

Records Management Plan

The National Convener and
Children's Hearings Scotland

31 March 2015





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Introduction

The Public Records (Scotland) Act 2011 requires all named authorities in Scotland to produce a Records Management Plan which details the arrangements in place for managing records.

For Children’s Hearings Scotland (CHS), this includes all records created, accessed, shared and disposed of by the National Convener, CHS National Team staff and Board members, Panel Community, and Clerks to the Area Support Teams (ASTs).

On 24 June 2013 the Children’s Hearings (Scotland) Act 2011 came into effect and CHS was created as a dedicated body to support the National Convener in the recruitment, training, monitoring and support of a national Children’s Panel and 22 Area Support Teams. This brought a number of challenges to CHS. Not least, trying to understand the complex roles and responsibilities in terms of managing information effectively and in line with all legislative obligations, including the Data Protection Act 1998.

Effective and consistent records management systems and practices are at the heart of the Children’s Hearings System. Our records are a valuable resource and must be managed effectively from the point of their creation until their disposal. Essential in order to support the functions of the National Convener and CHS, and to comply with legal, statutory and regulatory obligations, they demonstrate transparency and accountability for our actions.

Information is a vital asset and plays a key part in corporate governance, business planning and performance management. To maximise the benefit of our information we must manage it effectively, share it appropriately and protect it adequately. The National Convener and CHS aim for the highest standards in managing information.

This Records Management Plan sets out the arrangements in place for managing records, in line with the 14 elements identified within the Keeper of the Records of Scotland’s [Model Records Management Plan](#). Links to key evidence in support of each element can be found throughout this Plan alongside details of future improvement activities and mechanisms for ongoing review and assessment. Key roles and responsibilities have also been identified and named, as required under the Public Records (Scotland) Act 2011 (PRSA).



Element 1: Senior management responsibility

Purpose: To identify a person at senior level who has overall strategic responsibility for records management on behalf of the National Convener and CHS.

A compulsory element under the terms of the PRSA.

Statement of compliance

The senior manager with responsibility for records management on behalf of the National Convener and CHS is the Director of Finance and Corporate Services. The Director is also the Senior Information Risk Owner for CHS, acts as advocate for IG on the Audit and Risk Management Committee (ARMC) and ensures that an effective IG infrastructure is in place including information asset ownership and reporting.

Evidence of compliance

The primary evidence to be submitted in support of Element 1 includes:

- [Director of Finance and Corporate Services - Job Description](#)
- [CHS Organisational Chart](#)
- [Meet the Senior Management Team](#)
- [Supporting statement](#)

Supporting evidence to be submitted includes:

- [Project Initiation Document – Records Management Plan](#)
- [Records Management Policy](#)
- [Information Governance Strategy](#)
- CHS Board Minutes of Meeting, 24 March 2015¹

Improvement planning

The Interim Director of Finance and Corporate Services will leave CHS at the end of June 2015. The Keeper will be advised of the senior responsible officer for records management once an appointment is made.

Responsibility and review

Responsibility for this element lies with the National Convener and Chief Executive of CHS.

The element will be reviewed in line with any changes in personnel.

¹ Please note that these minutes have not been approved and exist only in draft form. The Keeper will be provided with a copy of these minutes once approved. If required, a draft copy can be issued offline.



Element 2: Records manager responsibility

Purpose: To identify the individual, answerable to senior management, to have operational responsibility for records management on behalf of the National Convener and CHS.

A compulsory element under the terms of the PRSA.

Statement of compliance

The lead officer with operational responsibility for records management on behalf of the National Convener and CHS is the Information Governance Officer (IGO). The IGO will act as the initial point of contact for NRS regarding records management issues.

The IGO is responsible for overseeing and responding to day to day IG issues; developing and maintaining IG policies, procedures and guidance; raising awareness of IG roles and responsibilities; monitoring and reporting on compliance with statutory and regulatory obligations; providing advice and guidance to panel and AST members, local authority Clerks, CHS National team and Board members, on IG related matters; developing suitable IG training; and monitoring and responding to

information security events, vulnerabilities and incidents.

The IGO also acts as the organisation's Data Protection Officer, is responsible for coordinating and managing the response to all information requests received by CHS, and oversees the monitoring and recording of complaints.

Evidence of compliance

The primary evidence to be submitted in support of Element 2 includes:

- [CHS Board Minutes of Meeting, 30 January 2013](#) (pp. 3-4)
- [Information Governance Officer – Job Description](#)
- [CHS Organisational Chart](#)
- [NC-CEO Update, presented to the Board, 29 October 2014](#) (pp. 21-22)
- [Supporting statement](#)

Supporting evidence to be submitted includes:

- [Records Management Policy](#)
- [Project Initiation Document – Records Management Plan](#)
- [ARMC Minutes of Meeting, 25 February 2014](#) (p. 10)
- [Information Governance Strategy](#)
- CHS Board Minutes of Meeting, 24 March 2015²

² Please note that these minutes have not been approved and exist only in draft form. The Keeper will be provided with a copy of these minutes once approved. If required, a draft copy can be issued offline.



Improvement planning

There are no planned future developments for this element. However, if the lead officer for records management were to change, the CHS Community as well as the Keeper would be informed.

Responsibility and review

Responsibility for this element lies with the Director of Finance and Corporate Services.

The element will be reviewed in line with any changes in personnel.





Element 3: Records management policy statement

Purpose: To provide a foundation for the effective management of records and serve as a mandate for the activities of the Information Governance Officer.

A compulsory element under the terms of the PRSA.

Statement of compliance

The National Convener and CHS can confirm that their first Records Management Policy, governing the creation and management of authentic, reliable and useable records, capable of supporting business functions and activities, was approved in May 2013, in preparation for go-live.

The policy, which demonstrates the organisation's commitment to records management, was updated in June 2014 and approved by the CHS Board on 26 August 2014. It is available on the CHS website and on the Children's Hearings Information and Resource Portal (CHIRP) which is accessible to panel and AST members, local authority Clerks, CHS National team and Board members.

Evidence of compliance

The primary evidence to be submitted in support of Element 3 includes:

- [Records Management Policy](#)
- [CHS Board Minutes of Meeting, 15 May 2013](#) (p. 9)
- [CHS Board Minutes of Meeting, 26 August 2014](#) (p. 6)

Supporting evidence to be submitted includes:

- [CHS Board Minutes of Meeting, 30 January 2013](#) (p. 4)
- [Managing Information update, sent to panel members, 15 August 2013](#)
- [Approval of IG Policies report, presented to the ARMC, 19 August 2014](#)
- [ARMC Minutes of Meeting, 19 August 2014, RM Policy approval](#)
- [Approval of IG Policies report, presented to the Board, 26 August 2014](#)
- [Information Governance Policy Framework](#)
- [Keeping Information Safe newsletter, sent to panel and AST members, local authority Clerks, CHS National team and Board members, 28 August 2014](#)

Improvement planning

A tool for checking that panel and AST members as well as local authority Clerks, CHS National team and Board members, have read and understood the Records Management Policy, is currently being developed within CHIRP. CHS expect to implement and deploy this tool in



April 2015.

Responsibility and review

Responsibility for this element lies with the IGO.

The policy will be informally reviewed by the IGO on an annual basis. It will be formally reviewed by the ARMC and taken to the CHS Board for approval every two years.





Element 4: Business classification

Purpose: To demonstrate that the Records Management Plan takes account of the complete organisation and all of its functions, including those of the Panel Community, Clerks to the ASTs, CHS National team and Board members.

Statement of compliance

The National Convener and CHS have developed a business classification scheme which is in the process of being implemented in CHS systems. The scheme was approved in May 2013 and has been deployed within CHIRP to support the governance of information created, accessed and shared by panel and AST members, local authority Clerks, CHS National team and Board members.

The scheme has also been built within CHS' secure network drive but care needs to be taken in migrating content from the existing structure into the new scheme. A migration plan is under development with the aim to migrate all data across to the new scheme by March 2016.

Once deployed, the scheme will enable the National Convener and CHS to effectively document their activities, identify and retrieve records, apply disposal criteria and meet statutory and regulatory requirements.

Evidence of the organisation's commitment to adopting the scheme, is the approval of the Retention and Disposal Schedule which has been structured in line with it.

Evidence of compliance

The primary evidence to be submitted in support of Element 4 includes:

- [Business Classification Scheme](#)
- [Business Classification Scheme - Migration Plan](#)
- [Retention and Disposal Schedule](#)
- [Managing information – guidance for panel and AST members](#)

Supporting evidence to be submitted includes:

- [Example workspace in CHIRP – use of Business Classification Scheme](#)
- [Keeping Information Safe newsletter, sent to panel and AST members, local authority Clerks, CHS National team and Board members, 28 August 2014](#)

Improvement planning

The business classification scheme will be reviewed by the CHS National team in 2015-16 to ensure that it continues to reflect the key functions and activities of the National Convener and CHS. Following review, content will be migrated within the secure network drive to the new scheme.



Responsibility and review

Responsibility for this element lies with the IGO.

The scheme will be reviewed in 2015 prior to migration. Once migrated, it will be reviewed alongside the review of the Retention and Disposal Schedule every two years.





Element 5: Retention schedules

Purpose: To identify the records held by the National Convener and CHS and determine how long they need to be retained. The schedule governs the retention and disposal of records generated as a result of our core functions and ensures continuity, protects our legal rights and preserves information for future research.

Statement of compliance

The National Convener and CHS have developed and implemented a retention and disposal schedule for all records held by panel and AST members, local authority Clerks, CHS National team and Board members.

The schedule has been deployed within CHIRP and records are being disposed of in line with it. An audit trail of records disposed within CHIRP is held. For records held within the shared drive, there is no automated retention and disposal but records are manually reviewed and disposed of every six months.

Evidence of compliance

The primary evidence to be submitted in support of Element 5 includes:

- [Retention and Disposal Schedule](#)
- [Retention and Disposal – guidance for clerks](#)
- [Retention and Disposal Policy – CHIRP audit report](#)
- [Document History – CHIRP audit report](#)

Supporting evidence to be submitted includes:

- [Approval of IG Policies report, presented to the ARMC, 19 August 2014](#)
- [Approval of IG Policies report, presented to the Board, 26 August 2014](#)
- [Information Governance Policy Framework](#)
- [Managing information – guidance for staff](#)
- [Managing Information – guidance for clerks](#)
- [Managing information – guidance for panel and AST members](#)
- [Keeping Information Safe newsletter, sent to panel and AST members, local authority Clerks, CHS National team and Board members, 28 August 2014](#)

Improvement planning

A project to consider the ongoing suitability of the secure network drive as a corporate repository for CHS information will be initiated in 2016. At present, CHS operates two repositories - one which offers advanced records management functionality and one which offers much more limited capability. Until a decision is taken regarding the future of both repositories, manual records management will continue to be applied to the secure network drive.



Responsibility and review

Responsibility for this element lies with the IGO.

The Retention and Disposal Schedule will be informally reviewed by the IGO on an annual basis. It will be formally reviewed and taken to the ARMC for approval every two years.

Records held within CHIRP are automatically reviewed in line with the schedule and a report is generated for sign off. Records held in the secure network drive are manually reviewed every six months to ensure compliance with the schedule.





Element 6: Destruction arrangements

Purpose: To evidence the arrangements in place for the secure disposal of information created and held by panel and AST members, local authority Clerks, CHS National team and Board members.

A compulsory element under the terms of the PRSA.

Statement of compliance

The National Convener and CHS have proper destruction arrangements in place, including specific guidance set out in the Managing Information guidelines and the use of a third party contractor for the secure destruction of confidential waste created and held at the CHS National team head office.

Through a memorandum of terms of occupancy (MOTO) agreement with National Records of Scotland, the National Convener and CHS utilise Shred-It for the onsite, supervised and documented destruction of confidential information.

For information held locally, by AST members and Clerks, the local authority's secure waste contractor is utilised (arrangements of which are

governed by each Data Processing Contract in place with local authorities).

CHS owned IT equipment is safely and appropriately disposed of in line with Scottish Government (SG) procedures. SG securely destroy hard drives using a purpose built shredder which reduces hard drives to particles less than 20 mm. Collections to the destruction site are carried out by SG staff (who are Disclosure Scotland vetted) and all vehicles are satellite tracked. Once IT equipment has been written off, CHS' asset register is updated accordingly.

SG also use secure data erasure software provided by Tabernus which is approved at both the Lower and Higher Overwriting Standards, as specified in HMG Information Assurance Standard No. 5 (IAS5).

Evidence of compliance

The primary evidence to be submitted in support of Element 6 includes:

- [Managing Information – guidance for staff](#)
- [Managing Information – guidance for Clerks](#)
- [Managing information – guidance for panel and AST members](#)
- [Shred-It Certificate of Destruction](#)
- [Tabernus security verification](#)
- Data Processing Contract – template (to be submitted separately)
- [Data Processing - self-assessment template](#)

Supporting evidence to be submitted includes:

- [Keeping Information Safe – key tips for AST members](#)
- [Keeping Information Safe – key tips for Clerks](#)
- [Keeping Information Safe – key tips for Board members](#)
- [Managing Information update, sent to AST members, 19 July 2013](#)
- [Managing Information update, sent to panel members, 02 August 2013](#)
- [Managing Information update, sent to panel members, 15 August 2013](#)
- [Approval of IG Policies report, presented to the ARMC, 19 August 2014](#)
- [Approval of IG Policies report, presented to the Board, 26 August 2014](#)
- [Retention and Disposal Schedule](#)
- [Information Governance Policy Framework](#)
- [Keeping Information Safe newsletter, sent to panel and AST members, local authority Clerks, CHS National team and Board members, 28 August 2014](#)

Improvement planning

Local authorities are currently completing a self-assessment to evaluate compliance with the requirements of the Data Protection Act 1998 and section 5.7 of the Data Processing Contracts. CHS, as Data Controller for all personal data processed after 24 June 2013 relating to panel and AST members, is required to review the arrangements in place within each local authority for processing this data. If local authorities do not identify

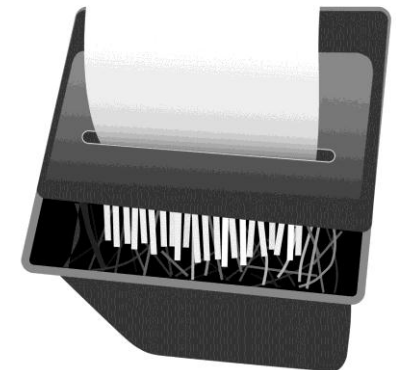
a secure third party contractor for the destruction of confidential information a more detailed audit will be arranged to discuss practice and ensure ongoing compliance with statutory and legislative obligations.

Responsibility and review

Responsibility for this element lies with the IGO.

The MOTO agreement with NRS is subject to review every five years. However, if NRS were to change their confidential waste contractor, CHS would require evidence to be provided to assure compliance with recordkeeping and legislative requirements.

The Managing Information guidance documents are informally reviewed by the IGO on an annual basis. The guidance will be formally reviewed and submitted to the ARMC for approval every two years.





Element 7: Archiving and transfer arrangements

Purpose: To evidence the mechanism by which the National Convener and CHS transfer records of enduring value to National Records of Scotland (NRS), specifying the timing of transfers and other terms and conditions.

A compulsory element under the terms of the PRSA.

Statement of compliance

The National Convener and CHS have established a Memorandum of Understanding with NRS to govern the transfer of records of historical significance for permanent preservation and access. These records are identified in the Retention and Disposal Schedule.

Evidence of compliance

The primary evidence to be submitted in support of Element 7 includes:

- [CHS and NRS Memorandum of Understanding, January 2015](#)

Supporting evidence to be submitted includes:

- [Retention and Disposal Schedule](#)
- [Managing Information – guidance for staff](#)
- [Managing Information – guidance for Clerks](#)
- [Managing information – guidance for panel and AST members](#)
- [Keeping Information Safe newsletter, sent to panel and AST members, local authority Clerks, CHS National team and Board members, 28 August 2014](#)

Improvement planning

Guidance to support the identification and transfer of relevant records to the national recordkeeping body will be produced by the IGO. As CHS is a relatively new organisation, the majority of records held that are of long term historical value are still required for current business purposes. It is expected that records of such value, for example, strategic and policy records, will be transferred to NRS once they have been reviewed and updated.

Electronic records of long term value will be transferred to NRS in line with NRS' Deposit Agreement for Electronic Records. CHS will seek to put this agreement in place in 2016, ahead of the first major policy reviews.

Responsibility and review

Responsibility for this element lies with the IGO. It will be reviewed following the first transfer of records to NRS.



Element 8: Information security

Purpose: To identify the measures in place to adequately protect the National Convener and CHS' records and to outline the steps to be taken to ensure that information is safeguarded from unauthorised use, modification, disclosure or destruction, whether accidental or intentional.

A compulsory element under the terms of the PRSA.

Statement of compliance

The National Convener and CHS have developed robust information security mechanisms and procedures to ensure the privacy and security of information created, accessed, shared and disposed of in the course of conducting the organisation's functions. This includes a comprehensive information security incident management structure to ensure risks, vulnerabilities and incidents are appropriately identified, reported and managed.

Information Asset Owners (IAOs) are responsible for identifying, understanding and addressing risks to the information assets they are responsible for. Risks are highlighted to the IGO who in turn reports to the SIRO. IAOs are accountable to the SIRO for providing assurance on the security and use of their information assets. The IGO provides six-

monthly reports to the SIRO on information risk and highlights any immediate security risks and concerns.

The CHS National team have completed the Civil Service Learning (CSL) 'Information Asset Owner + Government Security Classifications' course. The Interim Director of Finance and Corporate Services has also completed the 'Senior Information Risk Owner + Government Security Classifications' course. All new staff members are expected to complete the CSL training as part of their induction. Panel and AST members, local authority Clerks, CHS National team and Board members will be required to complete the new bespoke IG eLearning modules (please see [element 9](#) for further information).

Evidence of compliance

The primary evidence to be submitted in support of Element 8 includes:

- [CHS Board Minutes of Meeting, 15 May 2013](#) (pp. 10-11)
- [Information Security Policy](#)
- [Acceptable Use Policy](#)
- [Acceptable Use – summary guidance for panel and AST members](#)
- [Managing Information Security Incidents Procedure](#)
- [Reporting information security incidents – summary guidance](#)
- [Security Classifications Policy](#)
- [Classifying sensitive documents and emails – summary guidance](#)
- [Managing Information – guidance for staff](#)
- [Managing Information – guidance for Clerks](#)
- [Managing information – guidance for panel and AST members](#)
- [Keeping information safe – key messages for panel members \(video\)](#)

- [Keeping information safe – key tips for panel members](#)
- [Keeping information safe – key tips for AST members](#)
- [Keeping information safe – key tips for Clerks](#)
- [Keeping information safe – key tips for Board members](#)
- [Keeping information safe – arranging rota swaps](#)
- [Access control schedule, CHIRP](#)
- [Information Asset Register – redacted version](#)
- [CHS Board Minutes of Meeting, 26 August 2014 \(p. 6\)](#)

Supporting evidence to be submitted includes:

- [Managing Information update, sent to AST members, 19 July 2013](#)
- [Managing Information update, sent to panel members, 02 August 2013](#)
- [Managing Information update, sent to panel members, 15 August 2013](#)
- [CHS Board Minutes of Meeting, 18 September 2013 \(pp. 9, 11-12\)](#)
- [Keeping Information Safe update, sent to panel and AST members, 15 November 2013](#)
- [Classification of Information report, presented to the ARMC, 25 February 2014](#)
- [ARMC Minutes of Meeting, 25 February 2014 \(pp. 3, 9-11\)](#)
- [CHS Board Minutes of Meeting, 25 March 2014 \(pp. 3-4\)](#)
- [ARMC Minutes of Meeting, 30 June 2014 \(pp. 2-3\)](#)
- [Information Governance Policy Framework](#)
- [Approval of IG Policies report, presented to the ARMC, 19 August 2014](#)
- [Practice and Compliance report, presented to the ARMC, 19 August 2014](#)

- [ARMC Minutes of Meeting, 19 August 2014, IS Policy approval](#)
- [ARMC Minutes of Meeting, 19 August 2014, AU Policy approval](#)
- [ARMC Minutes of Meeting, 19 August 2014, update on practice and compliance](#)
- [Approval of IG Policies report, presented to the Board, 26 August 2014](#)
- [NC-CEO Update, presented to the Board, 26 August 2014 \(pp. 57-58\)](#)
- [Keeping Information Safe newsletter, sent to panel and AST members, local authority Clerks, CHS National team and Board members, 28 August 2014](#)
- [Civil Service Learning Certificate – example](#)
- [NC-CEO Update, presented to the Board, 29 October 2014 \(p. 25\)](#)
- [Practice and Compliance report, presented to the ARMC, 18 November 2014](#)
- [NC-CEO Update, presented to the Board, 16 December 2014 \(p. 25\)](#)
- [CHS Board Minutes of Meeting, 16 December 2014 \(p. 2\)](#)
- [CHS and SCRA IG Group Terms of Reference](#)
- CHS Information Governance eLearning Modules (to be provided separately)

Improvement planning

CHS' IG Strategy 2015-2018 highlights a number of key objectives for the organisation in relation to the management of information. From an information security perspective, this includes a review of the Keeping Information Safe guidance relating to the storage and transportation of papers; the development of a tool for recording that individuals have read and understood the relevant IG policies and procedures; the



delivery of bespoke IG eLearning; and the implementation of a consistent approach to programme management and the embedding of IG into this framework (including the completion of Privacy Impact Assessments at the start of a programme and ongoing compliance checks).

Responsibility and review

Responsibility for this element lies with the SIRO, IGO, IT Officer and each IAO.

Each of the policies and procedures relevant to this element will be reviewed informally by the IGO on an annual basis. They will be formally reviewed and taken to the ARMC for approval every two years.





Element 9: Data protection

Purpose: To evidence the procedures in place to manage and protect the personal information held by and on behalf of the National Convener and CHS, including information relating to children, young people and families as well as information relating to panel and AST members, local authority Clerks, staff and Board members.

Statement of compliance

The National Convener and CHS have published a privacy statement on their website, detailing the types of personal data collected, shared and held by the organisation and the way in which this information is managed, in line with key IG policies and procedures.

CHS' Data Protection Policy identifies the technical and organisational measures that shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

Appropriate data processing contracts have been established with third parties where potential or actual access to and processing of information assets is identified. All data processors are required to complete an annual self-assessment of their IG performance and compliance with the

contractual arrangements.

On completion of pre-service training, panel members must demonstrate their understanding of the Children's Hearings System and their roles and responsibilities, through a Professional Development Award (PDA) assessment process, accredited by the Scottish Credit and Qualifications Framework (SCQF) Level 7. The PDA includes an assessment of panel member responsibilities in relation to the Data Protection Act 1998 (the DPA) and keeping information safe.

In September 2014, the Information Commissioner's Office were invited to conduct an Information Risk Review of CHS' compliance with the DPA. Feedback was positive with the ICO acknowledging that the National Convener and CHS have made significant progress since go-live in June 2013. In particular they highlighted the following achievements:

- the establishment of data protection related policies and guidance;
- the implementation of data processing agreements to ensure that partner organisations are processing personal data appropriately;
- the management of assurance activity with partner organisations to ensure they comply with the DPA;
- the delivery of data protection training to panel members before they are given access to personal data;
- the creation of specialised training for different roles;
- the implementation of an information asset register and a records retention schedule.

The six priority areas for improvement, as identified by the ICO, were agreed by the National Convener and CHS in November 2014. CHS' progress in line with these areas is monitored by the ARMC.

Evidence of compliance

The primary evidence to be submitted in support of Element 9 includes:

- [Privacy Statement](#)
- [Data Protection Policy](#)
- [Data protection – summary guidance](#)
- [Handling Information Requests – summary guidance](#)
- [CHS Board Minutes of Meeting, 20 March 2013](#) (pp. 9-10)
- [The Professional Development Award for Children’s Hearings in Scotland: Panel Members at SCQF level 7, Report on the Data Protection requirements for panel member pre-service training, 28 February 2014](#)
- Data Processing Contract – template (to be provided separately)
- [Data Processing - self-assessment template](#)
- [DP Compliance Check – template](#)
- [CHS Board Minutes of Meeting, 26 August 2014](#) (pp. 5-6)
- [ICO Information Risk Review report, presented to the ARMC, 18 November 2014](#)
- [ICO Information Risk Review report, presented to the ARMC, 17 February 2015](#)
- CHS Information Governance eLearning Modules (to be provided separately)

Supporting evidence to be submitted includes:

- [CHS Board Minutes of Meeting, 15 May 2013](#) (p. 10)
- [Managing Information update, sent to AST members, 19 July 2013](#)
- [Managing Information update, sent to panel members, 02 August](#)

2013

- [Managing Information update, sent to panel members, 15 August 2013](#)
- [CHS Board Minutes of Meeting, 18 September 2013](#) (pp. 11-12)
- [Keeping Information Safe update, sent to panel and AST members, 15 November 2013](#)
- [ARMC Minutes of Meeting, 25 February 2014](#) (pp. 3, 8-11)
- [CHS Board Minutes of Meeting, 25 March 2014](#) (pp. 3-4)
- [ARMC Minutes of Meeting, 30 June 2014](#) (pp. 2-3)
- [Approval of IG Policies report, presented to the ARMC, 19 August 2014](#)
- [Practice and Compliance report, presented to the ARMC, 19 August 2014](#)
- [ARMC Minutes of Meeting, 19 August 2014, DP Policy approval](#)
- [NC-CEO Update, presented to the Board, 26 August 2014](#) (pp. 57-58)
- [Approval of IG Policies report, presented to the Board, 26 August 2014](#)
- [Keeping Information Safe newsletter, sent to panel and AST members, local authority Clerks, CHS National team and Board members, 28 August 2014](#)
- [NC-CEO Update, presented to the Board, 29 October 2014](#) (pp. 24-25)
- [CHS Board Minutes of Meeting, 29 October 2014](#) (p. 3)
- [Practice and Compliance report, presented to the ARMC, 18 November 2014](#)
- [NC-CEO Update, presented to the Board, 16 December 2014](#) (p. 25)
- [CHS Board Minutes of Meeting, 16 December 2014](#) (p. 2)
- [Acceptable Use Policy](#)
- [Acceptable Use – summary guidance](#)

- [Managing information – guidance for staff](#)
- [Managing information – guidance for Clerks](#)
- [Managing information – guidance for panel and AST members](#)
- [Keeping information safe – key messages for panel members \(video\)](#)
- [Keeping information safe – key tips for panel members](#)
- [Keeping information safe – key tips for AST members](#)
- [Keeping information safe – key tips for Clerks](#)
- [Keeping information safe – key tips for Board members](#)
- [Keeping information safe – arranging rota swaps](#)
- [Information Governance Policy Framework](#)

Improvement planning

Bespoke eLearning courses containing an introduction to data protection and key information security messages for each role within the Children’s Hearings System are currently being produced by CHS in partnership with the CHS Training Unit. The IGO is responsible for writing the bespoke content for the training and the CHS Training Unit are developing it within their Virtual Learning Environment.

All panel and AST members, Clerks, staff and Board members will be expected to complete ‘Part A: An Introduction to Data Protection’ and a 10 question revision quiz. On completion of Part A, users will be directed to ‘Part B: Key messages for [panel members / AST members / Clerks / staff / Board members]’ which will cover the key information security messages for each role and will be followed by a further 10 question revision quiz.

Dates of completion as well as scores from the two revision quizzes will

be retained on training records to demonstrate that individuals have completed the necessary training in relation to data protection and information security.

The eLearning course will be made available to panel members who transferred to the national Children’s Panel before the end of April 2015. AST members, Clerks, staff and Board members will be provided with access to the training on a phased basis, with everyone having access by the end of March 2016.

All panel and AST members, Clerks, staff and Board members will be expected to complete the training by August 2016 and then complete a shorter, refresher course every two years.

Responsibility and review

Responsibility for this element lies with the IGO.

Each of the policies and procedures relevant to this element will be reviewed informally by the IGO on an annual basis. They will formally reviewed and taken to the ARMC for approval every two years.



Element 10: Business continuity and vital records

Purpose: To identify the arrangements in place to prepare for, respond to, and recover from, an emergency that might affect any of the functions carried out by the National Convener or CHS.

Statement of compliance

The National Convener and CHS has a business continuity plan in place which is supported by a Vital Records Strategy (approved by the Senior Management Team in August 2014). The Plan was first noted by the ARMC in November 2012 and includes a section identifying the procedures in place for managing the organisation's vital records. These records are identified in CHS' Retention and Disposal Schedule.

The principle for establishing the Plan was first embedded in business objective five of the CHS Business Plan 2012/13 as approved by the Board at its meeting on 20 August 2012: *"creating, testing and implementing a business continuity plan by December 2012"*.

The Plan is subject to annual review by the CHS Resilience Team to ensure that it remains an adequate fit with the pattern of activity within

CHS. The Plan will also be shaped and improved when managing any Business Continuity Incidents.

Evidence of compliance

The primary evidence to be submitted in support of Element 10 includes:

- [Business Continuity Plan](#)
- [Vital Records Strategy](#)
- [ARMC Minutes of Meeting, 06 November 2012](#)
- [Testing of CHS Business Continuity Plan report, presented to the ARMC, 10 September 2013](#)
- [Review of CHS Business Continuity Plan report, presented to the ARMC, June 2014](#)
- [Testing of CHS Business Continuity Plan report, presented to the ARMC, August 2014](#)

Supporting evidence to be submitted includes:

- [ARMC Minutes of Meeting, 30 June 2014](#) (pp. 9-10)
- [Approval of IG Policies report, presented to the ARMC, 19 August 2014](#)
- [ARMC Minutes of Meeting, Business Continuity Plan, 19 August 2014](#)
- [Retention and Disposal Schedule](#)

Improvement planning

A vital records schedule to identify each category of vital record created and held by the National Convener and CHS is to be established in 2015.



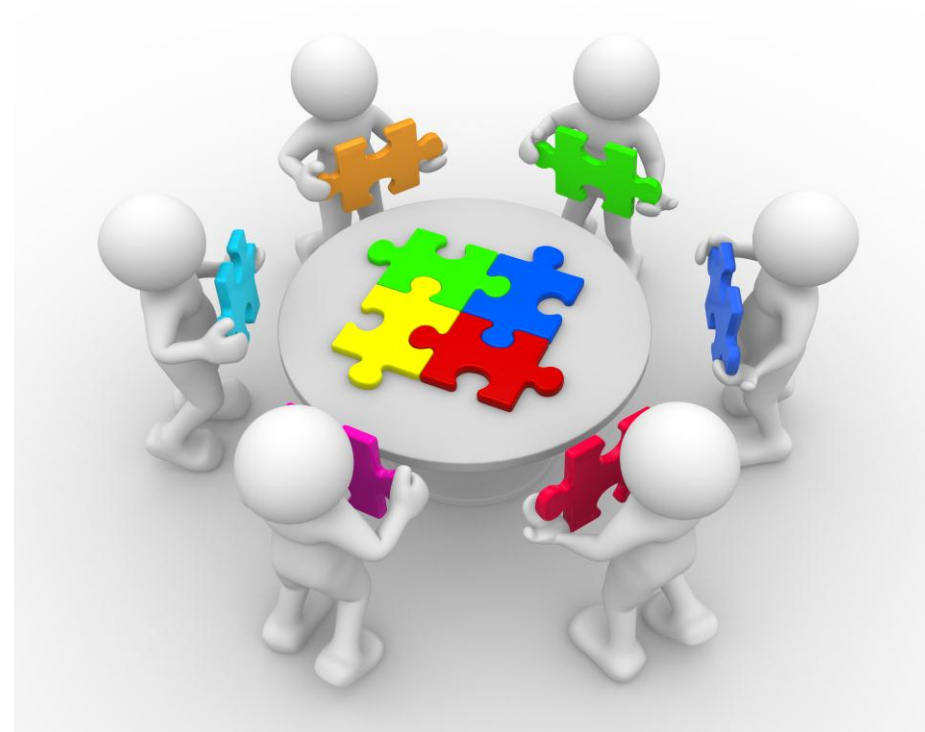
The schedule will include the following information for each of category of record:

- name
- primary location
- back up location
- deadline for the next review (to consider whether the record is still vital)
- the person or persons responsible for maintaining and reviewing the vital record
- details of who has access to the vital records

Responsibility and review

Responsibility for this element lies with the Executive Assistant and the IGO.

This element will be reviewed on an annual basis by the resilience team and will be closely monitored by the ARMC. In the event of a Business Continuity Incident, the plan, strategy and schedule will be reviewed to ensure it remains fit-for-purpose.





Element 11: Audit trail

Purpose: To accurately document the movement and/or editing of records created as a result of the functions and activities of the National Convener and CHS, in order to demonstrate authenticity, reliability and integrity of all records.

Statement of compliance

As CHS is a relatively new public body it creates, holds and maintains very few physical records. The majority of records held by CHS are held within a secure network drive on SG systems and an online secure portal (CHIRP) developed in Office 365 and SharePoint 2013. CHIRP is the tool for secure communication and information sharing across the CHS community.

Electronic records held within CHIRP are subject to audit trail mechanisms that record the movement of records within the infrastructure. Audit reports can be created within the system which identify who has created, accessed, modified, shared and disposed of data. Data held within the secure network drive is not subject to formal audit reports but best practice records management principles and policies are applied which promote the efficient management of records.

Evidence of compliance

The primary evidence to be submitted in support of Element 11 includes:

- [Document History – CHIRP audit report](#)
- [Version History – CHIRP audit report](#)
- [Managing information – guidance for staff](#)
- [Managing information – guidance for Clerks](#)
- [Managing information – guidance for panel and AST members](#)
- [Information Governance Strategy](#)

Supporting evidence to be submitted includes:

- [Business Classification Scheme](#)
- [Managing information update, sent to AST members, 19 July 2013](#)
- [Practice and Compliance report, presented to the ARMC, 19 August 2014](#)
- [Keeping Information Safe newsletter, sent to panel and AST members, local authority Clerks, CHS National team and Board members, 28 August 2014](#)
- [Retention and Disposal Policy – CHIRP audit report](#)

Improvement planning

A project will be initiated in 2016 to consider the most appropriate strategy for the management of all CHS information. This project will consider the ongoing suitability of the two corporate records repositories – CHIRP and the secure network drive. In the interim, CHS will deploy the organisation's business classification scheme in the secure network drive



which will further support the management of information within this repository.

Responsibility and review

Responsibility for this element lies with the IGO, IT Officer, and Panel Database Administrator.

The element will be reviewed on an ongoing basis as CHIRP is further developed to support the management of information created, accessed and shared by the Panel Community. Supporting policies and procedures will also be reviewed on an annual basis and formally reviewed by the ARMC every two years.





Element 12: Records management competency framework

Purpose: To evidence that the Information Governance Officer has the relevant knowledge and skills to carry out their role effectively and meet the day-to-day operational requirements of the PRSA on behalf of the National Convener and CHS.

Statement of compliance

The National Convener and CHS recognise that records management is a separate function from general operational duties and in order to ensure ongoing compliance with relevant statutory and legislative obligations it is necessary to ensure that specific training resources are available to the IGO.

A continuing personal development programme is available to the IGO and appropriate records management training and awareness is available to individuals with recordkeeping responsibilities, including panel and AST members, local authority Clerks, CHS National team and Board members.

Over the last year, the IGO has successfully completed the Microsoft

Office 365 training for end users (15 April 2014), Microsoft SharePoint 2013 Core Skills Levels 1 and 2 (01-04 September 2014); and attended the Information Commissioner's Conference in Manchester (02 March 2015).

CHS utilises online training and development tools, including the Civil Service Learning resources to ensure that staff members are kept informed of latest developments in IG. CHS has also produced bespoke IG eLearning courses to be completed every two years.

CHS has identified the essential skills and experience required by staff and volunteers when managing information, in the Records Management Competency Framework.

Evidence of compliance

The primary evidence to be submitted in support of Element 12 includes:

- [Records Management Competency Framework](#)
- [Information Governance Strategy](#)
- [IGO Performance Objectives 2015/16](#)
- [Civil Service Learning Certificate – example](#)

Supporting evidence to be submitted includes:

- [CHS Board Minutes of Meeting, 15 May 2013](#) (p. 10)
- [ARMC Minutes of Meeting, 25 February 2014](#) (p. 10)
- [ARMC Minutes of Meeting, 30 June 2014](#) (p. 9)
- [Practice and Compliance report, presented to the ARMC, 19 August 2014](#)
- [ARMC Minutes of Meeting, update on practice and compliance, 19](#)



August 2014

- [Practice and Compliance report, presented to the ARMC, 18 November 2014](#)
- [CHS Board Minutes of Meeting, 16 December 2014](#) (p. 2)
- [QA Microsoft Office 365 for End Users certificate](#)
- [QA Microsoft SharePoint 2013 Core Skills - Level 1 certificate](#)
- [QA Microsoft SharePoint 2013 Core Skills - Level 2 certificate](#)

Improvement planning

In November 2015, the IGO will attend a five day Data Protection Practitioner Course with the aim of further consolidating the IGO's knowledge and understanding of the Data Protection Act 1998.

CHS' bespoke eLearning modules for panel and AST members, local authority Clerks, CHS National team and Board members will be rolled out over 2015-16. The eLearning completion and pass rates will be closely monitored to identify where further training and guidance may be required.

Responsibility and review

Responsibility for this element lies with the Interim Director of Finance and Corporate Services and the IGO.

The element will be reviewed informally on an annual basis by the IGO and formally by the ARMC every two years.





Element 13: Assessment and review

Purpose: To identify the processes in place to regularly review records management systems and practices to ensure they remain fit for purpose and continue to support the operational and compliance requirements of the National Convener and CHS.

Statement of compliance

The National Convener and CHS conducted a gap analysis in 2013 to assess records management provision within the organisation and the key priorities moving forward. A self-assessment report was produced in 2013 as a result of the gap analysis and this activity will be repeated once the RMP has been submitted to the Keeper for approval. Records management featured throughout CHS' Business Plan for 2014-15 and features in the Business Plan for 2015-16.

The ARMC advises the Board on IG arrangements and reviews core IG policies and procedures. The ARMC is also responsible for monitoring performance and assessing the control of risk in relation to IG, receiving and acting on reports from the IGO and SIRO. The ARMC will formally review this Records Management Plan every two years, however the

content will be reviewed by the IGO annually to ensure that the objectives remain relevant and the organisation continues to meet all of its statutory and regulatory responsibilities.

The joint CHS and SCRA IG group is responsible for monitoring and reviewing day to day IG issues which affect the IG frameworks of both organisations. The group works together to develop joint IG guidance and consider new ways to raise awareness. For CHS, the group reports to the ARMC on issues and risk.

The National Convener and CHS recognise that training and awareness is essential to the success of this RMP and to ensuring that the organisation meets each of the objectives outlined. Awareness of our policies and procedures relating to data protection, information security and records management is also essential to ensure confidence in the handling and sharing of information.

Evidence of compliance

The primary evidence to be submitted in support of Element 13 includes:

- [Gap analysis, September 2013](#)
- [Self-assessment report, presented to SMT, September 2013](#)
- [CHS Business Plan 2014-2015](#)
- [ARMC Minutes of Meeting, 30 June 2014](#) (pp. 2-3, 9)
- [NC-CEO Update, presented to the Board, 26 August 2014](#) (pp. 57-58)
- [CHS Board Minutes of Meeting, 26 August 2014](#) (pp. 4, 7)
- [CHS Board Minutes of Meeting, 29 October 2014](#) (p. 1)
- [NC-CEO Update, presented to the Board, 16 December 2014](#) (pp. 22-

25)

- [Information Governance Strategy](#)
- CHS Board Minutes of Meeting, 24 March 2015³
- CHS Business Plan 2015-16⁴

Supporting evidence to be submitted includes:

- [ARMC Terms of Reference](#)
- [CHS Board Minutes of Meeting, 25 March 2014](#) (pp. 3-4)
- [Practice and Compliance report, presented to the ARMC, 19 August 2014](#)
- [ARMC Minutes of Meeting, update on practice and compliance, 19 August 2014](#)
- [NC-CEO Update, presented to the Board, 29 October 2014](#) (pp. 24-25)
- [Practice and Compliance report, presented to the ARMC, 18 November 2014](#)
- [CHS and SCRA Joint IG Group report, presented to the ARMC, 18 November 2014](#)
- [ICO Information Risk Review report, presented to the ARMC, 18 November 2014](#)
- [CHS Board Minutes of Meeting, 16 December 2014](#) (p. 2)
- [ICO Information Risk Review report, presented to the ARMC, 17 February 2015](#)

³ Please note that these minutes have not been approved and exist only in draft form. The Keeper will be provided with a copy of these minutes once approved. If required, a draft copy can be issued offline.

⁴ Please note that CHS' Business Plan for 2015-16 has not yet been approved. A copy will be made available on the [CHS website](#) in April 2015.

Improvement planning

CHS has established a robust audit and monitoring framework for IG activities and progress. The ongoing effectiveness of this framework will be reviewed by the organisation's internal auditors with feedback being presented to the ARMC and Board when appropriate.

Responsibility and review

Responsibility for this element lies with the IGO and the ARMC.

The element will be reviewed on a quarterly basis in preparation for each ARMC meeting.





Element 14: Shared information

Purpose: To evidence the safeguards in place to share information lawfully and securely with key partners involved in the Children's Hearings System.

Statement of compliance

To support the Children's Hearings System it will be necessary for the National Convener and CHS to share information with key partners, including the Scottish Children's Reporter Administration, local authorities and Scottish Government. Comprehensive Information Sharing Protocols (ISPs), supported by Data Access Agreements, have therefore been established to govern the sharing of data. Each ISP follows the ICO's Code of Practice on Data Sharing.

The National Convener and CHS commit to sharing information appropriately and responsibly and investigate new ways of improving information sharing practices across the Children's Hearings System.

Evidence of compliance

The primary evidence to be submitted in support of Element 14 includes:

- Information Sharing Protocol – template (to be provided separately)
- [Data Access Agreement - template](#)
- [Privacy Statement](#)

Supporting evidence to be submitted includes:

- [Privacy Impact Assessment - template](#)
- [DP Compliance Check – template](#)

Improvement planning

The role of each local authority in Scotland in supporting the Children's Hearings System is crucial to the success of the national Children's Panel. Central to this is the way in which we access, manage, share and maintain information relating to the national Children's Panel.

Local authorities hold a substantial amount of legacy data relating to local children's panels and Children's Panel Advisory Committees. As it may be necessary for the National Convener and CHS to access this information, ISPs have been established to set out the purposes for sharing legacy information, the means by which access to information will be facilitated and the roles and responsibilities of each party in ensuring that the information is managed and retained securely.

23/32 ISPs have now been agreed with local authorities. The remaining ISPs are to be established as a matter of priority.

Responsibility and review

Responsibility for this element lies with the IGO.

The element will be reviewed in line with any changing functions, needs, purposes and partners.



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