise, archive or store historic records as appropriate

This will deliver the following benefits:

- the Council will ensure that, where and when required, authoritative information about its past activities can be found and used for current business (corporate memory);
- the Council will be able to demonstrate compliance with its legal duties, and respond to public information requests more efficiently;
- the Council will become more transparent, proactively and routinely publishing data of public interest; and
- the Council will achieve a more effective use of resources, through the ongoing digitisation of records and the correct implementation of the corporate Records Retention Schedule.

Effective records management will also help the Council mitigate the following risks:

- loss of records vital to effective operations;
- taking poor decisions based on inadequate or incomplete records;
- failure to handle personal or confidential information with the required level of security;
- criticisms or sanctions from the Information Commissioner for non-compliance; and
- financial losses due to the lack of reliable evidence, or incurring unnecessary costs for data storage.

Definitions

Topic	Definition
Records	<p>Records are defined as information created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business.</p> <p>Information that is only of short-term value, and contains little or no ongoing administrative, financial, legal, evidential or historical value is not considered a record.</p> <p>If well-kept, records tell us what happened, what was decided, and how to do things. They are used as the basis on which decisions are made, services provided, and policies developed and communicated.</p> <p>Records can be in either physical or digital format.</p>
Records Management	<p>Records management is the regime an organisation puts in place to manage records through the lifecycle of creation, receipt, maintenance, use and destruction.</p> <p>It ensures that a record has:</p>

	<ul style="list-style-type: none"> • Authenticity– it is what it says it is; • Reliability – it can be trusted as full and accurate; • Integrity – it has not been altered since it was created or filed; and • Usability – it can be retrieved, read and used.
Sensitivity Labels and Information Security Classification	<p>The Council utilises the UK Government’s security classifications to help it identify, protect and work with information of different sensitivities.</p> <p>As the Council does not access SECRET or TOP SECRET information, all of its information will fall under the Government’s OFFICIAL classification.</p> <p>The OFFICIAL classification is broad and includes information that is sensitive and must not be shared freely, including personal data that must be protected under data protection legislation.</p> <p>Applying sensitivity labels to content such as documents and email ensures that we keep our information secure by stating how sensitive certain information is.</p>
Records retention and disposal	<p>This schedule provides guidance on how long records created and held by the Council should be retained for along with the legislation that governs that decision to ensure we maintain compliance.</p>
Records access	<p>Enabling access to records is a legal requirement under Data Protection Law individuals who have information stored in relation to them have the right to request access to that information under Subject Access via a Subject Access Request.</p> <p>Individuals can request detail about the information held on them, how it is being used, who it is being shared with and where the information was obtained from.</p>
Records security	<p>Records must be held securely in order to maintain their integrity and security. Paper records should be secured by way of access and physically held appropriately, electronic records should be protected by necessary and appropriate technical security controls to strengthen protection against unwanted access.</p>
Historical records	<p>Are held in order to maintain their protection and preservation for the future. There are a number of records which hold extensive retention periods and these must be retained, as well as records which hold significant historical value to the organisation.</p>
Records archive	<p>Records held securely to maintain preservation by Teesside Archive who collect, catalogue and preserve historical documents relating to Middlesbrough, Stockton, Hartlepool and Redcar & Cleveland and make them available for the public.</p>

Information Asset Registers	Information Assets Registers records assets, systems and applications used for processing or storing personal data across our organisation and records ownership and responsibility to individuals for the security and maintenance for that information.
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Scope

This policy applies to all employees (both permanent and temporary), contractors and consultants of the Council who are given the authority to create records or to access them.

It applies to all records owned by the Council, whether they are created or received and managed directly, or by third parties on its behalf. It also applies to records created, received or managed by the Council in partnership with, or on behalf of, other organisations.

Legislative and regulatory framework

Key elements of the legislative and regulatory framework for records management are set out below. Failure to comply with this framework can lead to significant financial penalties, criminal prosecution and non-criminal enforcement action.

Records management does not exist in isolation, and connects to other information governance disciplines, such as data protection, and corporate governance arrangements including risk management.

EU General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018	The DPA places a duty on the Council to manage personal data in a way that is lawful and fair, not excessive, secure and proportionate (e.g. not to retain it longer than required). It also obliges the Council to respond to requests from personal data from the data subject.
Digital Economy Act 2017	Provides government powers to share personal information across organisational boundaries to improve public services.
Freedom of Information Act (FOIA) 2000	Under the FOIA, the Council has a duty to make information available to the public upon request, unless specific exemption(s) apply. It is also obliged to proactively and routinely publish information that has been frequently requested in the past in its Publication Scheme.
Local Government Acts 1972, 1985, 1988 and 1992	Establishes requirements to manage records and information and gives implied authority to share certain kinds of information with partners.
Code of Practice on the management of records issued under section 46 of the FOI Act 2000	Issued under s.46 of the FOIA, the code sets out good practice in records management and set out how public records (as defined by the two Public Records Acts) will be transferred to places of deposit.

Other Regulations and Codes of Practice	<p>Records management practice is also informed by range of other regulations and codes of practice, including:</p> <ul style="list-style-type: none"> • Privacy and Electronic Communications Regulations 2003 (PECR); • Environmental Information Regulations 2004 (EIR); • Re-use of Public Sector Information Regulations 2005; • 'Caldicott principles' on NHS patient information (revised 2013) and the NHS Data and Protection Toolkit; and • ISO 15489 Records Management.
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Roles and responsibilities

Effective records management is the collective responsibility of all those individuals named within the scope of this policy.

Senior Information Risk Owner (SIRO)	<p>Responsible for the overall management of information risk within the Council, advising the Chief Executive, management team and Information Asset Owners, and ensuring that staff training is available and fit-for-purpose. The role is undertaken by the Head of Governance, Policy and Information, who is also responsible for the Information Strategy.</p>
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Records Manager	<p>Responsible for the development and implementation of this policy and supporting procedures, providing advice and checking compliance to ensure the Council's records are well-kept and that the systems used to hold them are fit-for-purpose and in line with the statutory Code of Practice.</p> <p>The Records Manager is responsible for records held by the Council including inactive records where an information asset owner cannot be identified.</p> <p>This policy provides a clear mandate for the Records Manager to act in this key role.</p>
Analytics and Data Manager	<p>Responsible for the development and implementation of the Council's Data Management policy and supporting procedures, to ensure that the Council meets its obligations in respect of data integrity, statutory returns to the Government and data transparency.</p>
Public Information and Information Requests Team	<p>Responsible for provision of advice and guidance to the Council on its obligations in relation to statutory public information requests (including Freedom Of Information and Environmental Information Requests) and monitoring compliance with these.</p>
Data Protection Officer	<p>Responsible for provision of advice and guidance to the Council on its obligations in relation to data protection.</p>
Complaints and Subject Access Team	<p>Responsible for handling and resolving complaints received and fulfilling Subject Access Requests. The team provides support to staff responding to complaints and ensures that statutory timescales are adhered to for responses for both complaints and Subject Access Requests.</p> <p>The team will monitor and identify trends which can be used to improve services.</p>
Information Asset Owners (Heads of Service)	<p>Responsible for maintaining comprehensive and accurate information asset registers (IARs) for their service areas, and ensuring that:</p> <ul style="list-style-type: none"> • staff in their service area are aware of their responsibilities and appropriately trained; • records are managed in line with this policy and its supporting procedures; • where possible, all data is created and held within a digital format; • those paper records that are held are managed properly; • access to and sharing of records is appropriate; • records are retained, archived and destroyed in line with the Council's

	Retention Schedule, and ICT systems enable this; and <ul style="list-style-type: none"> identifying and escalating information risks to the SIRO.
All managers	Responsible for overseeing day-to-day compliance with this policy by their staff and other personnel they manage.
All staff, contractors, consultants, interns and any other interim or third parties	Responsible for creating, accessing, using and managing records and record keeping systems in accordance with this policy and its supporting procedures. Capturing records and required metadata into specified record keeping system(s). Responsible for identifying records at risk of damage to the Records Manager.
Information Strategy Group	Operational group of key officers led by the SIRO responsible for implementing the Information Strategy, in conjunction with Information Asset Owners.
Risk Management Group	Cross departmental group of senior officers responsible for ensuring the Council has in place a suitable risk management framework. The group has reporting lines to enable risks in relation to record management and other information issues to be escalated by the SIRO and considered as necessary.

Supporting policies, procedures and standards

The following policies, procedures and standards will be implemented across the Council to ensure that the Council's records are managed effectively and securely.

Data Management Policy	This provides a framework for effectively standardising, managing, linking and exploiting data throughout its lifecycle, and to ensure that the Council meets its obligations in respect of data integrity, statutory returns to the Government and data transparency.
Data Protection Policy	This ensures that the Council continues to treat personal data safely, securely and ethically; deals with incidents swiftly and learns lessons from them; and is fully compliant with the DPA.
365 Email Policy and Procedure	This sets out business rules and requirements for the use of email, in particular how these should be stored when considered a record to be retained.
SharePoint Procedures	These sets out business rules in respect of the use of SharePoint as the proper tool for the storage and referencing of digital records.
Public Information and Information Requests Policy and Procedures	This establishes the corporate framework for responding to statutory information requests, and to proactively identify information to be routinely published.

Print and Mail Procedure	This sets out business rules designed to minimise printing and mail within the Council.
Records Retention Schedule	This defines how long different records should be retained to comply with legal, regulatory or other requirements e.g. required to be retained for historic significance, statistical interest or other reason as defined by the statutory code of practice or another legal basis. Schedule sets out the proper arrangements for archiving and destruction.
Destruction Certificate	Record of the legal basis and process followed for the destruction of records. Completed forms once authorised by the Manager and or Records Manager should be retained in service for audit purposes.
Surveillance Policy	This ensures that the Council's legal covert surveillance powers are well-understood by employees, and their use remains necessary, proportionate and justified, and is kept to a minimum.
Scanning Procedure	This sets out business rules and requirements for the appropriate digitisation of physical records, to reduce storage requirements, increase accessibility and improve compliance with the Records Retention Schedule. As included in Appendix A.
Secure Working Policy	This sets our rules around access rights and enhancing cyber security, within the context of agile working.
Vital Records Standards	This sets out how vital records will be identified and the steps to be taken to ensure their protection and preservation.
Business Continuity Plans	These identify those vital records required to support delivery of critical services.
Disaster Recovery Plan	This identifies priorities and recovery timescales for access to ICT systems and digital records in the context of business continuity.

Monitoring and review arrangements

The implementation and effectiveness of this policy and its supporting procedures will be reviewed on a quarterly basis by Information Strategy Group, using the following metrics:

- print and mail volumes;
- data breaches due to poor records management practice;
- proportion of corporate records that are digital; and
- proportion of digital records that are held in SharePoint Online.

The SIRO will provide a quarterly update to the Council's Risk Management Group on overall information risk, and an annual report to management team and Audit Committee.

This policy will be reviewed every three years, unless there is significant development that would require a more urgent review e.g. new legislation.

Appendix A

Scanning Procedure Notice

This document is controlled and maintained according to the documentation standards and procedures as detailed and included within the Information Strategy Framework. All requests for changes to this document should be sent to the author(s).

1.0 Purpose

The purpose of this policy is to identify common standards and practice in relation to the conversion of analogue records to digital (electronic) format.

2.0 Scope

This policy covers the conversion of any Middlesbrough Council documents or records into digital format.

3.0 Background

There are many business reasons why digitisation projects may be undertaken within Middlesbrough Council and the use of this type of technology can bring clear business benefits:

- capacity to access the images concurrently
- access from multiple locations
- incorporation into other systems
- application of consistent approach to naming and indexing
- provision of secure master image
- reduction in storage of paper records

However, conversely there are increased risks associated with digitisation:

- obsolescence of technical standards
- additional costs to maintain digital image environment
- legal admissibility

4.0 Vision

Over time the Council has moved to a greater reliance on the use of electronic documents and records as opposed to paper based records. This has resulted in an improved access to information, increased ability to store information when appropriate and more robust security. Although a 'paperless office' may not be achievable in our current context we will work towards holding the master copy of records and documents in digital format. This means we will need to employ increased use of scanning for based paper documents and for incoming external paper documents.

We will continue to manage all documents and records within our current legal and regulatory framework and Council policies.

5.0 Project Initiation

All digitisation projects should follow the Council project route and will require a mandate and project initiation document to identify scope, business benefits, cost and technical standards employed in the project. Quality assurance and ongoing management will be implemented.

6.0 Options for Methodology

In-House – the digital images / paper documents are delivered from within the Council either by a specific task group created for the purpose or by individuals as part of their daily activity.

Out-sourced – the work is allocated to an external agency through the Council procurement process.

Quality assurance processes must be established and documented to ensure that the project meets expected outcomes.
The approach should be regularly reviewed where projects are over an extended period of time.

7.0 Technical Standards

Software: There are many options for scanning software which perform the digital conversion from paper to digital image. Any software employed in-house needs to meet the Council's technical requirements.
However, it is the output of the digital image that is important in terms of standardisation.

Hardware: In a similar way the restrictions on hardware are related to the general requirements and standards for the use of peripheral equipment on the council system. There are a number of issues to consider when addressing technical standards (Appendix A contains a technical specification)

File Format:

- Technical specification needs to be available
- Format should be supported by standard software and operating systems used within Middlesbrough Council
- Formats should be compatible with viewing players used by Middlesbrough Council
- File formats encode information into a form which can be rendered comprehensible by software. File formats are vulnerable to change in rapidly evolving technical environments. Consideration should not simply be given to immediate requirements but also longer-term considerations i.e. if a scanned image needs to be retained for 75 years what are the implications of selecting a particular file format. The National Archive recommends considering the following when selecting a file format, open standards, ubiquity, stability, interoperability and viability.

Resolution

Resolution needs to be of sufficient quality to meet the required uses of the scanned document, this will vary in accordance with use and end user consultation is an important aspect of the decision.

Compression

Where compression techniques are applied consideration must be given to whether any data loss can occur because of the compression and if this has any bearing on the legality of the record. This will depend on the function or intended use of the document and the area of activity to which it relates. If there is any uncertainty, advice should be sought from Records Management.

Colour Management

Consideration needs to be given to how good the image needs to be for the required use of the document.

8.0 Preparation of documents to be digitised

- An assessment of the robustness of documents to be digitised is required. Quality of paper and age will be a consideration of scanning quality.
- Physical preparation of documents such as batching or removing staples etc. should be estimated as part of the overall costs / time consumption (if in house) of the project.
- Indexing. The index data for an image will need to be input into the corporate records management system (SharePoint Online) Care should be taken that appropriate indexing information is recorded to link the image and its filename.

9.0 Metadata

Metadata, or data about the context and creation of the document, is an important aspect of maintaining any records but this is even truer of scanned images. It is important that information that will be used to make decision about managing, accessing and ultimately disposing of the documents in the future. It is important to remember that if the correct metadata is not captured with the document at the point of scanning then it is highly unlikely that it will be associated with the image and become irretrievable

There are two principal types of metadata that are required to be captured with digitised images:

- i) metadata about the image and the process that created it e.g. image identified, date of digitisation, name of creator.
- ii) Metadata about the content

Accessibility; addressee; audience; contributor; creator; date; description; disposal; format identifier; language; location; preservation; publisher; rights; source; status; subject; title; type.

10.0 Legal Admissibility

Many documents and records used by Middlesbrough Council can potentially be required in support of litigation and submitted as evidence as part of legal or tribunal proceedings.

Scanned images produced from these images are normally accepted by courts as evidence. However to ensure that the correct 'weight of evidence' is attributed to these documents it is important that extra measures are applied to conversion of documents that have a high probability of being challenged in litigation.

An appraisal of the likelihood of documents being needed for evidence should be completed. If the conclusion is that there is a high potential for any document to be challenged in court proceedings then guidance as laid out in BIP 0008, the '*Code of Practice for Legal Admissibility of Information stored on Electronic Document Management Systems*' should be consulted. 'The criteria for establishing this high potential should be based upon the frequency that we regularly submit the documents in litigation and our knowledge of the frequency of challenge, based on case law. Advice can be sought from Records Manager.

11.0 Retention of Documents

There are two principal reasons for retaining paper documents after they have been scanned:

1. the scanning has taken place for reasons of accessibility and speed of processing but there is a legal or regulatory requirement to retain the original document. Details on retention are also in the corporate Retention and Destruction guidance.
2. Originals are retained on a short term basis to ensure that the validity and quality of the scanning process has met expected requirements. This should not be an indefinite arrangement.

On destruction of the original paper documents the scanned image becomes the master copy. All destructions of confidential paper documents should take place through the Council Office Recycling Confidential Waste Services.

Appendix B

Document Type	Resolution	Bit Depth	File Format	Compression?
Text Only Monochrome	>300 dpi	1 bit (bit-tonal)	TIFF PDF/A JPEG 2000	
Documents with water-wash or grey text	>600 dpi	8 bit greyscale	TIFF JPEG 2000 PDF/A	
Colour documents	>600 dpi	8 bit colour (minimum)	TIFF JPEG 2000 PDF/A	
Monochrome photographs	Sufficient to provide >3000 pixels across long dimension	8 bit grey scale	TIFF JPEG 2000 PDF/A	
Colour photographs	Sufficient to provide >3000 pixels across long dimension	24 bit colour	TIFF JPEG 2000 PDF/A	

The table above provides a minimum expected standard for scanned documentation. Variation for the defined standard need to be approved.

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