



# The National Archives

Assessment of the Department of Health under the Lord Chancellor's Code of Practice on the management of records under Section 46 of the Freedom of Information Act 2000

Date of issue: 1<sup>st</sup> December 2008

Public Authority: Department of Health

Dates of assessment: 22<sup>nd</sup> to the 27<sup>th</sup> of September 2008

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# 1 Executive summary

- 1.1 The Department of Health (DH) has a reputation across government for professionalism in the way it has approached the record and information management agenda. The function is formally recognised and resourced with appropriate policies, systems, procedures and guidance in place. These have been developed and supported by a dedicated team within Information Services, the Information Management and Governance Branch (IM&G), who are viewed as both professional and supportive by colleagues elsewhere in the organisation.
- 1.2 Like many public authorities the DH works against a background of frequent change. In 2003 the Department reduced its staffing levels significantly as part of a major change programme. Subsequently there have been other changes in organisation and structure. These changes have impacted on the Department's records management capability.
- 1.3 There are good central policies and guidance in place, and DH believe that initiatives such as a KM Engagement Programme and a KM Induction Course have had some good results in maintaining sound information management at a working level. DH has devolved much of the responsibility for the day-to-day management of records to local staff, which has led to the development of local practices. Some of this is good and reflects a conscientious approach to record keeping which is to be commended. However, there is a lack of consistency across DH. We understand that in a devolved business there is a balance to be struck between meeting front line objectives and ensuring that corporate needs are met. However, senior managers have the responsibility to ensure that good behaviours and practices are reinforced.
- 1.4 Central responsibility for records management rests with IM&G. IM&G develops records management policies, provides guidance, training and general support to staff. The team are to be commended, but given the devolved nature of the business they cannot deliver effective records management alone. Successful implementation requires local commitment and some provision for central monitoring. Many of the policies and systems in use, such as training, are not mandatory, which undermines adherence to departmentally defined standards for record keeping. Additionally, there was a perception amongst those interviewed that DH has no senior records and information management representative at Board level. However, we were subsequently advised that this is not the case as the Director-General – Finance & Operations undertakes this role.
- 1.5 Since the assessment was undertaken, DH has developed a draft improvement plan to tackle some of the issues identified in this

assessment. DH intends to publish an information management policy in February 2009. DH also intends to review and refresh knowledge and information management training and to introduce a communications initiative to improve local working practices including a campaign to improve shared drives management. It is encouraging that DH has already recognised the need for change and The National Archives will support it in its work to address the issues identified in this assessment.

- 1.6 This report reflects the view of the Assessment Team, having taken into account the evidence and interviews obtained during the assessment. It is also informed by clarifications and additions submitted to the Team by DH subsequently, but does not necessarily reflect the views of DH.

## 2 Terms of reference

- 2.1 The Information Commissioner, with the agreement of DH, formally requested the Chief Executive of The National Archives, in her capacity as Keeper of Public Records to undertake an assessment of DH's conformity with the Code of Practice on the Management of Records under Section 46 of the Freedom of Information Act 2000. This report is a record of the assessment which was undertaken during September 2008 in conformance with the Memorandum of Understanding (MOU) between the Information Commissioner and The National Archives. The MOU establishes a working framework for such assessments and can be found at:

<http://www.nationalarchives.gov.uk/documents/mou.pdf>

- 2.2 The overall purpose of The National Archives' assessment is to assess the organisation's compliance with Part I of the Section 46 Code of Practice (the Records Management Code) and report to the Information Commissioner on its findings. The Information Commissioner may decide to issue a practice recommendation on the basis of the report's findings.

A full copy of the section 46 Code of Practice can be found at:

<http://www.dca.gov.uk/foi/reference/imprep/codemanrec.htm>

## 3 Introduction

- 3.1 On 21 January 2008 the Information Commissioner issued a Decision Notice under Section 50 of the Freedom of Information Act 2000 (reference FS50083381), in response to a complaint concerning the disclosure of a contract agreed by DH for the provision of an electronic recruitment service for the NHS. In paragraphs 84 and 85, the Commissioner highlighted possible non-conformities with the Records Management Code. The Information Commissioner stated that he had informed The National Archives of his concerns and requested advice and assistance. On 2nd July 2008 the Information Commissioner, with the agreement of DH, formally requested the Keeper of Public Records to carry out an assessment (on behalf of the Information Commissioner) of DH's conformity with the Records Management Code.
- 3.2 This document comprises the formal report of the assessment undertaken by The National Archives in response to this request. It lists instances of non-conformity identified during the assessment and provides a description of the key issues and risk faced by DH, together with recommendations for their mitigation.

## **4 Structure of the report**

- 4.1 The report is essentially divided into five sections with a number of informational annexes attached. The first three sections plus the executive summary, provide the terms of reference, an introduction and a brief explanation of the methodology used. Chapter four contains the formal record of the assessment divided by key topics examined by the team. For each topic the relevant issues are discussed and the key concerns identified together with relevant recommendations to address these concerns. A consolidated list of the recommendations resulting from the assessment is provided in Annex 1 and supporting material is at Annexes 2 - 5.

## **5 Acknowledgements**

- 5.1 The Assessment Team would like to thank Steve Wells and his team within DH. This team facilitated the assessment by supplying key documentation, by setting up interviews, and by answering questions. We would also like to thank each of the interviewees who contributed to the report. Their names are withheld from this report for data protection reasons.

## **6 Methodology**

- 6.1 Following completion of pre-assessment questionnaires by DH, the team from The National Archives (The Assessment Team) identified record management issues. A copy of this questionnaire and the response provided by DH appear in Annex 3 to this report. Following this, discussions were held with DH to agree a representative selection of interviewees. Subsequently, we conducted 24 interviews representing a cross-section of different service divisions and job-roles within the department, and also examined a variety of record keeping systems. All interviewees were briefed prior to the interview and all interviews were non-attributable. The main points were summarised as shown in Annex 2.
- 6.2 The Team has used the Records Management Code issued in November 2002 under Section 46 of the Freedom of Information Act 2000 to establish the criteria for assessment. Where the team has concluded there are instances of specific non-conformity with the Code these are documented in section 4 of this report. A detailed assessment is found in section 5 together with specific recommendations where change or remedial action might be appropriate. A full consolidated list of the recommendations is at Annex 1.

## **7 Nature of Non-Conformity**

### **7.1 Record Management Function**

7.1.1 The Information Management and Governance Team within DH has specific responsibility for records management. The team is well organised and reasonably resourced in relation to its current activities. However, due to the devolved nature of corporate processes in DH, it is not clear that the team has the necessary levels of organisational support to be fully effective. The team shares responsibilities for FOI case handling with the Customer Service Centre and working arrangements appear sufficiently close to ensure conformity with the Code in practice (Code 5.1).

### **7.2 Record Management Policy**

7.2.1 Corporate records management policies are published internally on the Delphi Intranet. Although this might imply some level of corporate endorsement, it is not explicitly stated that this has been obtained at the most senior level. Although there is some reference to monitoring of compliance, this does not cover all record keeping systems (Code 6.2).

7.2.2 The Head of the Information Management and Governance Branch has operational responsibility for records management across DH. Strategic responsibility at board level rests with the Director-General - Finance and Operations but some interviewees' seemed unaware of this. (Code 7.1).

7.2.3 Information Management and Governance staff have appropriate skills and knowledge. However, key records management functions are devolved to local staff, especially Local Records Co-ordinators, many of whom do not have specific reference to this in their job descriptions, or indeed adequate skills and knowledge to carry out even basic day to day functions. We were advised during the interviews that there is no competency framework to underpin their role. We have subsequently been informed that the Knowledge, Information and Records Management (KIRM) specialist competency is available on the Delphi Intranet with other Professional Skills for Government frameworks, but not widely used. Although training and development is available, there are gaps in training analysis, induction and development for these staff (Code 7.2, 7.3)

### **7.3 Active records management (creation and record keeping)**

7.3.1 A range of systems for the creation of records is used, but this is not always adequate or correctly utilised in practice. Lack of controls on some local systems potentially compromises their authenticity and auditability, and their usability by successor staff over the longer term (Code 8.1, 8.2)

- 7.3.2 DH operates a number of parallel and overlapping record keeping systems. Retrievability of information held in these systems varies, but factors including devolved management, information silos, poor titling and indexing practice means that it is often not easy or quick to retrieve information reliably, particularly across business unit boundaries (Code 8.3).
- 7.3.3 At present, only certain systems (MEDS, registered files, specific corporate databases) are clearly audited and corporately visible and intended as formal record keeping systems. However, a significant proportion of corporate records are held on further systems (notably shared drives), the content of which is not readily auditable, although the department has taken some preliminary steps to remedy this situation which should be pursued further (Code 8.4).
- 7.3.4 By the same token, there are inadequate metadata and rules for titling and indexing for these systems (Code 8.5, 8.6).
- 7.3.5 There is no central control of the physical location of unregistered paper records, which appears to be a significant issue in some business units. We are advised that DH recognises that unregistered information is an issue and plans to initiate an audit to improve the level of control. The use of personal drives and email accounts, and the poor structure of some shared drives is another issue that makes auditability and retrievability problematic in some business areas, particularly in relation to less current business (Code 8.7).
- 7.3.6 Procedures for handling records do not always take account of the need to preserve important information, notably in situations where there is high staff turnover, and systems such as MEDS have not been properly used by the business unit concerned (Code 8.8, 8.9).

## **7.4 Records maintenance**

- 7.4.1 DH has arrangements in place for the closure of formal records, including those in database systems. Common classes of records are covered by published disposal schedules. However, in some cases these arrangements are not being properly implemented, particularly where disposal is not covered by the schedules and is locally determined. Many departmental systems fall outside the scope of these arrangements (for example MEDS working files, shared drives) and, although staff are enjoined by guidance in a number of places to transfer such material to the managed record-keeping environment, these records are often subject to uncontrolled and undocumented disposal, particularly when staff leave (Code 9.1-9.6).

## **7.5 Performance measures (management information and monitoring)**

- 7.5.1 Compliance with the records management policy within DH, or its supporting standards, procedures and guidelines, was not clearly monitored or reviewed (Code 6.1-6.2).

## 8 Assessment

### 8.1 Organisational structure

- 8.1.1 DH has a reputation for professionalism in the way it has approached the record and information management agenda. Ostensibly the function is formally recognised and resourced with appropriate policies, systems, procedures and guidance in place. These have been developed and supported by a dedicated team within Information Services, the Information Management and Governance Branch (IM&G), who are viewed as both professional and supportive by colleagues elsewhere in the organisation.
- 8.1.2 However, like many other departments, DH has undergone considerable change in recent years. Since 2003, for example, there has been a reduction of 36% in the workforce. In 2003 it employed 3390 staff, by 2007/08 this had been reduced to 2178<sup>1</sup>. This has been accompanied by a substantial increase in the engagement of contractors, many of whom have come from the NHS and are unfamiliar with the procedures of the department. A further complication is the relatively high turnover of staff.
- 8.1.3 The Department is structured around thirteen directorates headed by Director Generals who have personal responsibility for ensuring the delivery of the business of their directorates and compliance with corporate policy. The devolved nature of the structure is formally recognised by DH in its business plan of 2008/2009.<sup>2</sup>

*'In all cases, we work on the principle of subsidiarity with matters only being elevated through the corporate governance structure where necessary. None of the Board structures absolve individual Directors General from managing and being held to account for those areas of business for which they are responsible. Each Director General will be issued with and required to sign off accountability statements for the budgets under their control'.*

- 8.1.4 We now understand that the Director-General – Finance and Operations represents records and information management at Board level, and that this role is recognised in the DH Directory among the responsibilities of the Director-General but, from our discussions with interviewees this may not be known widely throughout DH. The Head of the Information

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<sup>1</sup> Department of Health – Departmental Report 2008 page 212

<sup>2</sup> Paragraph 6.4 page 37 -  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_084340](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084340)

Management and Governance Branch has operational responsibility for records management and interviewees had assumed incorrectly he also has the strategic lead. DH needs to consider making the role of the Director-General in respect of records and information management more visible in order to reinforce the importance of good practice and the authority of IM&G generally.

## **R1: Recommendation**

**The Department should emphasise the role of the Director-General of Finance and Operations as the lead on records and information management, including information risk, at DH Management Board level.**

## **8.2 Current Departmental Culture and Corporate Identity**

8.2.1 To its credit DH has documented in the 2008 Business Plan the need for management of change to secure transparency and clear governance:

*'Effectively managing a wide and often unpredictable change agenda requires transparency, clear governance arrangements and collaborative behaviour'.*

8.2.2 The rapid changes and devolved management have undermined recognition of the responsibility for corporate records and information management within DH. Each business unit whilst largely independent is expected to follow corporate guidance on record keeping but as they have the flexibility to operate corporate systems and facilities to meet local business needs the Assessment Team formed the view that corporate guidance was not always followed. .

8.2.3 The Assessment Team understands that in a devolved business the corporate needs of the department and service priorities must be balanced against the front-line deliverables of the organisation. Although we accept that this issue is challenging, senior managers have the responsibility to ensure that good behaviours and practices are reinforced.

## **8.3 Culture and Records Management**

8.3.1 The wider organisational and cultural changes have been accompanied by a loss of corporate knowledge of how to follow established policies and procedures for maintaining a full corporate record. This has been compounded by increasing difficulties in managing staff located on several sites. One consequence of these changes has been a strong focus on immediate deliverables at the expense of other business needs.

8.3.2 This focus on immediate deliverables has had an impact on the wider or longer-term business needs for information, and on how managers and

operational officers perceive the relevance and importance of records management. In particular, the products of the IM&G, including attendance on training courses, are viewed as optional not essential. The effect has been gaps in the records that provide evidence of accountability and transparency.

- 8.3.3 The turnover in personnel and consequential loss of record keeping skills should have been offset by the policies, procedures, associated guidance and training support offered by Information Services (IS) through the DH Intranet (Delphi), the Knowledge Management (KM) engagement programme and in the KM Induction course. It is notable that the Assessment Team received uniformly favourable accounts of the support provided by the IM&G team, but the nature of the devolved structure has led to an elective approach to training and adoption of departmental systems and procedures for information management. IM&G provides an excellent service when its support and input are requested, but it does wait to be asked which means that conformity with established procedures is not consistent.
- 8.3.4 Essentially, the record management function is not recognised throughout the organisation as a key enabler to business. There is a risk that staff will increasingly avoid using the shared systems and will rely on their personal drives or mailboxes to hold corporate information. As this information is routinely deleted when people leave the department, there will be a gap in the official record. This represents a real risk to the organisation in terms of accountability and its corporate memory. To address this risk, DH needs to combine commitment to policies with active promotion of appropriate behaviours and provision of IT facilities that support those behaviours.
- 8.3.5 Although some informal audit activity was undertaken as part of the KM engagement programme in 2005/6, IM&G has not undertaken a formal records management audit which could identify the extent of these issues but we have been informed that they are already working to develop a proactive information management audit capability.

## **R2: Recommendation**

**The department should reaffirm to the workforce its commitment to maintaining a full formal official record and should re-establish the importance of applying centrally derived standards, policies and guidance.**

## 8.4 Prevailing Behaviours

- 8.4.1 The Assessment Team observed that there is a prevailing view that adherence to centrally defined guidance on record keeping is discretionary. Although there are good examples of information management across senior management the Assessment Team was provided with instances where it was felt that some senior managers would not adopt or use the current systems. There were also instances where systems were used in an apparently idiosyncratic manner, for example importing large volumes of data from individual's email accounts into working folders. This process was universally seen as counter productive as the "filed" correspondence had no context and was regarded generally as unusable (i.e. irretrievable) without a lot of further work.
- 8.4.2 The impact of these practices is that DH's requirement to keep records [or information] in a structured manner so that it can find information, for whatever purpose, is often ignored or subverted. We would emphasise that in the examples cited by interviewees this does not occur through malicious or wilful intent but from a combination of a lack of training, ignorance of what is required, and a focus on meeting short-term goals at the expense of longer-term capability. We found a significant number of interviewees who did not know where they might find information which was over two years old, and implied that when responding to an FOI request they would confine searches to current working records (i.e. those that were less than two years old).
- 8.4.3 A consequence of these practices and the loss of expertise has been a number of incorrect returns to the FOI Team of 'no information held'. For example, we were told that when a request was made for information relating to the Victoria Climbié Inquiry, the relevant policy division returned a nil response. The Department concerned, following personnel changes, were unaware of the department's role in that Inquiry. In this case the FOI team was able to challenge the nil return but it would be unreasonable to expect the FOI team to have the knowledge to challenge all nil responses, which could result in incorrect or misleading replies to FOI requests.
- 8.4.4 This issue is in part due to internal organisational changes, but also due to the way each business unit normally sees only the information it itself has created or received. Many staff in business units are not aware of relevant predecessor divisions and also do not normally have access to the records of those divisions, especially if they have not been archived centrally. Given this context and a prevailing lack of familiarity with where to find archived electronic information, (even though everyone who has access to MEDS has access to archived records), this means that responses to information requests are time consuming and possibly incomplete. The FOI team can access all areas of MEDS, but not shared drives. The FOI team commission responses from the policy team concerned to use their

expertise in pulling the relevant information together but cannot be sure that all relevant information has been located when framing the proposed response.

- 8.4.5 Often, the staff who are familiar with the corporate system and procedures (such as the MEDS administrators) are too junior to influence locally evolving business practice. A more senior business lead charged with local oversight of current record keeping practices could form the real focus for coordinated change and would also provide the IM&G team with a liaison point.

### **R3: Recommendation**

**The department should require the head of each business unit to identify a business lead at an appropriately senior level to support, enable and enforce corporate record keeping within that unit and to provide an authoritative liaison point for the Information Management and Governance team.**

## **8.5 Training**

- 8.5.1 It is clear that a number of training options and packages exist but not all staff receive training. In one instance we were informed that no induction training was in place for staff in the division, but this was clearly not so for other parts of the business. It is the line managers' responsibility to ensure that their staff attend appropriate training courses; there is no central monitoring or follow up. For those courses organised by Skills Training Unit there is a charge to divisions if attendees fail to take up a booked place. Induction training does not appear to cover all staff and it remains unclear as to whether contractors and agency staff receive any training on records management issues within the business units. From the information provided by the Skills Training Unit 201 staff attended the DH Knowledge and Information Management induction training and 150 staff attended MEDS training over the financial year 2007-2008. This represents a significant proportion of new permanent staff but does not cover contractors and agency workers. Whilst it would not be feasible to train every agency person there should be an agreed trigger that people likely to stay for longer than a given period are required to receive training as soon as possible.
- 8.5.2 For many people records management training only equates to training on MEDS. MEDS is important but there needs to be broader holistic training that covers all the organisation's information procedures and systems and provides an appropriate context to the trainees. The current Knowledge Management induction training package includes two slides on record keeping. A further training package, which focuses on the wider record

- and information management agenda, should be developed for all staff, irrespective of length of service or seniority.
- 8.5.3 It should be emphasised that there is no question of the commitment of either the IM&G team or the trainers in providing the required training; what is lacking is commitment on the part of some managers and their staff.
- 8.5.4 When MEDS was initially rolled out, training was obligatory, but since then it has effectively become elective with the consequence that both MEDS and the shared drives are being misused by a growing number of staff. For instance, many staff (senior and junior) are unsure how to use the main corporate record keeping system and are not confident in their use of the search function to retrieve information. The consequence is reliance on personal drives, personal mailboxes and shared drives. This means that information is often not found when needed because the structures, access controls and naming conventions reflect personal approaches that militate against third parties finding relevant information easily. This has led to a widely held perception that MEDS is unusable, principally because of a lack of knowledge on how to use the search interface properly. The issue of MEDS training and other system specific training is explored further in the section on Principal Record keeping Systems.
- 8.5.5 A further concern is the absence of agreed naming conventions for records held on shared drives. For example, we were told that a search on the term “white paper” within the shared drive of one division would bring an excessive number of hits. In an organisation that regularly produces white papers, better search skills and better understood naming conventions are essential if specific documents are to be readily retrieved.

#### **R4: Recommendation**

**DH should review training needs and existing packages to ensure they remain apposite. It should also identify the required audience for each training event and make attendance mandatory, including for managers. Those who fail to comply should be required to explain the reason for non-compliance. This is in addition to the mandatory training required on Information Risk.**

#### **8.6 Role of Information Services**

- 8.6.1 Information Services aims to work with DH customers to analyse business information needs, provide strategic, tailored advice and support, and develop systems and processes that meet customer needs in line with departmental priorities.
- 8.6.2 Information Services is organised into four branches:

- Strategy, Delivery, Knowledge and Skills has responsibility for the strategic direction of the department's IT, and provides the technical design authority and commissions all IT projects. It leads on developing the customer relationship, and deliver the Knowledge Management strategy, services and projects which includes the KM Engagement Programme, Enterprise Content Management, library and KM/ICT training services.
- Security and Assurance Services has responsibility for the department's contingency plans and the Security Policy. It undertakes compliance checks, and monitoring of IT to ensure adherence and ensuring compliance by undertaking compliance checks. Leads on sustainable development.
- Information Services Delivery and Commercial Management is responsible for the operation and support of facilities and services available on the IT infrastructure and the commercial/service management of suppliers and contracts that underpin these services. The branch provides user support services via teams based in each of the core buildings, and provide applications maintenance and support services for business systems running on the infrastructure.
- Information Management and Governance offers advice and support for managing business information stored and used in the course of daily business. The services cover seven main areas:
  - Managing day to day documents and records: email, local drives, MEDS
  - Freedom of information (Fol) support and appeals
  - Privacy and data protection
  - Business and personal information in the Directory and contacts for external stakeholders on the External Directory
  - The CHIP Briefing System for up-to-date factual and statistical information on many areas of the department's business
  - Maintenance of the DH Information Asset Register
  - Compliance with the Data Handling Review in conjunction with the DH Security Team

8.6.3 As previously stated, IM&G team are seen as providing an excellent service on behalf of the department. Its staff are highly motivated and focused on providing excellent customer support and have put together a rich library of written guidance that is available on DELPHI (DH Intranet).

8.6.4 However, IM&G's work is adversely affected by the prevailing culture which allows business units to choose alternatives to recommended corporate systems where they wish to. Although DH has established corporate systems, policies and guidance they are widely viewed as

discretionary best practice. IM&G do not possess a formal mandate to monitor, police and enforce the official policies, and although they have worked hard to raise awareness of their guidance and seek to ensure its adoption, they have to rely on persuasion. If they are not invited to provide advice and support they can do little to influence local information management arrangements or to prevent difficulties before they occur. In practice the devolved nature of the department's structure has inadvertently encouraged the development of a reactive as opposed to a pro-active regime for records management and record keeping generally.

- 8.6.5 IM&G can provide a significant resource for DH in mitigating the risk of information loss. This should be acknowledged and they should be given an explicit mandate to monitor and report on compliance with best practice.

### **R5: Recommendation**

**The role of Information Services, the KM team and the Information Management and Governance Branch should be re-emphasised to all managers and it should be made clear that heads of business units are accountable for adherence to the guidance unless an appropriate derogation has been agreed and documented.**

### **R6: Recommendation**

**Regular information audits should be carried out to assess the degree to which business units are complying with agreed policies and procedures and support them in remedial action. Specific instances of extensive or continuing non-conformity should be notified to the Departmental Management Board as heightening the risk to effective information governance.**

## **8.7 Principal Record keeping System: MEDS**

### **Context**

- 8.7.1 MEDS (Management of Electronic Document Strategy) has been designed to manage both the creation and tracking and management of the traditional paper registry and the creation and management of electronic files and the electronic documents assigned those files. By 2004 a full roll out of MEDS facility was achieved.
- 8.7.2 MEDS consists of two main Lotus Notes databases for each workgroup or business unit. The first database is the MEDS Local File Registry which holds details of all the files on the system. It should be noted that it is possible to have linked electronic and hard copy files bearing the same reference to hold related papers.

- 8.7.3 The second database is the MEDS Document Database which holds the electronic documents related to the files. It is also possible for individual hard copy documents to have individual markers within this database. This marker can provide a brief description for ease of reference or alternatively an explanation that certain documents which are especially sensitive or protectively marked are held in hard copy form in secure accommodation, accessible only to authorised users.
- 8.7.4 The bulk of electronic documents held in the documents database are emails, with and without attachments, captured from the Lotus email system used by the department. Indeed, one of the strengths of MEDS is that users are prompted when using the email system to consider filing emails into the document database. It is also possible to capture and file any other electronic objects into MEDS (e.g. documents created in MS Word and MS Excel) in the form of attachments to a Lotus Notes document. However, custom and practice seems to favour only filing emails together with their attachments, if applicable, into MEDS and other non-email electronic documents are often only filed into shared drives. As most DH written business is conducted by email this does provide the facility to capture important records. It should also be mentioned that users in theory are likely to use MEDS for email storage as saving Lotus emails onto shared drives is somewhat counter intuitive and results in a loss of formatting and more importantly loss of any attachments.
- 8.7.5 MEDS provides for the concept of 'working folders'. These folders, as their name implies, are informal storage areas within MEDS intended for use by teams for draft material whose final destination has yet to be determined. The team became aware that in some cases material remained within working folders instead of being sorted and re-located into MEDS files. In addition, in some cases there has been wholesale dumping of individuals' emails into MEDS working files. Although working folders can be searched by the creating team and by the central records management team, the configuration means searching is counter-intuitive, as unless you know when a particular piece of business was transacted it is very difficult to locate the required information. The team was advised that where this occurs the effect is to create another information silo which cannot be readily searched by other staff.

## **8.8 Role of MEDS**

- 8.8.1 The department has developed MEDS to be its primary source for the official record, both paper and electronic. The system has to manage the registered files so the references used throughout MEDS are based on registry prefixes and thematic file titling even where only an electronic file exists. The purpose of the system is to provide users throughout the department with a secure location where emails and other electronic documents can be stored as reliable records in a corporate location to

enable subsequent retrieval and use. As such, it is an electronic record management solution which has been developed internally to meet corporate needs and to provide a technical solution which integrates with a common infrastructure.

## **8.9 Use and take up of MEDS**

- 8.9.1 MEDS currently has some 5000 users (inclusive of contract and temporary staff) who have access to MEDS both for filing their own records and also to retrieve records filed into their own area of MEDS. The use of MEDS appears to be inhibited by ignorance of how MEDS works and a lack of training undertaken. A common complaint is that users cannot easily find records stored within MEDS. Many users do not use the advanced search options and their dependence on simple searches can be unsatisfying and frustrating.
- 8.9.2 The proposed enhancements to MEDS include improvements to the search interface. This could contribute to a greater take up of MEDS but needs to be supported by a full training initiative which we understand is planned.
- 8.9.3 Most staff have access to MEDS. NHS Choices and DH Legal Services, however, do not have access. We recognise that constitutionally both organisations are not strictly part of DH. We understand DH Legal Services is part of Department of Work & Pensions (DWP), uses DWP records systems and remains outside the scope of this assessment although we note that a consequence of this arrangement is that DH may be unaware of the existence of relevant records. However, in respect of NHS Choices there is a real gap in the provision of service which undermines the ability of this unit to keep records in the form of emails. The unit uses the same Lotus email system as the rest of DH but cannot readily file emails that should be kept as part of the corporate record. Staff can save the contents of an email into a shared drive but this results in a text file without any attachments that might have been there and without relevant metadata. In practice, staff keep emails in their mailboxes and when they leave those emails are routinely deleted as the account has been closed. The mailboxes in this area are also subject to fixed limits, which encourages deletion by users to free up capacity. This results in the loss of core business records. . The department needs as a matter of urgency to either roll out MEDS to this unit or if that is inappropriate to develop a suitable technical solution, as there is currently a serious risk of information loss.

### **R7: Recommendation**

**DH should either implement MEDS in areas where it is not available and train the staff to use it or, if that is not appropriate, develop an alternative**

**technical solution to enable users to store emails in shared areas located and controlled in a business classification scheme.**

### **R8: Recommendation**

**Where an alternative system to MEDS is proposed for the storage of emails it must be possible to open them without loss of information, including all associated or embedded content such as attachments.**

## **8.10 Training on MEDS**

8.10.1 As stated previously, there is a lack of attendance at available courses and an unfamiliarity with how to use MEDS amongst many users. Additionally, some users complain that they find the written guidance difficult to access. This may be due partly to a lack of training and partly to reluctance to put time into studying user manuals. The guidance appears to be comprehensive but some thought could be given to re-launching the content on the intranet in the form of intuitive FAQs.

8.10.2 A further issue is attendance by MEDS administrators at relevant training events and meetings. Some administrators appear not to have attended the formal administrator-training course which, if true, means that their ability to assist colleagues is undermined.

### **R9: Recommendation**

**Consideration should be given to re-launching MEDS guidance in the form of an intuitive FAQ.**

### **R10: Recommendation**

**An exercise should be undertaken to benchmark both the MEDS end user and the MEDS administrator training courses to confirm that they provide the intended audiences with the information and knowledge they actually require to use MEDS successfully.**

### **R11: Recommendation**

**DH should require all staff to be appropriately trained on MEDS, irrespective of their seniority or length of service.**

## **8.11 Administration of MEDS**

8.11.1 The number of MEDS administrators seems high and it is not clear which ones are the lead administrators and which ones have a subordinate support role. This was indicated by the general lack of awareness amongst administrators of the MEDS Administrators Forum. In theory, the lead administrators from each business unit are invited to attend the Forum, but attendance was not consistent. It is possible for administrators

to give others administrator privileges, which may account for changes to the administrator list, which are not logged centrally.

8.11.2 Many of the administrators interviewed were unaware of the existence of the Forum and in some instances the training received seemed substantially less than that which should have been provided. A further issue was a perception that some senior managers were hostile to MEDS and did not support the administrators in the discharge of their roles.

### **R12: Recommendation**

**DH should seek to develop and maintain a complete and up-to-date list of MEDS administrators and identify who are the current lead administrators and who are fulfilling the support role.**

### **R13: Recommendation**

**DH should require each business unit to send a MEDS administrator to each Forum meeting.**

### **R14: Recommendation**

**The training record for each MEDS administrator should be checked and where necessary appropriate training should be provided.**

### **R15: Recommendation**

**The department should reaffirm the importance of MEDS to the business and require managers to support the MEDS administrator role to ensure compliance in use within their area of the business.**

## **8.12 Management of review and closure regime within MEDS**

8.12.1 Part of the administrators' function is to routinely close files which are more than 2 years old or which have reached a pre-set limit on size. It is not clear this is done consistently and some interviewees indicated they had not had experience of closing files let alone reviewing them at the appropriate time. This seems connected to the confusion amongst some administrators about their role and possibly an absence of training. We understand that IM&G aims to provide training on file closure and archiving as needed, but DH needs to ensure that all business units are covered.

## **R16: Recommendation**

**The department should undertake a check on whether closure and review is being undertaken consistently and refresher training should be provided for administrators in business units where lapses have been found.**

### **8.13 Management of paper records**

8.13.1 The number of organisational and structural changes in the last few years has led to a legacy issue relating to the paper files that belonged to previous teams. DH needs to ensure that processes are in place to manage the files. The Assessment Team were told by several interviewees that they had inherited files from previous structures that had not been reviewed, sent to storage or where they were even left in an empty office once the occupants had moved out. In one instance a file that included sensitive personal information was found in a locked desk in an empty building. Particular issues were identified when there has been no clear mandate that individuals ensure that their own personal workspaces are cleared in an office relocation.

8.13.2 We were advised that In some other service areas there had been uncontrolled growth in unregistered paper files, but no specific management instructions to tackle the problem.

8.13.3 It would be prudent for the files to be reviewed, so that the information is protected or disposed of in a structured way. This will both free up much needed space and also ensure that the department is aware of the information that these files contain so that the information is retained correctly.

## **R17: Recommendation**

**DH should issue revised guidance for the management of paper records, ensuring that such files are reviewed and disposed of in a structured way, and that informal records are disposed of or transferred to registered files promptly.**

### **8.14 Registered paper files**

8.14.1 The majority of record keeping within DH is now in electronic formats. Where necessary, incoming paper documents are frequently scanned to other systems, usually the shared drive, or in the case of correspondence from the public, to Contact. The Contact database is used in most, but not all parts of the department to manage Ministerial and 'Treat Official' correspondence, Parliamentary Questions and FOI requests. While Contact is available to all staff, and current guidance states that all eligible enquiries should be processed through Contact, some staff still do not follow the guidance.

- 8.14.2 However, there are still instances, particularly where legal or very large documents are received in hard copy, of paper files being maintained, and this is stated policy for contracts and other legal files, although we encountered one instance of staff being uncertain on this point. The main series of Human Resources files are also still created and maintained in hard copy, although local Human Resources records are frequently in electronic formats. Local HR records are subject to tight retention guidelines which means they should all be destroyed within the specified periods. The main records are managed by checklist and retained according to the guidelines for personnel records.
- 8.14.3 Departmental policy, as stated in guidance on the corporate intranet (DELPHI), is that Local Records Co-ordinators (LRCs) should either create or use an existing MEDS file, on which details of the location of the physical documents will be entered. Closure and review or destruction can then be managed in the same way as for MEDS files. Standard pre-printed registered file covers are provided, known as 'pink files' It is thought that up to 40% of MEDS files may cover wholly, or partly, paper or other types of physical documents.
- 8.14.4 Otherwise, control of paper files is delegated to the local level: the LRCs are expected to maintain paper-filing systems in their business area, aligned to the digital material held in MEDS. MEDS facilitates, but does not enforce, LRCs recording filing locations. There is no comprehensive listing of the locations of the various local file stores. The addition of documents to the file is carried out by front line staff who are expected to interpret MEDS guidance in the light of local business need. A number of units reported using locked cupboards or cabinets for storage of registered files, but the team were unable to confirm or verify practice.
- 8.14.5 Paper files which have been closed and are not scheduled for destruction are normally sent to the departmental records store at Nelson (not visited in the course of this inspection). Nelson uses barcode file tracking systems, but these are not applied until files reach the store. Those interviewees who had dealings with Nelson felt it provided a good service, and that staff were very helpful in tracking down information.
- 8.14.6 There was evidence that not all registered files have been assessed for final destruction or deletion in the appropriate way. Reasons stated varied from the impact of relocations, organisational and structural changes, time pressures, shortage of staff and poor working practices, There was also evidence that some registered paper files were defaulted to be reviewed in 25 years as a means to circumvent having to make a decision on the content and future value of the information held in the files.

## **R18: Recommendation**

**DH to reiterate and reinforce to all record managers and staff that 25 year review period is not a default position but to be used in specific circumstances only, and that a decision on how long information should be kept should usually be made at the point of creation of the file or, if that is not possible, around the time of file closure.**

### **8.15 Unregistered papers**

8.15.1 There is evidence that in some parts of the organisation there are also substantial amounts of unregistered paper filing. For example, one unit reported that over 300 cupboards of unregistered material had recently been reviewed and either destroyed or moved into registered files as part of a local initiative, and it was also suggested that similar backlogs existed in other business areas which had not yet been dealt with. In some cases, registered file covers were used, and it might therefore not be visibly obvious that these were in fact unregistered. There were also instances where files, though formally unregistered, were being managed by the LRC or equivalent by other means, such as through file lists on the shared drive.

8.15.2 These unregistered papers present a number of potential risks to the organisation, as there is no central record of their content or even existence, and IM&G do not have a list of physical filing locations. Other than the local knowledge of staff in the business area, the information they contain cannot be readily accessed to support current business or statutory obligations, including response to information requests. They may present security risks as there is no way of knowing whether files have been improperly accessed or disposed of, and there is no mechanism by which proper closure and disposal procedures may be implemented.

## **R19: Recommendation**

**We recommend that an audit of unregistered files across the organisation be undertaken, giving priority to business areas of particular volume or risk, and that they be registered or destroyed as appropriate.**

### **8.16 Management of email**

8.16.1 Although saving of emails in MEDS is prompted by the system, several interviewees reported that many staff did not do this on any consistent basis, or in some instances at all. This results in inboxes, whether shared or individual, being maintained as another parallel filing system, in the latter case, one which is not accessible or visible to other staff.

- 8.16.2 The removal of material from these inboxes is prompted once they reach a given size: two years ago, this was reduced to 300 megabytes in the face of much user resistance. Considerable resource had to be expended by Information Services to assist users who had exceeded the new limit to file email to be retained in MEDS. Some users (for example, in Private Offices) are permitted to have larger inboxes, and a few interviewees expressed the view that it was still too easy to obtain increases on the new limits.
- 8.16.3 One consequence of the implementation of a size limit is that it is possible for emails to remain in the inbox indefinitely (provided other material can be deleted to compensate) where they are not subject to formal closure and disposal processes. It is also possible to move entire mail folders to MEDS. This is intended to simplify filing of numbers of documents at the appropriate point in the business process, but can also result in the wholesale 'dumping' of emails into MEDS working files 'just in case'; an operation which may be performed for managers by local administrators.
- 8.16.4 One interviewee reported that on the departure of a unit manager, they had had to transfer a backlog of 500MB from the personal account as an emergency measure to avoid potentially important information being lost when the account was closed. As a result, they now performed a regular dump of managers' emails into MEDS working folders labelled by name and month, but this is clearly impossible to search effectively without knowing when a particular piece of business was transacted. In either case, the result is another information silo which cannot readily be searched to retrieve information when it is needed to support business functions, or be subject to formal closure and disposal processes.

## **R20: Recommendation**

**That consideration should be given to limiting email retention outside MEDS by date in order to avoid email folders developing into a parallel filing system.**

## **R21: Recommendation**

**That corporate procedures be put in place to ensure that when staff leave and accounts are closed, line managers ensure that business-critical emails are identified and captured in MEDS, if this has not already been done.**

## **8.17 Shared Drives**

- 8.17.1 Guidance on the Departmental Intranet (DELPHI) makes little reference to the management of shared drives, and it is the view of IM&G that this should be used primarily as an information sharing, rather than a filing,

tool. However, the majority of staff interviewed considered the shared drive their primary area for the filing, storage and retrieval of information in day to day working.

- 8.17.2 IM&G does not have direct routine access to these drives, which are under the control of local teams. The lack of central guidance means that practices in the structuring and management of these drives varies widely between business units.
- 8.17.3 In several cases, useful local protocols for management of the drives have been drawn up by some Local Records Co-ordinators or Knowledge Management champions. However, even in these cases, there was concern that some individual team members were subverting these by inappropriate use of personal drives or printing to informal paper files. Some managers were said to be reluctant to file in shared drives themselves, and often relied on administrators to do this for them.
- 8.17.4 Most types of material are filed on the shared drive, although some units appear to file duplicate copies of key final drafts on MEDS as well, and a few types of material (linked tables or very large documents) cannot be filed in MEDS for technical reasons, and therefore have to be saved on the shared drive. The main exception is email, which users are automatically prompted to save in MEDS, and which would lose key metadata and functionality if stored in the shared drive.
- 8.17.5 In some cases a folder structure mirroring that of MEDS is used, but for most interviewees, the ability to adopt local folder structures and naming conventions is a key reason for preferring to use the shared drive rather than MEDS. However, any immediate benefit of local flexibility is offset over time as existing staff leave and new staff joining teams find the existing structures and naming conventions equally opaque, and several interviewees reported that they had had to undertake significant overhauls of shared drive structures and management protocols on joining a new team.
- 8.17.6 Access to shared drives is closely limited to members of the owning team, although it is possible for the latter to grant access permission to outsiders where this is felt to be necessary. However, in practice these drives function as discrete information silos, which can only readily be searched with the assistance of the responsible team members.
- 8.17.7 It is possible to password protect individual items within a drive so that access is limited to particular team members, and there are isolated examples of this actually being done, but they led to access problems when the staff concerned were absent or left the team. It appears to be more common for sensitive material, such as staff performance records, to be filed on the personal drives. This also carries the risk that access will

be unavailable, or that the personal drive contents will be subject to an uncontrolled 'purge' when the owner of the drive leaves the unit.

8.17.8 The nature and quantity of material on these drives is also a matter for concern, in that, with rare exceptions where Local Records Co-ordinators have instituted their own manual checks, there is no mechanism for monitoring of their usage or contents. Each user is expected to manage their own folders within the drive. Unlike MEDS, there is no automated system to prompt formal closure of folders, and hence no formal control for retention and disposal. In the absence of such control, there is a clear risk that information (potentially including personal data) will be inappropriately retained or deleted, that excessive server space will be required, and that searching will be made more difficult by large numbers of hits from irrelevant or out of date information. There appears to be a particular issue of drive space among units at Quarry House, which may be encouraging insufficiently considered deletions of drive content.

8.17.9 IM&G is clearly aware of the issues, and undertook a pilot 'purge' of the shared drives in one business area last year, which resulted in the deletion of between 15% and 30% of the drive content. This exercise was undertaken manually, and for reasons of both resources and commitment from drive owners, would be difficult to extend across the organisation. We understand that software has now been purchased to enable mapping of information on drives, and additional resource has been allocated to the process.

8.17.10 This initiative is to be welcomed, particularly if it includes the provision of guidance and support for business units to improve their drive structures and filing practices. However, it is limited in scope and will give only a very rudimentary degree of control over the drives, which will remain as a parallel filing system to MEDS. It is also uncertain what degree of corporate support it will enjoy, as it has originated essentially within IM&G and will be offered to business units on a purely voluntary basis, and previous experience with inbox size reductions suggests that there will be resistance.

8.17.11 We have subsequently been informed that this initiative is now part of the culture change work DH is undertaking in preparation for the Enterprise Content Management project. This project is designed to carry out the kind of culture change required as preparation for a move to a more capable IT solution for managing digital content of all kinds. As such, the Shared Drives Project is intended to be one strand of a programme to encourage behaviours more suited to using an ECM environment to support collaboration, web-publishing both internal and external, and effective document and record management. The wider programme includes development of a more robust policy framework, stronger information management guidance, taking forward knowledge

management engagement and the new audit programme mentioned above.

## **R22: Recommendation**

**The existing proposal to secure improved management of shared drives should be taken forward as a matter of urgency in parallel to planned enhancements of MEDS.**

## **R23: Recommendation**

**Improved management information should be used to ensure that these drives are used for the sharing or drafting of documents, and that key records are saved in MEDS as a matter of corporate policy. While this parallel filing system exists, it is unlikely that the problems noted above will be completely resolved, and over the longer term, the department should examine the options for replacing shared drives with alternative corporate records management systems. DH's initial plans to implement an enterprise content management strategy should be developed in this respect.**

## **8.18 Contact Database**

8.18.1 The Contact database is used in most, but not all, parts of DH to manage 'Treat Official' and Ministerial correspondence, including FOI requests, and Parliamentary Questions (an earlier Notes database used for the same purpose is still accessible). Incoming e-mails and scans of hard copy correspondence are captured by the Corporate Contact Centre (CCC) and stored on Contact, as are scans of outgoing correspondence. Intervening processing records, such as requests to business units to search for information, are held separately (usually on MEDS), though these may also be held on Contact in future. Contact content is fully shared between users, which is considered an advantage, and it appears to be straightforward to use, apart from one minor issue regarding searching of case numbers. Very rarely, requests will come into DH via a personal inbox or some other route. Staff are instructed to forward these to the CCC, although it is possible this would not happen in some circumstances.

## **8.19 Quickplace and Same Time**

8.19.1 Quickplace is a collaborative working environment which is being upgraded to QuickR as part of current developments. It is available to some but not all staff. It is used, for example, to post papers for a forthcoming meeting instead of sending them out to individual participants, and for collaborative development of policies, etc. It is possible for access to material in Quickplace to be provided outside the division of origin so it

has the potential to be particularly useful for cross-department work. We were unable to form a view of how consistently it is being used. It is not intended to be a corporate filing system but there appears to be no monitoring of its use to ensure that material in Quickplace is filed appropriately.

8.19.2 Sametime is an instant messaging system which is used by some staff. Some of the staff we interviewed had not been trained in its use but those who had were aware that messages could be filed as text objects if they should form part of the corporate record. Again, there is a potential risk if it is used for the conduct of business by staff who do not then file relevant exchanges in MEDS.

8.19.3 We have been advised by DH subsequent to the assessment that guidance on using these systems is available to all staff on Delphi and is set before anybody seeking to set up a new Quickplace. Managers are expected to ensure that all staff with access to that Quickplace are aware of and adhere to the guidance. There is also a capacity to link from each Quickplace to MEDS to facilitate filing of records but the Assessment Team found that interviewees were unaware of this functionality.

## **R24: Recommendation**

**All staff who can access Quickplace and Sametime should be reminded regularly of the guidance on its use. The guidance should set out clearly the need to consider filing in MEDS or on a shared drive material that should form part of the corporate record and explain how to do this.**

## **R25: Recommendation**

**Use of Quickplace should be monitored to ensure that it does not become another system for storing material that should form part of the corporate record.**

## **8.20 Other systems**

8.20.1 A number of other systems are used by specific functions within DH, notably :

- The Business Management System (BMS) for Human Resources, Finance and Procurement , which is replacing the separate PARIS and VISTA systems; and
- The Enterprise Project Management System (used for business planning purposes by around 1500 users).

8.20.2 These are not regarded as record keeping systems, but do have built-in audit facilities. IM&G are usually made aware of the commissioning of new

systems within DH, although it is possible for local informal databases to be established without their knowledge. All the above systems are live and issues of access over the long term (where appropriate) have therefore not yet arisen: however, DH does have some processes in place for ensuring continued accessibility of certain legacy databases where this is thought to be necessary.

## **8.21 Ownership**

8.21.1 Particular legal issues arise in connection with projects carried out by DH for the NHS using NHS funding and a mixture of NHS staff and private sector contractors. Examples are NHS Choices and the Ambulance Radio Programme. These teams do not file material comprehensively in MEDS as a matter of routine - certainly one person interviewed had no access to MEDS although the role related to project documentation. NHS Choices staff have filed material on the shared drive which was divided between the department and the contractors.

8.21.2 There are questions about ownership of material created in the course of such projects, especially on the contractor's part of the shared drive. For instance, there are doubts as to whether they are regarded as part of DH's record of the project. DH should take steps to ensure that adequate records of projects are kept by DH.

8.21.3 With regard to copyright, it is not clear who owns copyright in material originated by the contractors and by staff employed by NHS Trusts and other NHS bodies. NHS Trusts own their own copyright and we were unable to establish whether secondment arrangements made provision for copyright in what NHS staff produced and what belonged to the Crown. We were also unable to establish whether contracts with private sector contractors provided for copyright in what they produced to be assigned to the Crown.

8.21.4 We were able to see filing guidelines provided to those working on the Ambulance Radio Programme which is a small NHS-focused programme. These describe use of a project management collaborative tool (EPM) and use of a shared drive provided by an external hosting centre. The guidelines are comprehensive but do not address ownership issues so we have been unable to establish whether appropriate arrangement were put in place.

8.21.5 These issues highlight uncertainty as to whether DH knows what records it has, what records it should have, and what arrangements should apply to those records. If the department cannot answer these questions it cannot demonstrate accountability and good governance. At present IM&G is not involved in making such arrangements, and our interviewees were

unaware of any standard guidance within DH on how this issue should be approached.

## **R26: Recommendation**

**DH should ensure that ownership and other copyright issues affecting records and information are considered when projects such as NHS Choices are being set up and that Information Management and Governance Team are consulted at this stage to ensure that any organisational and technical issues regarding management of records created by the project are addressed.**

### **8.22 Intellectual Property Rights issues arising from contractors access to other companies' IPR**

8.22.1 In some cases, staff of companies working on contract for DH have access to DH systems. We noted one instance where, as a consequence, the current contractor had access to records stored by a previous contractor on a shared drive. While this particular instance was not thought to raise a problem, more generally there is a wider risk that DH may be inappropriately giving companies access to each others' intellectual property contained in such records.

## **R27: Recommendation**

**That DH should create standard protocols to be followed in such situations where these do not already exist, and ensure that use of DH facilities by contractors, including any necessary access permissions, is documented.**

### **8.23 Security**

8.23.1 Whilst Private Office staff have developed good local conventions for dealing with protectively marked and other sensitive information these do vary within the various private offices. Generally, the existence of protectively marked or sensitive information should be recorded on MEDS, if only in summary form, to enable subsequent tracking and location. This is especially important given staff turnover as such material is often retained by individuals in secure accommodation.

### **8.24 Business continuity planning**

8.24.1 Records managers and other staff in both London and Leeds were asked what input, if any, they had had into business continuity planning, and in particular whether they had been asked to identify records within their business area which would be vital to business continuity should an emergency arise.

8.24.2 There was a clear demarcation in the knowledge and participation of staff in business continuity planning at DH. Those based in London were aware that there had been business continuity planning and had even participated in emergency planning for the London and Nelson, Lancashire sites. These plans had been tested and were well established.

8.24.3 The same could not be said for the business services based in Leeds. There was no evidence of any knowledge of business continuity and emergency planning procedures.

8.24.4 The lack of planning did not just pertain to business areas that had recently relocated to Leeds, but pertained also to those that had been based in Quarry House and other offices for a number of years.

8.24.5 As more services are located to Leeds this makes the department vulnerable. The result is that it would be impossible to identify vital records and continue to operate effectively should the need arise as the result of a catastrophic incident at Quarry House.

### **R28: Recommendation**

**DH should review its current arrangements and plans for business continuity for all the department's services in London and Leeds.**

### **R29: Recommendation**

**In tandem, an exercise should be launched to ensure that all business areas have a nominated officer with responsibility for identifying vital records within their business area.**

## **8.25 Audit and Risk Management**

8.25.1 Information risks have moved up the departmental agenda over the last 12 months, and form one of the top sixteen risks identified by the Departmental Board. Each Director has to produce regular assurance statements in relation to information governance. However, the focus of this is very much on information security, and wider information risks, such as uncontrolled disposal and inability to locate information, resulting from some of the problems identified in this report do not appear to be incorporated in risk registers.

### **R30: Recommendation**

**That the scope of information risk in formal departmental risk management processes should be expanded to cover risks from records management overall, as well as information security.**

8.25.2 Although MEDS can provide administrators with reports and statistics on filing, closure and review these do not appear to reach all local records administrators. Information Management and Governance Team does not

routinely monitor MEDS in detail (although one-off audits have been carried out) as it is felt that the Team does not have the local knowledge to determine whether the information provided represents appropriate use of the system or not in the context of the business unit concerned. We have been advised subsequently that this will be addressed in the enhanced MEDS system to be rolled out in 2009.

- 8.25.3 In the case of other systems such as shared drives, there does not appear to be any equivalent level of management information available, as with the exception of a few local initiatives, individual staff are expected to manage their own work areas. Without adequate management information, it will be difficult for the department to assess the extent of compliance with records management policies and procedures, and take corrective action where necessary.
- 8.25.4 We are aware that the IM&G team's Shared Drives Project aims to address these issues. In support of this project DH has purchased a product called Treesize Professional, that will provide the information needed by the IM&G team, and key staff involved in reviewing each business area. We understand that this product has been piloted within the KIM team to identify redundant records. In the longer term, IM&G will develop expertise in the use of Treesize for use in information audits.
- 8.25.5 Existing routine audits and security sweeps are undertaken by Information Services security staff and focus on information security and issues of personal misconduct in the use of information systems. We have been advised that occasionally, Records Management staff have conducted unannounced checks of store cupboards looking for unregistered records. DH should consider making more use of similar unannounced checks to uncover cases of poor records management as part of the wider information audit process referred to in Recommendation 6.
- 8.25.6 In some circumstances, it may be perfectly appropriate for some staff to be occasional or low users of MEDS and other records systems, but their local managers must take responsibility for ensuring that appropriate records are being created and filed to support transparency, accountability and the transaction of business. This will also involve ensuring that policies on naming conventions and filing locations are followed. Therefore, to complement the central auditing of systems to be undertaken by the Information Management and Governance team (recommendation 6 above), business unit managers should receive regular management information about use of records systems in their areas.
- 8.25.7 In order to use this effectively to monitor and enforce local compliance with departmental policy, unit managers will need guidance and support in the use of this information, which may well vary between business areas: for

example, Private Offices may need to apply more stringent standards in order to support ministers effectively.

**R31: Recommendation**

**DH should ensure that managers receive regular relevant information about the volume of filing in MEDS by members of staff within their business units, as well as about closure, archiving and review. It should also examine the possibility of providing similar information about the use of other systems such as shared drives.**

**R32: Recommendation**

**That business unit managers should be provided with guidance and support on the interpretation and use of management information relating to record systems.**



## 9 Annex 1: Table of Consolidated Recommendations

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R1	The Department should emphasise the role of the Director-General of Finance and Operations as the lead on records and information management, including information risk, at DH Management Board level.	13
R2	The department should reaffirm to the workforce its commitment to maintaining a full formal official record and should re-establish the importance of applying centrally derived standards, policies and guidance	15
R3	The department should require the head of each business unit to identify a business lead at an appropriately senior level to support, enable and enforce corporate record keeping within that unit and to provide an authoritative liaison point for the Information Management and Governance team.	16
R4	DH should review training needs and existing packages to ensure they remain apposite. It should also identify the required audience for each training event and make attendance mandatory, including for managers. Those who fail to comply should be required to explain the reason for non-compliance. This is in addition to the mandatory training required on Information Risk.	18
R5	The role of Information Services and the Information Management and Governance branch should be re-emphasised to all managers and it should be made clear that heads of business units are accountable for adherence to the guidance unless an appropriate derogation has been agreed and documented.	20

REFERENCE No.	RECOMMENDATION TEXT	PAGE NUMBER
R6	Regular information audits should be carried out to assess the degree to which business units are complying with agreed policies and procedures and support them in remedial action. Specific instances of extensive or continuing non-conformity should be notified to the Departmental Management Board as heightening the risk to effective information governance.	20
R7	DH should either implement MEDS in areas where it is not available and train the staff to use it or, if that is not appropriate, develop an alternative technical solution to enable users to store emails in shared areas located and controlled in a business classification scheme.	23
R8	Where an alternative system to MEDS is proposed for the storage of emails it must be possible to open them without loss of information, including all associated or embedded content such as attachments.	23
R9	Consideration should be given to re-launching MEDS guidance in the form of an intuitive FAQ.	23
R10	An exercise should be undertaken to benchmark both the MEDS end user and the MEDS administrator training courses to confirm that they provide the intended audiences with the information and knowledge they actually require to use MEDS successfully.	24
R11	DH should require all staff to be appropriately trained on MEDS, irrespective of their seniority or length of service.	24
R12	DH should seek to develop and maintain a complete and up-to-date list of MEDS administrators and identify who are the current lead administrators and who are fulfilling the support role.	24

REFERENCE No.	RECOMMENDATION TEXT	PAGE NUMBER
R13	DH should require each business unit to send a MEDS administrator to each Forum meeting.	24
R14	The training record for each MEDS administrator should be checked and where necessary appropriate training should be provided.	24
R15	The department should reaffirm the importance of MEDS to the business and require managers to support the MEDS administrator role to ensure compliance in use within their area of the business.	25
R16	The department should undertake a check on whether closure and review is being undertaken consistently and refresher training should be provided for administrators in business units where lapses have been found.	25
R17	DH should issue revised guidance for the management of paper records, ensuring that such files are reviewed and disposed of in a structured way, and that informal records are disposed of or transferred to registered files promptly.	26
R18	DH to reiterate and reinforce to all record managers and staff that 25 year review period is not a default position but to be used in specific circumstances only, and that a decision on how long information should be kept for should usually be made at the point of creation of the file or, if that is not possible, around the time of file closure.	28
R19	We recommend that an audit of unregistered files across the organisation be undertaken, giving priority to business areas of particular volume or risk, and that they be registered or destroyed as appropriate.	29
R20	That consideration should be given to limiting email retention outside MEDS by date in order to avoid email folders developing into a parallel filing system.	30

REFERENCE No.	RECOMMENDATION TEXT	PAGE NUMBER
R21	That corporate procedures be put in place to ensure that when staff leave and accounts are closed, line managers ensure that business-critical emails are identified and captured in MEDS, if this has not already been done.	30
R22	The existing proposal to secure improved management of shared drives should be taken forward as a matter of urgency in parallel to planned enhancements of MEDS.	33
R23	Improved management information should be used to ensure that these drives are used for the sharing or drafting of documents, and that key records are saved in MEDS as a matter of corporate policy. While this parallel filing system exists, it is unlikely that the problems noted above will be completely resolved, and over the longer term, the department should examine the options for replacing shared drives with alternative corporate records management systems. DH's initial plans to implement an enterprise content management strategy should be developed in this respect.	33
R24	All staff who can access Quickplace and Sametime should be reminded regularly of the guidance on its use. The guidance should set out clearly the need to consider filing in MEDS or on a shared drive material that should form part of the corporate record and explain how to do this.	35
R25	Use of Quickplace should be monitored to ensure that it does not become another system for storing material that should form part of the corporate record.	35
R26	DH should ensure that ownership and other copyright issues affecting records and information are considered when projects such as NHS Choices are being set up and that Information Management and Governance Team are consulted at this stage to ensure that any organisational and technical issues regarding management of records created by the project are addressed.	37
R27	That DH should create standard protocols to be followed in such situations where these do not already exist, and ensure that use of DH facilities by contractors, including any necessary access permissions, is documented.	37

REFERENCE No.	RECOMMENDATION TEXT	PAGE NUMBER
R28	DH should review its current arrangements and plans for business continuity for all the department's services in London and Leeds.	38
R29	In tandem, an exercise should be launched to ensure that all business areas have a nominated officer with responsibility for identifying vital records within their business area.	38
R30	That the scope of information risk in formal departmental risk management processes should be expanded to cover risks from records management overall, as well as information security.	39
R31	DH should ensure that managers receive regular relevant information about the volume of filing in MEDS by members of staff within their business units, as well as about closure, archiving and review. It should also examine the possibility of providing similar information about the use of other systems such as shared drives.	39
R32	That business unit managers should be provided with guidance and support on the interpretation and use of management information relating to record systems.	40



## 10 Annex 2: Interviews - Summary of Responses

Issue No.	Category	Summary	No. of entries
1	Audit	Current audit process to test systems is insufficient to test systems. New system needs to be designed that isn't resource intensive and can be implemented quickly. (22)	1
2	Corporate/ Culture	Massive difficulty in managing staff across different sites. Inability to provide sufficient support to direct reports. (22)	3
	Corporate/ Culture	Department has complicated structure. Lots of outsourcing, contractors and different systems (e.g. BMS/EPM/Engima). People working on multiple sites, offsite and from home. (1)	
	Corporate/ Culture	Culture of DH is "completely anarchic." No corporate culture, huge turnover of staff (180 per month). Difficult to pursue RM across department. (22)	
3	Corporate/ Culture	Problem of corporate culture – not good at making/enforcing rules. (10)	1
4	Corporate/ Culture	Creation of business support team is an example of good practice with designated staff members for records management, BMS and MEDS. (21)	1
5	Corporate/ Culture	Revolutionary rather than evolutionary change. Basic RM considerations are not scheduled as part of process of change. (24)	1
6	Data Protection	Poor understanding of data protection issues and internal processing of this information. (16)	1
7	Management	Senior staff do not use MEDS and expect junior staff to clean up after them. (3)	6
	Management	Senior managers made aware of issues relating to records management, but already participating in poor behaviour. (9)	
	Management	Local RM guidance does not come from senior managers. (11)	

Issue No.	Category	Summary	No. of entries
	Management	Lack of support or guidance as to what is good practice/bad practice. Requires clear communication from senior managers. (12)	
	Management	RM is considered a low priority in department. (22)	
	Management	Senior managers refusing to engage with KM. Few attend training or set a good example for staff. (24)	
8	Management	KM acknowledged as important by Permanent Secretary. (24)	1
9	Management	Concern at being seen to obstruct people working by ensuring compliance with policy. (10)	1
10	Ownership	When contractors leave the department they delete their records. (2)	2
	Ownership	Lack of responsibility for records management following office relocations. Loss of data. Lack of ownership. (16)	
11	Ownership	Problem of ownership relating to NHS funding for projects within DH. (10)	1
12	Ownership	See case mentioned by Information Commissioner as an 'exceptional' case. No formal review of contracts undertaken. No ownership. (21)	1
13	Protocols	Systems very decentralised. Up to business units to decide on their own systems. (2)	2
	Protocols	Need business lead (not junior) to ensure local rules and compliance. (7)	
14	Protocols	Would like to see clear protocols developed in terms of disposal/retention of records. Not appropriate to develop these locally. (21)	1
15	Systems	Use of shared drive because MEDS is not intuitive. (3)	2
	Systems	MEDS is seen as an archive. Use of shared drive widespread. Shared drive is easier to access. Little control over shared drive as there is no administrator. (18)	
16	Systems	Problems searching on MEDS. (6)	4

Issue No.	Category	Summary	No. of entries
	Systems	Problems searching on MEDS. Can't sort or search results by folder. (8)	
	Systems	MEDS problems of retrieval / searching. (16)	
	Systems	Retrieving of documents on MEDS difficult. (18)	
17	Systems	MEDS administrators unaware of forum. (8)	2
	Systems	Only 40 administrators attend the RM Forum. (22)	
18	Systems	Paper legacy not being dealt with. (12)	2
	Systems	Uncontrolled paper filing. Pink files unregistered. (9)	
19	Systems	MEDS – problems of over filing. (16)	4
	Systems	Problems of over-filing. All documents and emails stored on MEDS 'just in case'. Little discretion used as to the value of storing documents. (19)	
	Systems	Files often exceeding 100 documents and no prompt to control size. MEDS seen as an inconvenience so duplication required on shared drive. (20)	
	Systems	Problems of over filing in MEDS. Suggestion that one person files 95% of their emails. (17)	
20	Systems	Problems of non-filing. Especially with temporary staff. (13)	1
21	Systems	Material kept in working files for well over the two year maximum period. No prompt to review or destroy. No monitoring. (17)	3
	Systems	Varying filing practices. Filing of final documents in MEDS and drafts in G drive. Dumping of emails into working files. (8)	
	Systems	Working files still in existence from over four years ago. No owner and no review scheduled. (23)	

Issue No.	Category	Summary	No. of entries
22	Systems	Willingness to keep files 'open' indefinitely. No closure or archiving of these files. No monitoring. (18)	2
	Systems	No clear disposal/retention schedules. No differentiation between types of documents. Willing to keep documents up to 25 years. (19)	
23	Systems	Some users use P (personal) drives to store documents. (11)	1
24	Systems	MEDS enhancements programme is an example of good practice. Designed to suit the users' needs. (22)	2
	Systems	Shared Drives project is being resourced and should provide opportunity to resolve some of the problems relating to it. (22)	
25	Systems	Lack of systematic monitoring of filing/non-filing. (15)	1
26	Systems	Some departments do not use CONTACT. (7)	1
27	Systems	Knowingly duplicating material. (19)	1
28	Systems	Significant contracting out of research has meant that files are being handled by contractors. (20)	1
29	Training	Poor induction, especially for contractors. (4)	2
	Training	No training on records management for contractors. (1)	
30	Training	Users understanding of MEDS – believe that it only captures emails and that it can't be searched. (12)	2
	Training	Real lack of understanding with regard to search skills. Needs training. (22)	
31	Training	MEDS takes a while to learn. (11)	1
32	Training	Training on MEDS available – but nothing on managing emails or what to keep. (2)	1
33	Training	Sought MEDS training, but emails to IS ignored. Advanced training lasted one hour. Delphi guidance useful. No LRC	1

Issue No.	Category	Summary	No. of entries
	[REDACTED]	forum. (6)	

## **11 Annex 3: Department of Health's response to initial questionnaire**

### **1. What information or records are held and where**

- In the Department, who knows the answers?

All staff should know the location and content of records affecting their own work and be familiar with the guidance that is available on knowledge and information management on the DH Intranet ("Delphi").

When looking for information needed to respond to FOI requests, the business process is that the requests are handled centrally, but a contribution is sought from a nominated lead official for the subject area. The lead official should be aware of how information within their workgroup is stored, and be able to trace the information needed. All staff have access to records management guidance on the Department of Health (DH) Intranet (known as Delphi), and local information management issues are covered by induction specific to each post.

For information stored within MEDS (the EDRMS), there is additionally a helpline to assist staff in searching for information. The Records Management team at the DH Filestore at Nelson, Lancashire, can also facilitate searching for paper files.

Where the policy subject is no longer actively managed, the Records Management Team will be asked to provide a contribution, based on what can be searched for within paper records and MEDS.

- How do you find out?

The business area concerned should have enough knowledge to locate the information needed. In the case of MEDS, there is an administrator for each database who has knowledge of the filing conventions and structures within their work area. Some teams have developed local information management protocols which specify what should be stored and where. These protocols may assist in locating information.

All staff have access to the 'Central File Registry' which provides information on MEDS databases, lead contacts and file prefix names. It is not widely used outside of the Records Management team, and acts as a source for finding the 'best place to look'.

In addition, the Records Management Team have a collection of DoB (Distribution of Business), going back a number of years. These are used as a way of determining the structure of the Department at a given time, and who was

most likely dealing with a policy or subject area. This helps us to narrow searches down to a defined area of MEDS, or to a set of registered files.

- What are people handling FOI requests told about where to look, and how, and whom to ask?

The central FOI teams are aware of the support available to them. We are looking to enhance their knowledge by providing access to SKP (the database of paper files maintained by the filestore contractor, Iron Mountain). This is planned to take place later this year.

- What is held centrally and what locally?

All material is held locally, but accessible centrally by the Information Management team. There are some ring fenced areas of the network (such as shared drives) which can only be accessed locally.

- How is it documented and the information made available to staff?

See attached information extracted from the DH Intranet (Delphi)

- How are searches (i.e. requests for information) documented?

Staff involved in resolving FOI requests are now asked to record their searches, but are not given strict guidance on how to do this. A template is used by the Customer Service Centre FOI team, as a prompt to support staff who may not be searching effectively.

- How are disclosure/non-disclosure decisions documented?

The response and decision are recorded in the CONTACT Correspondence database, and also (for statistical purposes) in a spreadsheet maintained by the FOI Unit in the Information Management and Governance Branch.

## **2. Disposal**

- What proportion is covered by schedules?

The Department has published a retention schedule which is intended to cover all material that is held in registered files. We recognise a weakness in its application as outside defined retention (such as finance records), the business creating the records is expected to apply a retention period based on value to the business.

As part of some enhancements to MEDS, we are introducing a default retention policy for each file prefix, to enable MEDS administrators to make reasonable

decisions on how long material should be retained for. In addition, a deliverable from the records management audit process is proposed to be the adoption of a local information management protocol, where common deliverables from a workgroup would have a defined retention period, and a defined retention location.

- Are the schedules current and relevant?

We believe the corporate retention schedule and records management guidance provide staff with sufficient information to support intelligent decisions on retention. However, we recognise that some staff need more narrowly focused guidance or instructions, and we are taking steps through the audit programme mentioned above to put such guidance in place.

- Is there a managed process for implementing schedules

This will be part of the audit process.

- Is there a managed process for disposing of records not described in schedules?

Yes, there is a defined process for both electronic and paper records. The processes are set out in the Delphi and MEDS guidance respectively.

- Does destruction require authorisation?

Yes. Any destruction of registered files requires authorisation from a member of the Records Management team. Typically this takes the form of a 1 in 10 check; although not all material is viewed before destruction is authorised. Exceptionally, arrangements can be agreed between the DRO and a Division for local destruction of registered files, but no such arrangements are in place at the moment.

However, there is the option of staff using 'working files' within MEDS where the creator of the information can elect for the content to be destroyed. These destructions are not authorised, and staff are advised that it is their responsibility to identify material in their care that should be transferred to registered files. It is easy for staff to transfer material from working to registered files, and impossible for them to transfer documents from registered to working files.

- Is there any control over the whereabouts and destruction of paper files?

Registered files should only be sent for secure destruction, once authorised, by the filestore contractor. Staff with their own personal information do have guidance available on how to destroy material, including the disposal rules for

information that is protectively marked. DH buildings have locked bins for the placing of restricted and confidential waste.

- In IT systems are there controls on destruction that make unauthorised impossible, and audit trails of deletion?

We consider that all systems would have such a policy, as it is likely to form part of any requirements for the system. Within MEDS there are controls and audit trails of deletion.

Outside formalised systems there is less rigorous control; most staff with access to a shared drive have deletion rights by default.

We have a policy for the identification of systems that act as records in their own right, and would not be stored within the EDRM (an example would be the finance ledger, or the HR system). There is a defined process for the retention and destruction of these systems as their life expires.

### **3. Records systems and filing (assuming there is more than MEDS)**

- Are they seen as fit for purpose by staff, i.e. easy to access and store documents/information

We consider that MEDS is fit for purpose, and have demonstrable use over the 10 years of implementation. However, we recognise that some staff find MEDS difficult to use. We have a user forum for gathering feedback on records management and MEDS issues, which has identified some improvements that would increase the usability of MEDS. The majority of these change requests are being implemented through a MEDS Enhancements project. It is expected to deliver in the later part of 2008.

- Do staff use them for filing

Yes. Most business units have actively used MEDS databases, although in some cases, the filing activity is delegated.

- Are staff trained in filing

New staff are provided with an introductory email which sets out basically what MEDS is, and provides information on how to obtain training. A "side effect" of MEDS is that unless a new user access their MEDS database, they will be prompted every time they send an email that they have not connected to their MEDS database.

- Is there easy to use guidance on what to file and how

There is straightforward guidance based upon the principles of what members of staff should be filing (copy attached). Each work area has a MEDS administrator who should be able to assist with questions about how to manage files, or what should be retained. We hope to formalise some of these arrangements with local protocols.

- Is there monitoring on filing/non-filing

Not routinely, although the MEDS system provides information that can be helpful to an investigation. In considering options for routine monitoring, we found it difficult to interpret results from MEDS showing who had filed/not filed and the quantities of material they had been filing. The effort in separating out valid cases of not filing, or cases of excessive filing was considered to be too time consuming to provide benefits.

- Do any parts of the department that are expected to use particular systems opt out of using them and is there any monitoring or checking to pick up on this. Why do they do this (if they do)?

As a starting point, all staff are expected to use MEDS as their main filing area. There are some business units that can demonstrate that they do not create information that is for saving on the official record, and we are aware of the systems they use otherwise.

There are different applications of monitoring system use; the core business systems are more actively managed than local systems; it is expected that if a system is essential to the business unit there will be localised procedures for monitoring this.

- What happens to material not filed in the main systems?

There are several routes here.

As part of the staff leavers process, it is expected that line managers will satisfy themselves that any material that needs to be secured for the official record has been. It is for the line manager to close any redundant accounts and delete unwanted material from personal drives and email accounts.

There are some areas where this process has not been followed. The Records Management team are considered to be the owners of last resort for datasets, and are consulted on the deletion of orphaned email accounts. For such accounts we consider whether they account should be deleted on trust, or whether a more thorough review is needed (which is usually informed by the work the previous owner undertook, and their place in the organisation).

For material on shared systems, the system itself may be considered a record; or there will be some method of securing the information it contains into a recognised record storage system (for example, there is a link between the QuickPlace system and MEDS for this purpose).

Anything outside these routes is considered to be ephemeral.

#### **4. Shared drives**

- Who manages shared drives

The management of shared drives has been a consideration for some time. The Department has started a 'shared drives project' with the aims of clarifying ownership and management, as well as providing advice and guidance on how the amount of material stored on shared drives is reduced.

- What management controls are there on addition and deletion

Each shared drive area has a membership group; each member typically has rights to create, edit, delete and scan files on the corresponding shared drive.

#### **5. Emails**

- How are they managed?

Email accounts are limited to 300Mb, unless an accepted business case for a higher limit has been agreed. The limit prevents excessive information being stored within email accounts.

The MEDS system links with the email account, which allows staff to move material directly from their email account into MEDS.

- Can they be filed elsewhere?

Potentially, yes. Lotus Notes provides an archiving tool for use with email accounts, but this has been "switched off" – the policy decision is that all material that needs to be retained should be placed in MEDS.

There is the option to export emails from Lotus Notes, but there is a considerable loss of functionality in doing this (the export formats are CSV, Text and Lotus 1-2-3).

- Are they deleted automatically after a set period?

No. The Department considered this as an option, but felt there was a risk that important information might be deleted. It was felt that this might also be seen as Information Services enforcing a policy that anything over x days old ceased to

have value to the business; data owners might then feel as though filing were not relevant to them or that responsibility had been taken out of their hands.

- Is there training in use and management of emails?

There is training available in the use of the email application, which does include information on best practise and management. Use and management of emails (and MEDS) is also covered within Knowledge Management training,

- Are there procedures and instructions on what to do with emails worth keeping as records of the business?

Yes. This forms part of the core of the MEDS training.

## **6. Vital records and records requiring special handling**

- What control is there over signed contracts and similar documents?

DH guidance is that signed contracts and procurement documents be filed on registered files by the sponsoring business unit, with the retention period determined in keeping with the length of the contract.

The Department has deployed a centralised HR and Finance system on the 1<sup>st</sup> July called BMS. This system has improved controls for the creation and letting of contracts. The system itself will include templates for each stage of a tender, and will retain the tenders received.

The business policy is that if there is a contract, there will be documentation held within BMS.

- Who owns the copyright in contracts drafted by the contractor? Is this known, where it might be in doubt

We are not sure we understand the purpose of this question. Copyright on contracts, to our knowledge and experience, has never come up as an issue.

Copyright gives the owner the right to decide who, if anyone, may copy his work and on what terms. It is unlikely that a contract would be copied beyond the 2 parties.

The reasons for this may be

- 1 DH drafts the wording for any contracts it enters.
- 2 DH policy is that we contract on DH terms.

3 Contract terms are made by agreement.

4 No dispute has ever arisen to my knowledge over copyright ownership of any particular term.

5 If a contractor puts forward its own terms for DH to contract on, it would be for DH to decide whether to agree these terms. It could not do so without seeing a copy of them and once it had seen them the chances are that it may want some changes which may create a new copyright work.

- What controls are there over confidential<sup>3</sup> information? Is it identified or tagged in some way and made subject to special security and access controls?

The Department cannot share “Confidential” information, using government markings, on the DH network, which allows us to store and share official material only up to and including “Restricted”. Hard copy information with a higher classification must be stored in an appropriate security container.

Within that constraint, the Department uses a system based upon the Cabinet Office protective marking scheme. It is included within the Lotus Notes email, and with MEDS as tagging information that is restricted in some way. Both these solutions are tags, rather than conferring any particular access rights or security controls.

There are options within MEDS of securing individual files down to particular individuals as a way of managing information.

The security and access controls on individual systems are designed and implemented based upon the requirements of those systems.

- Are protective markings such as ‘protect’ used and how do they affect storage and access

They are used, both for paper and electronic material, but they do not control storage and access. As the entire DH network is accredited for material up to, but not above “Restricted” status, the business benefits of separating “Restricted”, “Protect” and unclassified material were not considered sufficient to justify the costs of a more complex management regime. The very small amount of more highly classified material is managed through a Classified File Office.

## **7. Information risk**

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<sup>3</sup> The term is used generically

- Do information management issues feature in the corporate risk management framework?

Yes. Specific risks have been identified under Emergency Preparedness, Data Security, FOI and DH IT Systems. Risk reporting is a routine element in the Information Services and DH Governance processes.

## 12 Annex 4: List of documents examined and referenced Information Commissioner's Office

ICO Decision Notice FS50083381 – 21 <sup>st</sup> Jan 08
ICO Practice Recommendation FPR0187217 – 31 <sup>st</sup> March 08

### Evidence Submitted

Records Management Issues emerging from ICO Decision Notice and FOIA S 45 Practice Recommendation
Section 46: Assessing Records Management in Government Pre-Assessment Questionnaire
MEDS Upgrade Project Requirements Document
Shared Drives Initiative Document
Records Administrators Forum Attendees List – February 2007
DH Research and Development Directorate MEDS Protocol
Knowledge Management Standards for Accommodation and Building Services
Hugh Taylor's office – management of records (supplied by Assistant Private Secretary to the Permanent Secretary)
Hugh Taylor's Private Office MEDS working practices – Systems Processes
Correspondence handled by the private offices
Knowledge Management Factsheet F15: KM Induction Course: getting more from knowledge (supplied by Head of KM and IT Skills)
Getting more from knowledge: powerpoint slides from new joiners KM course (supplied by Head of KM and IT Skills)
Leadership accountability slides (supplied by Head of KM and IT Skills)
Workshop Factsheet: Making a difference; projects, plans accountability (supplied by Head of KM and IT Skills)
Ambulance Radio Programme (ARP) Files and Filing Guidance
Information Commissioner's Practice Recommendation: Outline DH Improvement Plan

### Staff Structures

DH High Level Organisational Chart
IS Organisational Chart

### DELPHI Intranet Pages

Why keep records?
Who is responsible for filing?
What to file?
Records Management

Retention Schedule
Records Legislation
MEDS on ROIS
MEDS an introduction
MEDS administrators
Managing existing files

## **Guides**

MEDS User Guide
MEDS Administrators Guide
MEDS Housekeeping Guide
MEDS – Filing and Searching
MEDS Searching Guide
How to register a new file on MEDS
Guidance on Working Files and Working Practices
File References on MEDS

## **13 Annex 5 Briefing note to interviewees**

### **Section 46: Information Management Assessment of the Department of Health September 2008.**

The National Archives has been asked by the Information Commissioner to assess how the organisation is managing its corporate records and information. The benchmark for this exercise will be the Lord Chancellor's Code of Practice on the Management of Records issued under section 46 of the Freedom of Information Act 2000.

A team of staff from The National Archives will be visiting the Department to undertake an assessment, by studying relevant documentation and interviewing staff at all levels in the organisation. We have already started a review of policies and procedures within the Department. The on-site assessment will be conducted over a period of five days starting week commencing the 22 September 2008. You have been selected for interview as part of the process.

The interview may last 30-45 minutes, and you will be asked generally about your job role, and your experiences of using the information management systems in your area of work. There is no formal preparation needed for the interview. As always you are encouraged to be open and honest. Our reports are an assessment of evidence and we may use comments to highlight an issue. No comments are attributed to individuals, as this is an assessment of the organisation and not the individual.

The result will be a high level assessment of the standards of information and records management systems in your organisation. This will cover conformance with legislation, control of information and the way in which it is accessed by departmental staff. We will be looking to highlight good practice examples and look at areas for improvement, with recommendations for future action to address the areas for improvement. The report will be sent to the Information Commissioner and the Permanent Secretary.

Your contribution and input to the process will be invaluable and The National Archives team hope that you will be able to participate.

15 September 2008