



# Report

## IJB Records Management Plan Edinburgh Integration Joint Board

14 December 2018

### Executive Summary

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1. The purpose of this report is to present the Integration Joint Board draft Records Management Plan (RMP). It has been prepared in compliance with the requirements of the Public Records (Scotland) Act 2011.
2. This covering report briefly explains the legislative background and how the RMP is based on the model plan and guidance published by the Keeper of the Records of Scotland.

### Recommendations

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3. The Integration Joint Board (IJB) is asked to:
  - i. note the content of this covering report;
  - ii. delegate scrutiny and oversight responsibilities of the IJB RMP and its associated Improvement Plan to the IJB Audit and Risk Committee; and
  - iii. approve the draft RMP (and associated evidence) for submission to the Edinburgh Integration Joint Board (IJB).

### Main report

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#### Background

4. The Public Records (Scotland) Act 2011 has as its main aim to improve the quality of record keeping by named Scottish public authorities. It requires an authority to prepare, implement, and keep under review, a records management plan. The plan must clearly set out proper arrangements for the way an authority manages public records, created in any format, when performing its functions. The Act has been in force since January, 2013.

5. The Act has its origins in the Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995 (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records were lost due to poor records management.

## IJB Record Management Plan

6. The management of records is central to good governance, openness and transparency. A subsequent review of public records legislation found that poor records management was not restricted to the childcare sector alone but affected many different authorities.
7. The Act requires a named Scottish public authority to prepare, implement and keep under review a RMP. The plan must set out proper arrangements for the management of its public records. The plan must be submitted to the Keeper of the Records of Scotland (the Keeper) for his or her assessment and agreement, then implemented and reviewed regularly.
8. As a named Scottish public authority, the IJB must submit a RMP to the Keeper for his or her agreement. The plan must also show the policies that are in place for the appropriate retention, disposal, archiving and security of its records.
9. To assist the IJB in complying with its obligations, the Keeper has published a [model plan and guidance](#) document. This takes the form of an annotated list of 14 elements that are expected to appear within the document.
10. When a plan has been agreed by the Keeper, the authority is invited to participate in the annual Progress Update Review process. This provides an opportunity for an authority whose plan may contain elements signed off as being under improvement, to report on any new initiatives and on progress made. It is designed to support continuous improvement.
11. The IJB has been asked to prepare the plan, gather supporting evidence and submit this to the Keeper. The Keeper's implementation team will then begin the assessment process and consider each element of the RMP against all the accompanying evidence. The Keeper views this assessment as an 'opportunity to highlight good practice' and will in turn help us identify any areas for improvement.
12. The IJB, City of Edinburgh Council (Council) and NHS Lothian have a Memorandum of Understanding (MoU) in relation to the sharing of information 'for the purpose of the integration of health and social services in the Edinburgh area'. As Scottish Public Authorities, both IJB partner organisations (Council and NHS Lothian) have their own respective RMP in place. For records generated by the operational elements of the Edinburgh Health and Social Care Partnership,

the MoU states that they will be managed in accordance to the arrangements set out in each organisation respective RMP.

13. However, records created by the IJB must be covered by its own RMP. This includes for example, data relating to the Strategic Plan, Board and Committee papers and any correspondence by the Chief Officer, Chief Finance Officer, Chief Nurse and Clinical Director involving IJB Business.
14. The RMP that is prepared will require to be based on the Keeper's Model plan and will require to evidence how the IJB records management practice meets the requirements of the 14 key elements.
15. IJB records, which must form part of the formal records management plan, are currently held on both Council and NHS Lothian systems. To address the complexity of documents being held within the systems of two different organisations, the management of these records will require to conform to relevant Council and NHS Lothian information governance policies and procedures, which will be provided as evidence to the Keeper in support of the IJB RMP.

## **Roles and Responsibilities**

16. Under Element 1 of the Model Records Management Plan (Senior Management Responsibility), the IJB must identify an individual at senior level who has overall strategic responsibility for records management. The Chief Officer has appointed the IJB's Chief Finance Officer, Moira Pringle with this role.
17. Under Element 2 of the Model Records Management Plan (Records Manager Responsibility), the IJB must also identify an individual, answerable to senior management, to have operational responsibility for records management within the IJB. The Partnership's Operations Manager, who is also the IJB's Lead Information Governance Practitioner, has been tasked with this role.
18. Due to the overall complex landscape of the RMP, the ICT and Information Governance Steering Group, which is attended by information governance officers from both Council and NHS Lothian will also play a role in the IJB RMP and will assist in the development of a more detailed improvement plan.

## **Key risks**

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19. The proposals set out in this report will allow the IJB to meet its obligations in respect of the Public Records (Scotland) Act 2011. Once completed and approved by the Keeper, the IJB's RMP will help fulfil legislative responsibilities, safeguard the IJB's reputation and optimise the record risk management.

## **Financial implications**

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20. There are no direct financial implications arising from the consideration of this report.

## **Implications for Directions**

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21. There are no specific implications for directions arising from this report.

## **Equalities implications**

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22. The purpose of the Records Management Plan is to ensure that there is full awareness of the nature, scope and implications of the Public Records Act and to ensure that colleagues are aware of their roles and responsibilities around information governance and record keeping (including for records held within electronic systems).
23. Although no significant equality issues were identified during the development of the RMP, the IJB's understanding of the Equality Impact Assessment Process will allow for the development of better outcomes for staff in relation to equality matters by ensuring that the RMP is available and accessible to all.

## **Sustainability implications**

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24. No direct sustainability implications.

## **Involving people**

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25. By detailing record management responsibilities and requirements, this RMP will help ensure compliance with legislative, regulatory and best practice standards. The ongoing development of the RMP will need to be supported by Council and NHS Lothian Information Governance Officers, the Partnership's Executive Management Team and IJB members.

## **Impact on plans of other parties**

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26. Any possible impact arising from the IJB RMP on either Council or NHS Lothian plans will be discussed at the ICT and Information Governance Steering Group.

## **Background reading/references**

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27. National Records of Scotland – [Model Records Management Plan](#)

## Report author

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## Appendices

**Appendix 1**

Draft - IJB Records Management Plan



# **Edinburgh Integration Joint Board**

**Record Management Plan**

**December 2018**

**Document Control Sheet**

**Author:**

**Document Title**

Lead Information Governance Practitioner

Public Records (Scotland) Act 2011 – Records Management Plan and Improvement Plan

**Review/Approval History**

Date	Name	Position	Version Approved
31/10/2018	Cathy Wilson	IJB Lead Information Governance Practitioner/Operations Manager	Draft v0.1
6/11/2018	Kevin Wilbraham	IJB Data Protection Officer / Council Information Governance Manager	Draft v0.2
	Moira Pringle	Chief Finance Officer	Draft v0.2
	Judith Proctor	Chief Officer	Draft v0.2
16/11/2018	Edinburgh Integration Joint Board Audit and Risk Committee		Draft v0.2
14/12/2018	Edinburgh Integration Joint Board		Draft v0.3

## Foreword

The Edinburgh Integration Joint Board for Health and Social Care recognises and values record management as an important part of our quality assurance and continuous improvement activity. The management of records is central to good governance, openness and transparency.

This Records Management Plan has been created for the Edinburgh Integration Joint Board. It has been prepared in compliance with requirements of the Public Records (Scotland) Act 2011. It relates to records held directly by the Board and includes records produced as part of a delegated function - these records are covered in the respective Record Management Plans of the City of Edinburgh Council and NHS Lothian. This arrangement acknowledges that delegated functions are provided on the Edinburgh Integration Joint Board's behalf by each respective authority.

Our historical records and archives inform the historians of today and will provide a rich supply of material for the historians of the future. This is a heavy responsibility. The Board will protect and manage information like any other valuable asset that we are entrusted with. It expects that this Records Management Plan will provide a firm foundation from which we can make better use of this information. It will help make sure that Board is:

- that our officers and members have the right information to hand to support their activities and decisions.
- that information is freely available when required or only available to those who need it if it is personal or sensitive.
- that information is accurate, reliable and up to date.
- that we do not waste valuable resources storing information which is no longer required is superseded or is duplicated elsewhere.

The Plan also recognises that we are on a journey. Many of the elements within the plan describe the future developments which will improve our records management policies and procedures.



Judith Proctor  
Chief Officer



Cllr Ricky Henderson  
Convenor of Edinburgh Integration Joint Board



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## Introduction

### About the Edinburgh Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 required Local Authorities and Health Boards to jointly prepare an Integration Scheme, which sets out how Health and Social Care Integration is to be planned, delivered and monitored within their local area. In line with this requirement, the Edinburgh Health and Social Care Partnership (the Partnership) has been established to bring together the strategic planning and operational oversight of a range of adult social care services.

The Edinburgh Integration Joint Board (IJB) is the main decision-making body and has governance oversight of the Partnership and all commissioning. Given formal powers in April 2016, the Partnership brings together NHS Lothian's Community Health services and the City of Edinburgh Council (the Council) Health and Social Care functions.

### Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (PRSA) has as its main aim to improve the quality of record keeping by named Scottish public authorities. It requires an authority to prepare, implement and keep under review a records management plan. The plan must clearly set out proper arrangements for the way an authority manages public records, created in any format, when performing its functions. The Act has been in force since January 2013.

The Act has its origins in the Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995 (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records were lost due to poor records management.

### Record Management

The PRSA named public authorities across Scotland, including the Council, NHS Lothian and the IJB, are required to put in place appropriate records management arrangements by producing and implementing a Records Management Plan (RMP) within their organisation. These arrangements will show effective, efficient and systemic control of the creation, storage, retrieval, maintenance, use and disposal of records including processes for capturing and maintaining evidence. This systemic management of records is particularly significant because it allows the organisation to:

- Increase efficiency and effectiveness;
- Make savings in administrative costs, both in staff time and storage;

- Ensure compliance with the Public Records (Scotland) Act 2011 and other legislative requirements, standards and codes of conduct;
- Provide continuity in the event of a disaster; and
- Support decision making, transparency, accountability and good governance.

The above is covered under the IJB's Record Management Principles:

<b>Secure</b>	that records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled, and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.
<b>Accountable</b>	that adequate records are maintained to account fully and transparently for all actions and decisions.
<b>Accurate</b>	that records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.
<b>Accessible</b>	that records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation
<b>Retained</b>	that there are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records (retention schedule)
<b>Trained</b>	that all staff are informed of their record-keeping responsibilities through appropriate training and guidance (as made available by the City of Edinburgh Council and NHS Lothian), and if required further support as necessary.

The extent of the IJB RMP includes the management framework, policies, procedures, record management systems, technologies and tools employed within the organisation to ensure that its records are managed effectively and efficiently to be in compliance with legislation as well as satisfying business needs. It is important to note that the RMP applies to all records irrespective of the technology used from either partner organisation (Council and NHS Lothian) to create and store them or the type of information they contain.

This document summarises each of the elements of the PRSA and provides evidence of records management arrangements that are in place demonstrating compliance with the PRSA. This includes both corporate evidence, such as policies, procedures, standards and where applicable local application of these. Also contained herein are provisions for future improvements on each of the fourteen elements as planned by the IJB or partner organisations in the next couple of years as well as actions that will be taken to ensure the identified developments are achieved within these timescales.

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In submitting this RMP, the IJB acknowledges that further development work is needed in order to demonstrate full compliance for each element of the PRSA. As such, an improvement plan incorporating action area for improvement on each element is linked directly to this RMP. The IJB is committed to ensuring that a culture of continuous record management is embedded in its business practices. Governance and oversight on the content of this document will be provided by the IJB Audit and Risk Committee. Progress update on the improvement plan will feature as a standing agenda item for this Committee.

## Record Management Plan Elements

The RMP sets out the overarching framework for ensuring that IJB records are managed and controlled effectively. The RMP considers all 14 elements as advised in the Keeper's Model RMP and supporting guidance material. The 14 elements are:

- Senior management responsibility
- Records manager responsibility
- Records management policy statement
- Business classification
- Retention schedules
- Destruction arrangements
- Archiving and transfer arrangements
- Information security
- Data protection
- Business continuity and vital records
- Audit trail
- Competency framework for records management staff
- Assessment and review
- Shared information

The RMP outlines a high level IJB Improvement Plan (Appendix 1) to support on-going improvements in the quality, availability and effective use of records across the organisation and provides a strategic framework for all records management activities. A more detailed Improvement Plan will be developed by the ICT and Information Governance Steering Group.

The RMP will be implemented once it has been approved by the Keeper of the Records of Scotland and will be continuously reviewed and updated. Annual update reports will be submitted to the IJB and to the Keeper of Records Scotland.

## **Element 1: Senior Management Responsibility**

Element 1 is compulsory and covers Senior Management Responsibility. Section 1(2) (a) (i) of the Act requires the Council's RMP to identify the person at senior level who has overall strategic responsibility for records management. The RMP must name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.

### **Statement of Compliance:**

The Senior Accountable Officer for Records Management for the IJB is:

Moira Pringle, Chief Finance Officer  
Edinburgh Integration Joint Board  
Waverley Court  
4 East Market Street, Business Unit 1.8  
Edinburgh  
EH8 8BG

Tel: 0131 469 3867  
Email: [healthsocialcareintegration@edinburgh.gov.uk](mailto:healthsocialcareintegration@edinburgh.gov.uk)

### **Evidence of Compliance**

Statement from the Chief Officer

Statement from the IJB Chair

Executive Team – Structure Map

Chief Finance Officer Job Description

### **Future Developments**

There are no planned future developments in respect of Element 1. Any further changes going forward will be reflected in policies and procedures.

### **Assessment and Review**

This element will be reviewed in the event of any relevant change in personnel, roles and/or responsibilities.

## Element 2: Records Manager Responsibility

Element 2 is compulsory and covers Records Manager responsibility. Section 1(2)(a)(ii) of the Act specifically requires a Records Management Plan to identify the individual responsible for ensuring the authority complies with its plan. An Authority's RMP must name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP.

### **Statement of Compliance**

The individual answerable to Senior Management within the IJB/Partnership and who has operational responsibility for records management within the IJB is:

IJB Lead Information Governance Practitioner/Partnership Operations Manager  
Edinburgh Health and Social Care Partnership  
Waverley Court  
4 East Market Street, Business Unit 1.8  
Edinburgh  
EH8 8BG

Tel: 0131 529 7153

### **Evidence of Compliance**

Statement from IJB Lead Information Governance Practitioner

Statement from Chief Officer

Data Compliance Report to IJB

### **Evidence of Compliance**

Memorandum of Understanding – March 2018

Operations Manager Job Description

### **Future Developments**

Any future changes relating to this element will be published and included in the Improvement Plan as appropriate

### **Assessment and Review**

N/A

## **Element 3: Records Management Policy Statement**

Element 3 is compulsory and covers the Records Management Policy Statement. This will serve as a mandate for the activities of the Records Manager and any other governance group that will have the responsibility of information and records management. It shows how the IJB, Council and NHS Lothian creates and manages authentic, reliable and useable records capable of supporting business functions and activities for as long as they are required through any organisational or system change irrespective of format.

The Policy Statement reflects the business functions of IJB, Council and NHS Lothian. It provides an overarching statement of the organisations priorities and intentions in relation to record keeping and delivers a supporting framework for the development and implementation of a records management culture.

### **Statement of Compliance**

#### **IJB RECORDS Management Policy Statement**

A record is recorded information, in paper or electronic format, created or received and maintained by the IJB in the transaction of business or the conduct of affairs and kept as evidence of such activity. Records include Directions, accounts, strategies and policies, annual reports, minutes, reports and any IJB complaints.

For the purposes of the IJB, a record is recorded information that has been created or received by the IJB in the regular course of its business activities or in the pursuance of legal transactions.

As such, all records are the property of the IJB. This applies regardless of the physical location of the record, or whether it is held in off-site storage (i.e. deposited with a 3rd party organisation specifically contracted to store information on behalf of the IJB), in a partner organisation asset (Council or NHS Lothian) or within a service provider's system.

IJB records constitute an auditable account of the Board's activities, which provides evidence of the business, actions, decisions and resulting policies formed by the organisation.

Records represent a vital asset, which support the daily functions of the IJB and protect the interests and rights of staff, service users, patients and members of the public who have dealings with this authority. Effective record keeping supports efficiency, consistency and continuity of work and enables the IJB to deliver a wide range of sustainable services. It ensures that the correct information is: captured, stored, maintained, retrieved and destroyed or preserved in accordance with business need, statutory and legislative requirements.

Records management is an essential part of enabling the IJB to achieve priority outcomes that reflect what is most important to the people and communities of Edinburgh.

#### **Scope:**

The IJB Record Management Policy applies to:

- All records which are created received and managed in the course of IJB business (IJB Records)
- All voting and non-voting members and any other Council or NHS Lothian officer when acting in IJB business; and
- All third parties and contractors performing a statutory IJB function or service

Policy:

The Edinburgh Integration Joint Board is the owner of all IJB records, including those created by Council or NHS Lothian employees, volunteers, people on work placements and elected members, contractors or consultants when acting in IJB business.

IJB records must be accurate, authoritative and comprehensive in content in order to provide reliable evidence of IJB business.

IJB records must be adequate for the IJB business they support and based on good quality data, in accordance with either the Council or NHS Lothian's information governance policies (dependent or originating source).

IJB records must be titled and referenced in a manner consistent and relevant to the business activity to ensure that they can be easily retrieved, understood and managed.

IJB records should be created in fixed formats where ever possible.

Storage:

IJB records must be adequately protected and stored securely to prevent unauthorised access.

Electronic IJB records must be stored on either the Council or NHS Lothian's network in folder structures clearly identified for IJB business or in valid electronic record keeping systems.

Physical IJB records no longer needed for immediate or routine use should be sent to the the City of Edinburgh Council Records Centre for storage and management.

IJB records must always be retrievable for business, performance, audit and public rights of access purposes up until they are destroyed.

Management:

The IJB does not have its own IT system, associated storage equipment and infrastructure. As such it must rely on both the City of Edinburgh Council and NHS Lothian's assets for the day-to-day administration of its business.

IJB records must have access controls and audit logging in place that are appropriate to the sensitivity and risk of their content.

Primary IJB records which have been published (meetings, minutes, reports) must remain accessible and usable for as long as they are required to be solely managed, retained and archived under the City of Edinburgh Council's information governance policies.

Secondary IJB records which have been created for the purposes or for the attention of IJB business (e.g accounts, emails, complaints) will be subject by the hosting organisation's respective information governance policies.

IJB records must not be distributed or copied unnecessarily.

Disposal:

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No IJB record may be destroyed without appropriate authorisation and due regard to both legal obligations.

All destructions of IJB records must be logged by the disposing business unit. This log must be kept for no less than 20 years on a rolling basis.

Primary IJB records must never be destroyed – they will be held permanently.

Secondary IJB records must be destroyed securely, in compliance with the hosting organisation procedures.

### **Evidence of Compliance**

Council Records Management Policy Statement

NHS Lothian Records Management Policy Statement

### **Assessment and Review**

Once in place, the Policy will be reviewed as required and also after each major business or technological change such as any programme, project or initiative that might affect the content of the policy therein. Other supporting guidance and procedures will be reviewed on an ongoing basis as stipulated by the ICT and Information Governance Steering Group, or whichever body replaces this group within any new Governance Structure.

## Element 4: Business Classification

Element 4 covers the Business Classification Scheme and it is expected that the IJB should have appropriate arrangements in place to assess its core business functions and activities represented in a business classification scheme. Such arrangement should therefore be evidenced the IJB RMP either as a complete document or as a work in progress. A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the information assets the business creates and maintains, and in which function or service area they are held. As authorities change, the scheme should be regularly reviewed and updated.

### **Statement of Compliance**

The volume and type of record keeping specific to the IJB is constantly evolving. The IJB is currently undertaking a governance review with an anticipated completion date in early 2019. Once IJB Governance arrangements are made clear, further action will be required to develop and implement business classification schemes across the organisation outlining structure and business functions for each area, to support document management system and provide guidance to staff to support document management.

Once the review is complete, the IJB will base its Business Classification Scheme published by the Scottish Council on Archives for use by all Scottish Local Authorities.

### **Evidence of Compliance**

Governance Review Report – Draft expected in December 2018

### **Assessment and Review**

Once the actions on this element have been completed, an actual assessment and review procedure will be developed and cascaded to the IJB and Health and Social Care Partnership Executive Team. This will allow for the business classification scheme and file plan to be maintained up to date.

### **Responsible Officer**

IJB Lead Information Governance Practitioner

## Element 5: Retention Schedules

Section 1(2)(b)(iii) of the Act specifically requires a RMP to include provision on the archiving and destruction or other disposal of the Authority's public records. The RMP must demonstrate the existence of, and adherence to a corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism at the appropriate time or preserved permanently by transfer to an approved repository or digital preservation programme.

### Statement of Compliance

As mentioned in the Records Management Policy Statement, the IJB does not have its own IT system, associated storage equipment and infrastructure. As such it must rely on both the City of Edinburgh Council and NHS Lothian's assets for the day-to-day administration of its business.

IJB records must have access controls and audit logging in place that are appropriate to the sensitivity and risk of their content.

Primary IJB records which have been published (meetings, minutes, reports) must remain accessible and usable for as long as they are required to be solely managed, retained and archived under the City of Edinburgh Council's Record Retention Schedule. In alignment with all of the Council's Committee papers, these records are permanent and cannot be destroyed.

Secondary IJB records which have been created for the purposes or for the attention of IJB business (e.g accounts, emails, complaints) will be subject by the hosting organisation's respective records retention schedules. Both the Council and NHS Lothian have their own established RMP in place which details their respective record retention policy..

### Evidence of Compliance

Council Record Retention Schedule

NHS Lothian Record Retention Schedule

## Element 6: Destruction Arrangements

Element 6 is compulsory and covers Destruction Arrangements. Section 1(2)(b)(iii) of the Act requires the Council to include provision about the destruction, or other disposal, of IJB's public records and to ensure proper destruction arrangements are in place.

### Statement of Compliance

Both the Council and NHS Lothian have arrangements in place to destroy records that have been identified for destruction.

#### Council Statement – (Element 6 – Page 20)

The Council's Records Management Policy states that no Council record may be destroyed without appropriate authorisation and due regard to legal obligations; that disposal must be recorded; and that disposal must be carried out securely and in line with the Council's records retention schedules.

In terms of physical record destruction, the core office estate have lockable security bins in multiple locations on each floor, with clear guidance for staff on what should be placed in the recycling, standard and confidential waste bins. These are emptied routinely, and on demand, by facilities staff. In the Council's neighbourhood offices and other office accommodation, confidential waste sacks are provided by the Council's Trade Waste Services section (TWS). Subsequent collection of confidential waste across the whole Council estate is managed in house by TWS and actual destruction is undertaken by a contractor, the Scottish Braille Press.

Disposal of physical records stored at the Council's Records Centre is managed jointly by the Records Management team and Iron Mountain Ltd., who run the centre on behalf of the Council. Disposal reports are run routinely by the Records Management team using Iron Mountain's inventory software to highlight boxes and files that are due for disposal. These are identified by checking their destruction dates, which were provided at accession or updated subsequently. The Records Management team then contacts the relevant manager to confirm that disposal can take place and, when disposal is confirmed, they liaise with Iron Mountain, who takes over the responsibility for the disposal of the records. Each stage is documented by whoever takes responsibility for that stage of the process, culminating in the issue of a destruction certificate by Iron Mountain to the Records Management team, confirming final disposal of the records.

Both retention and disposal guidance within the Council clearly state that electronic records should be disposed of at the same time as physical copies, and vice versa. While there are areas of good practice, notably within Children and Families and Health and Social Care, the documented and routine destruction of electronic records is an area for improvement through records management manuals and the Enterprise Content Management solution.

The large majority of ICT hardware used by the Council is owned by our existing IT provider, CGI. Obsolete, or surplus to requirements, hardware is returned to them, as per our contractual arrangements. Non-CGI ICT hardware is destroyed securely via suppliers on a case by case basis, managed and monitored by our ICT service desk section.

**NHS Lothian Statement** - (Element 6 – Page 13)

The policy relating to the retention and destruction of health records outlines the arrangements for retention and destruction of records. The Records Policy details destruction schedules and processes which reflect national guidance for disposal of confidential waste. NHS Lothian's procedure relating to Board and Committee Servicing Protocol indicates all paper records should be scanned and saved in PDF format and hard copies of documents destroyed in line destruction procedures. Supporting information outlining retention / destruction periods for a wide range of records held across the organisation is available to staff on the NHS Lothian Intranet site as is information relating to guidance on the disposal of confidential waste.

It is not always cost-effective or practical for an authority to securely destroy records inhouse. Along with other authorities NHS Lothian engages professional contractors to destroy records and ensure the process is supervised and documented. This follows strict security and confidentiality rules and is signed at contract.

### **Evidence of Compliance**

Council Destruction Statement – taken from RMP

NHS Lothian Destruction Statement – taken from RMP

### **Assessment and Review**

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any incident.

## Element 7: Archiving and Transfer Arrangements

This element is compulsory. Section 1(2)(b)(iii) of the Act requires an RMP to make provision about the archiving of the IJB's public records. The RMP must detail the IJB's archiving and transfer arrangements and ensure that records of historical value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which must be named. The person responsible for the archive should also be cited.

### Statement of Compliance

IJB records identified as having enduring evidential or historical value (primary IJB records) are to be transferred to the professional care of Edinburgh City Archives for permanent preservation after they have ceased to be of business use.

IJB records in the care of Edinburgh City Archives will be stored, arranged, described, indexed and made accessible in accordance with professional archival standards and recommendations.

Council arrangements are stated in the Council's statement of compliance. Residual records such as data used to create IJB documents and correspondences (subject to FOI) found on either organisation's infrastructure, will be subject to their respective archive policy.

#### Council Statement of Compliance

The Council operates an in-house archive service for the preservation of historical records and records with enduring evidential and informational value. The Council's Archives Service - Edinburgh City Archives service (ECA)- was established in 1986 to acquire, preserve, promote and make accessible the archival heritage of the City of Edinburgh. These records relate both to the Council and its numerous predecessor authorities, as well as local businesses and organisations. ECA is part of the Council's Information Governance Unit.

In 2011 the Council funded the renovation of an existing storage space to accommodate an environmentally controlled repository to store ECA's collections. This storage space is monitored and managed according to PD 5454:2012 Guide for the storage and exhibition of archival materials specifications.

The Council's record retention schedules indicate which records should be retained permanently. Records that are otherwise due for disposal can be flagged by managers for archival preservation through the Council's Archive Transfer procedure, which is promoted by the Council's Records Management team.

All new record accessions are recorded in ECA's accession register and on Axiell's CALM solution. Accession are arranged and described as part of the ECA cataloguing programme and listed to ISAD(G) and other professional archival standards.

The Information Governance Unit is in the process of acquiring space for a digital archive repository for electronic records. It is also investigating potential software solutions in conjunction with other Scottish Local Authorities.

ECA are currently working towards Archives Accreditation. Part of this work involves reviewing current policies and revising where necessary.

#### NHS Lothian Statement of Compliance

NHS Lothian transfer of records and files policies have been agreed by the information governance steering group, signed off by the Director of Public Health and Health policy. Approval and formal sign off is undertaken following consultation, at the Information Governance Steering Group. These policies include:

- Transfer of health records between healthcare sites for daily use
- Transfer of records to the records storage firms for short and long-term storage

Where records require to be retained for permanent preservation, this is managed via the Lothian Health Service Archive (LHSA) which holds historically important records of NHS hospitals and other health-related material. The LHSA collect, preserve and catalogue these records and promote them to increase understanding of the history of health. LHSA was awarded Accredited Archive Status in 2014. A contract exists and procedures in operation between NHS Lothian and NHS Lothian Archive Service run within the University of Edinburgh.

### **Evidence of Compliance**

Council's Archiving and Transfer Arrangements – taken from RMP

NHS Lothian's Archiving and Transfer Arrangements – taken from RMP

### **Assessment and Review**

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any incident.

## Element 8: Information Security

Element 8 is compulsory and covers Information Security. The IJB policies and procedures are essential in order to protect an organisation's information and information systems from unauthorised access, use, disclosure, disruption, modification, or destruction.

### Statement of Compliance

The IJB does not have its own ICT infrastructure. The IJB relies on both Council and NHS Lothian ICT systems and will therefore align itself to each organisation's respective policies and procedures for ICT security and information governance.

#### Council Statement of Compliance

The Council has an Information Security Policy, agreed in 2004, which is currently being revised as part of the transition to the new IT provider in April 2016. However existing and managed information security arrangements consist of the following:

- ICT Acceptable Use Policy for Staff
- ICT Acceptable Use Policy for Elected Members
- Information security breach process
- Use of the Public Services Network for secure data sharing with other agencies
- Hardware encryption for all corporate laptops
- Mobile device management for all Council smart phones and tablets
- Endpoint security for removable media on the corporate IT estate

Information security guidance is also available on the Council's intranet and security advisories are issued to staff through intranet content or directly via email campaigns, as and when required.

Relevant training is provided through a specific ICT Acceptable Use e-learning module and as part of a separate information governance e-learning module. Both of these are mandatory for all staff to complete, initially at induction, and then as part of an annual refresher.

The Council has an Information Security Officer (ISO) and has just recruited to the vacancy of the Information Security Manager (ISM). The ISM (or ISO in their absence) attends the Data Council (an information governance working group) to provide advice on, and raise issues around, information security and routinely deputes for ICT on the Information Council.

#### NHS Lothian Statement of Compliance

NHS Lothian Information Security Policy is available for all staff on the NHS Lothian Intranet for common use. Each member of staff has to read and understand the policy during induction to employment. The most recent policy was signed off at the Information Governance Advisory Board. As staff members log on each day they are forced to agree that they have read and understand Security and DPA principles. All supporting Information Governance policies and guidance documents are available on the NHS Lothian Information Governance web pages on NHS Lothian Intranet site.

### Evidence of Compliance

Council's Information Security– taken from RMP

NHS Lothian's Information Security – taken from RMP

### **Assessment and Review**

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any incident.

## Element 9: Data Protection

Information security is the process by which an authority protects its records and ensures they remain available. It also maintains privacy where appropriate and provides for the integrity of the records.

The Keeper expects the IJB to provide evidence of compliance with data protection responsibilities for the management of all relevant personal data.

### Statement of Compliance:

The EU General Data Protection Regulation (GDPR) recently changed data privacy legislation on 25 May 2018 and increased the rights of individuals and also increased fines for data breaches.

The Overarching Memorandum of Understanding between the IJB, Council and NHS Lothian highlights its GDPR obligations. The IJB in itself does not hold any personal records of staff, service users/patients. The Council and NHS Lothian retain Data Controller responsibilities for the processing of personal data in respect of the delegated functions they have delegated to the IJB.

When a health or social care function is delegated to the IJB, the IJB also takes on Data Controller responsibilities in relation to the processing of Personal Data in connection with the exercise of the delegated functions. Accordingly, NHS Lothian and the IJB are joint Data Controllers in relation to delegated functions which are health functions and the Council and the IJB are joint Data Controllers in relation to delegated functions which are social care functions.

The IJB is registered as a body which will be subject to Freedom of Information – however most requests will be addressed directly by the parent bodies.

IJB Complaints first point of contact is the Edinburgh Health and Social Care Operations Manager.

IJB records are subject to the hosting organisation's (Council or NHS Lothian) Data Protection policies and procedures.

#### Council Statement of Compliance

The Council is registered as a Data Controller with the UK Information Commissioner (Registration No: Z5545409). The Council also manages registration on behalf of Elected Members. The process of registration is administered by the Data Protection team who also provide specialist support and advice to services regarding their data protection responsibilities.

The Data Protection team also processes all subject access requests (SARs) received by the Council, and requests made under section 29 (for information required for the prevention and detection of crime). This approach ensures that a consistent approach is applied to requests for personal information and that requests are also answered within statutory timescales. Compliance with statutory timescales is reported to the Information Council and the Corporate Leadership Team.

General guidance regarding Data Protection is available to all staff on the Council's intranet, this includes advice surrounding protecting personal information, fair processing or privacy notices, conducting Privacy Impact Assessments (which is mandatory for new or revised processes or projects that involve personal data), and the procedure for reporting and managing a data protection breach. Data protection responsibilities are also included within the Information Governance e-learning package which is mandatory piece of training for all staff. The Council's standard terms and conditions for goods and services contracts include a section on Data Protection that outlines a basic data controller to processor relationship. Where the contractual relationship is more complicated, the Data Protection team provide bespoke advice to the relevant Council service area.

#### **NHS Lothian Statement of Compliance**

Aspects of Information Governance are overseen by the Information Governance Advisory Board chaired by the NHS Lothian Caldicott Guardian, Professor Alison McCallum. All staff receive training on Data Protection at induction. All staff are bound by the NHS Code of confidentiality. All staff are required to undertake information governance mandatory training every 2 years. This is supported through the Learnpro module relating to information Governance which includes modules relating to IT security, Data Protection and Confidentiality and Records Management

Information Governance road shows are undertaken annually outlining staff obligations to data protection and security. Requirements associated with Public Records (Scotland) Act 2011 will be incorporated within future road shows. In addition, NHS Lothian operates a 'Fairwarning' process utilising software endorsed by the Scottish government Information Governance Department. Monitoring of information breach incidents is undertaken by the Information Governance team and reports discussed at a 'Fairwarning' Committee attended by senior managers and chaired by an Executive Director.

Details for members of the public to access information under the Freedom of Information (FOI) Act 2005 is available on NHS Lothian's website <http://www.nhslothian.scot.nhs.uk/YourRights/FOI/Pages/default.aspx>

#### **Evidence of Compliance**

IJB Information sharing Memorandum of Understanding

Council's Data Protection Statement – taken from RMP

NHS Lothian's Data Protection Statement – taken from RMP

#### **Assessment and Review**

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any incident.

## Element 10 – Business Continuity and Vital Records

The Keeper expects the IJB's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by local authorities are vital to their function. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems. Both the Council and NHS Lothian should therefore have appropriate Business Continuity Plans (BCPs) ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.

### Statement of Compliance

The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.

All services will continue to be provided or commissioned directly by the Council or NHS Lothian. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.

Both the Council and NHS Lothian have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.

#### Council Statement of Compliance

Under the Civil Contingencies Act 2004, the Council has a legal duty to ensure that, in the event of an emergency or disruption, the impact on our day-to-day activities is kept to a minimum and our vital community services are maintained.

In addition to fulfilling our obligations under the Civil Contingencies Act 2004, the Council holds corporate registration to the International Standard ISO 22301: 2012 *Societal security – Business continuity management system*. The Council is required to re-register to this Standard every 3 years and Continual Assessment Visits (CAVs) are conducted every 6 months by the British Standards Institute (BSI) to ensure we continue to comply.

The Council has a Resilience Management System (RMS) and Procedures Manual which documents how Business Continuity Management (BCM) is undertaken within the organisation.

The Council has a Corporate Business Continuity Plan and Service Area Business Continuity Plans in place. These plans include details on incident management and reporting, corporate business continuity strategy, cross-council functions (which includes records management) as well as the data collected through business impact analyses (BIAs). These plans, and the methodology behind them, are all agreed and signed-off by the Council Leadership Team.

Essential activities are identified and prioritised using an agreed methodology. The Council has approximately 145 essential activities. BIAs are conducted for each essential activity to assess the impact if the activity cannot be delivered and to identify and capture the resources required to deliver the activity. These resources include details of any vital records (type of record, whether it is backed-up, where the back-up is stored and frequency of back-up) that an essential activity depends on. In addition, the BIA identifies information on IT systems, hardware and telephony which is deemed critical for the delivery of the essential activity. Information collected through the BIAs is signed-off by the relevant Head of Service.

Guidance for managers on how to identify vital records is incorporated into the Resilience Management System. Guidance on how to secure and manage vital records is provided on the Council's intranet via the Records Management team. Information assets are also marked within the information asset register on whether or not they directly relate to an essential activity.

#### **NHS Lothian Statement of Compliance**

NHS Lothian business continuity arrangements include corporate, departmental and hospital site / service recovery and continuity plans. All records and data stored on NHS Lothian networks are subject to regular backup and recovery procedures. In the event of eHealth systems failure, NHS Lothian employs a vital recovery arrangement associated with clinical records. NHS Lothian's Emergency Planning Officer supports resilience and business continuity arrangements across the organisation.

#### **Evidence of Compliance**

Council's Business Continuity and Vital Records– taken from RMP

NHS Lothian's Business Continuity and Vital Records– taken from RMP

#### **Assessment and Review**

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure, or as required following any major incident.

## Element 11: Audit trail

The Keeper expects the IJB's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to any particular record and requires evidence that an authority can locate its records and can confidently declare these records to be true and authentic.

### Statement of Compliance

IJB records created by the Council and NHS Lothian and Midlothian Council are managed via their own respective information governance policies.

Personal records, policies and procedures and all other corporate records will be accessed by employees through the parent bodies information systems. As the IJB develops its own internal and external information systems consideration will be given to the need for audit trail arrangements.

#### Council Statement of Compliance

An audit trail, from collection to disposal, can be evidenced for all hard copy records managed within the Council's offsite Record Centre.

The local management of both physical and electronic records is undertaken by individual Council service areas according to their individual business requirements. Staff are supported in good practice through on demand advice and training and an e-learning module on information governance.

The Information Governance Unit is in the process of promoting records management manuals as the means to document and improve this local management of records, including file tracking registers, document / version control through file naming and templates and converting documents from editable formats into PDFs.

Shared drive projects are offered and run by the Records Management team that encourage Council teams to review their access arrangements, administrative procedures and storage arrangements, particularly around email.

In terms of IT systems, the Council uses a broad range of line of business systems, which include case, asset and customer relationship management systems. The key systems (relating to Health and Social Care/IJB) currently in use are as follows:

- iTrent – HR system and Payroll
- Oracle – Finance
- Oracle Solidus – Contact Centre
- SWIFT – Social Care client records

These produce audit trails for information created in them. In particular, all movements of and changes to adult social work case files are recorded within the relevant line of business IT system (SWIFT). This includes information such as whether a paper files exists for that service user; who is in possession of the file including its location and transfer details and, at the end of a case, the information is used to cross-reference paper records ensuring all paper information is archived for destruction.

The Council has committed within policy to developing and implementing an audit programme of records management functionality within relevant IT systems.

Implementation of an organisation wide Enterprise Content Management solution will also improve the Council's compliance with this element in the future.

#### NHS Lothian Statement of Compliance

NHS Lothian Development, Approval and Communication of Policies and Procedures

document outlines the commitment of the organisation to implementation of naming conventions and version control for corporate records. This policy has been approved by the NHS Lothian Partnership Forum.

The NHS Lothian Clinical Documentation Standards outline methodology for search and retrieval documents and for naming conventions of clinical policies and all clinical records. A Clinical Documentation Group meets quarterly to approve new clinical documentation. The electronic Patient Administration system, TRAK, enables internal audit of recording activity. It also has a tracking feature used when transferring patient records. Audit of movement within electronic health records is monitored in the process of 'Fairwarning'. Inappropriate activity is subject to scrutiny and potentially disciplinary action.

Staff requiring access to NHS Lothian shared drives must complete a User ID Request Form. This form also includes agreement to adhere to NHS Lothian eHealth Security Statement. Line managers have a responsibility to notify the eHealth department of staff who leave the organisation to ensure access rights are deleted.

## **Evidence of Compliance**

Council's Audit Trail – taken from RMP

NHS Lothian's Audit Trail – taken from RMP

## **Assessment and Review**

This element will be reviewed annually by the ICT and Information Governance Steering Group, or whatever body replaces this group in any new Governance Structure.

## Element 12: Competency Framework for Records Management Staff

The Keeper expects the IJB's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills. A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system.

### **Statement of Compliance**

From 25 May 2018, the existing Data Protection Act 1998 was replaced by new legislation in the form of the EU General Data Protection Regulation (GDPR), and a new Data Protection Act.

Data Protection Reform introduced a statutory role of Data Protection Officer (DPO), which is mandatory for public authorities. The DPO is responsible for assuring compliance with data protection legislation, and has a direct reporting route to senior management. The DPO is expected to have sufficient professional knowledge to inform and advise the organisation, and to act independently with sufficient authority to identify, report and rectify risks relating to the processing of personal data. The IJB appointed the Council's Information Governance Manager (IGM) as its DPO.

The officer named under element 2 will be attending regular information governance related events for continuous professional development.

Although the IJB appointed the Council's IGM as its Data Controller, it also relies on the expertise of the NHS Lothian's IGM and all supporting information governance staff/advisors from both organisations.

### **Evidence of Compliance**

Council Information Governance Manager Job Description

NHS Lothian Information Governance Manager Job description

Lead Information Governance Practitioner Job Description

### **Assessment and Review**

The ICT and Information Governance Steering Group will regularly review the requirements for information management training for all staff with an information management requirement.

## **Element 13: Assessment and Review**

Regular self-assessment and review of records management systems will give an authority a clear statement of the extent that its records management practices conform to the RMP as submitted and agreed by the Keeper. Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review and the IJB RMP must describe the procedures in place to regularly review it in the future. A statement to support the Authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.

### **Statement of Compliance**

The IJB Audit and Risk Committee will review the RMP regularly to ensure that the provisions contained in it remains fit for purpose. The format for assessing and reviewing the Plan will be determined by the ICT and Information Governance Steering Group.

An Improvement Plan has been attached to this document and it will help in the review of the relevance of the Plan. Services will be required to indicate the percentage they have achieved for each aspect of the Improvement Plan and this will equally be monitored by the ICT Information and Information Governance Group. This information will also be shared with the Partnership's Executive Management Team for monitoring purposes. Assistance will be offered to services where records management advice is required.

As the RMP's appropriate body, the Edinburgh Integration Joint Board will receive an annual progress report on yearly basis.

### **Supporting Evidence Submitted:**

ICT Steering group terms of reference

IJB December minutes

### **Future Development**

While the IJB Audit and Risk Committee will have oversight of the RMP and Improvement Plan, the ICT and Information Governance Group (with its team of experts) is taking on the responsibility of monitoring the development of the RMP, compliance with the Improvement Plan and advise on the IJB's record management practices.

## **Element 14: Shared Information**

Under certain conditions, information given in confidence may be shared. Most commonly this relates to personal information, but it can also happen with confidential corporate records.

Protocols for the routine sharing of information with external partner organisations are considered important, but not a legal requirement, for ensuring data protection, information security and record keeping compliance. Where protocols are utilised they should include guidance as to what information can be shared under what circumstances, who should retain the data, how the data will be shared securely, who should have access within respective organisations and what the disposal arrangements are.

The Keeper expects an authority's RMP to reflect its procedures for sharing information expects an authority's RMP to reflect its procedures for sharing information

### **Statement of Compliance**

An over-arching Memorandum of Understanding (MoU) has been agreed between the Edinburgh Integrated Joint Board, the City of Edinburgh Council and NHS Lothian and sets out high-level arrangements concerning the management of information within integrated services, including information sharing.

### **Future Development**

To support effective service delivery and compliance with information governance legislation, the MoU will be underpinned by local documentation setting out practical arrangements and responsibilities.

### **Evidence of Compliance**

Copy of signed MoU

Copy of Newsletter to all staff

## Appendix 1 – Record Management Improvement Plan

The development of the IJB's Records Management Plan has highlighted a number of improvement actions which require to be addressed across the organisation as outlined below. A detailed implementation plan to support the high-level actions outlined in this plan will be supported through the ICT and Information Governance Steering Group.

RMP Element	Action	Owner
Element 4 Business Classification Scheme (BCS)	To develop and implement business classification scheme for the IJB - outlining structure and business functions.	
Element 5 Retention Schedules	Identify records champions to ensure local adherence and management of retention and destruction schedules as appropriate  Organise record retention training for champions	
Element 6 Destruction Arrangements	IJB to develop and share policies and procedures to support the auditable destruction of records held on network drives in line with each organisation's retention schedule.  IJB to receive assurance of on-going monitoring from each organisation's contracts/agreements associated with disposal of confidential waste.	
Element 7 Archiving and Transfer	IJB to receive assurance from each organisation of relevant policies and procedures being in place to transfer and archive records.	
Element 8 Information Security	Identify all IJB members/staff that are required to complete mandatory information governance and ICT Security training.  Continue to improve and monitor compliance with mandatory training relating to Information Governance and ICT Security training.	

RMP Element	Action	Owner
Element 9 Data Protection	Continue to improve and monitor compliance with mandatory training relating to Data Protection/GDPR Compliance.	
Element 10 Business Continuity and Vital Records	Liaise with Council and NHS Lothian Business Continuity Lead to seek assurance that appropriate business continuity plans have been completed for IJB vital records.	
Element 11 Audit Trail	Liaise with Council and NHS Lothian Information Governance Managers to seek assurance that appropriate local procedures are in place to support an audit of records transfer for IJB records.	
Element 12 Competency Framework Records Management	Seek assurance from each organisation that records management policies are reviewed and updated.  Lead IJB Information Governance Practitioner to be invited to attend national conferences and meetings to support development of IJB's RMP and sharing of good practice.	
Element 13 Assessment and Review	ICT and Information Governance Steering Group to continue to regularly meet to support the development of the detailed RMP improvement plan.  IJB Audit and Risk Committee to receive quarterly updates on the RMP Improvement Plan.  Provide the IJB an annual update report on updates to existing information governance policies, and progress with the development and implementation of the RMP Improvement Plan.	
Element 14 Shared Information	Protocols to support information sharing are reviewed and updated as required  Raise awareness of any additional information sharing protocols with IJB members/staff.	

## **Appendix 2 – Summary of Evidence**

TBC following December IJB