



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

May 25, 2018

Information Reports

- [2018-INFO-85](#) Commissioner of Corporate Services – re: Enterprise Information Management Five-Year Strategy
- [2018-INFO-86](#) Commissioner and Medical Officer of Health – re: Mandatory On-Site Sewage System Maintenance Inspection Program
- [2018-INFO-87](#) Commissioner and Medical Officer of Health – re: Program Reports
- [2018-INFO-88](#) Commissioner of Social Services – re: Seniors' Month in Ontario
- [2018-INFO-89](#) Commissioner and Medical Officer of Health - re: Smoke-Free Ontario Strategy

Early Release Reports

There are no Early Release Reports

Staff Correspondence

1. [Regional Municipality of Durham Works Department](#) – re: Notice of Completion – Provision of additional water supply capacity and water storage capacity to service Port Perry Urban Area, advising of 60 day review period from June 1 to June 30, 2018

Durham Municipalities Correspondence

There are no Durham Municipalities Correspondence

Other Municipalities Correspondence/Resolutions

1. [Municipality of Killarney](#) – re: Resolution passed at their Council meeting held on May 16, 2018, regarding Bill 16, Respecting Municipal Authority over Landfilling Sites Act

Miscellaneous Correspondence

1. [AECOM Canada Ltd.](#) – re: Notice of Public Information Centre #1, Lynde Creek Master Drainage Plan Update – Municipal Class Environmental Assessment, on June 5, 2018, Town of Whitby

Advisory Committee Minutes

There are no Advisory Committee Minutes

Members of Council – Please advise the Regional Clerk at clerks@durham.ca by 9:00 AM on the Monday one week prior to the next regular Committee of the Whole meeting, if you wish to add an item from this CIP to the Committee of the Whole agenda.



The Regional Municipality of Durham Information Report

From: Commissioner of Corporate Services
Report: #2018-INFO-85
Date: May 25, 2018

Subject:

Enterprise Information Management Five-Year Strategy

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 The purpose of this report is to advise Regional Council of an initiative that has been endorsed and supported by Senior Management within the organization. In late 2017 Corporate Services – Legislative Services embarked on the creation of an Enterprise Information Management (EIM) Strategy. The strategy will be phased in over a period of five years. The EIM Strategy has been developed in conjunction with the Corporate IT Strategy and will introduce Information Governance (IG) - a cross-disciplinary framework providing the necessary standards, processes, roles and metrics to assist the organization in the management of corporate information.
- 1.2 The EIM strategy will support the Corporate Strategic Plan, comply with legislative/regulatory requirements for managing information, build and capitalize on EIM opportunities and outline recommendations and deliverables for the lifecycle management of the Region's corporate information. The strategy aims to improve Information Management (IM) within the organization.

Information Management: A discipline that directs and supports effective and efficient management of information in an organization, from planning and systems development to disposal and/or long-term preservation.

2. Background

- 2.1 The constant growth of information and new technologies is changing the way the Region does business. The Corporate Services Department, Legislative Services Division utilized the services of Ergo Information Management Consulting to review

and assess the current Records and Information Management (RIM) program, the Region's EIM practices and assist in the development of a five-year EIM Strategy identifying the framework necessary to enable the Region to improve practices on the management of information to protect our information assets through technological change. The EIM strategy focuses on information in a variety of formats (paper, unstructured electronic files (word processed documents, spreadsheets, PDF's), email, external website and social media content.

2.2 The following are the main strategies, priorities and goals of the EIM strategy:

a. Information Governance

- Create and implement a sustainable IG culture
 - Appoint senior management oversight for IG
 - Establish IG steering committee and project teams
- Develop and implement sustainable IM policies

b. IM program services and staffing

- Reprioritize IM program services
 - Improve IM project methodology and IM training
 - Promote best practices for managing electronic records
 - Prioritize IM performance measurement and compliance auditing
- Optimize IM program staffing
 - Participate in master's level degree program co-op placements and practicums

c. IM processes

- Implement records lifecycle management improvements
 - Improve information creation, capture, declaration, classification, search and retrieval, storage and security, retention and disposition

d. Technology

- Implement Enterprise Content Management (ECM) software
 - Provides secure repository for electronic records
 - Manage content as records (social media and website)
 - Provides workflow and document collaboration
- Monitor and evaluate technology from an IG perspective
 - Ensure IT, legal, privacy/security and IM implications are understood

2.3 Benefits of implementing the EIM Strategy include:

- IM standardization and consistency
- Reduced redundant, obsolete and transitory information
- Easier, faster information search and retrieval
- Reduced records storage volume

- Electronic records recognized and managed as official Region records
- Implement new technologies to improve recordkeeping efficiencies
- Meet or exceed IM best practices benchmarks

3. Conclusion

- 3.1 Through the process the Region was provided with two key reports – Records & Information Management (RIM) Program and Enterprise Information Management (EIM) Practices Assessment Report (Attachment #1). The executive summary of the Records & Information Management (RIM) Program and Enterprise Information Management (EIM) Practices Assessment Report identifies the strengths, weaknesses, opportunities and threats (SWOT) analysis of the current RIM program/EIM practices and provides key findings. The assessment report identifies the information governance maturity model ratings for the Region when benchmarked against industry standards (see page 4 of attachment #1). The Region scored a 1.8 average maturity score out of five across the eight principles.
- 3.2 The second document the Region received was an Enterprise Information Management (EIM) Strategy (Attachment #2) outlining the recommendations and deliverables necessary for managing the Region’s corporate information. The EIM strategy aims to provide a five-year prioritized work plan for addressing the deficiencies and risks that are identified in the RIM assessment report.
- 3.3 Implementing the EIM Strategy will enable the Region to meet or exceed a Level 3 (essential level) benchmark by December 31, 2023. The EIM Strategy indicates action plans (see page 72), implementation timelines (see page 92) and anticipated implementation costs (see page 97) of the EIM Strategy.
- 3.4 Historically, RIM practices were developed to manage paper records. The majority of information today is born digital. Therefore, the Region must ensure practices are in place to ensure corporate information assets are secure and accessible over time.

4. Attachments

Attachment #1: Records and Information Management (RIM) program and Enterprise Information Management (EIM) Practices Assessment Report

Attachment #2: Enterprise Information Management Strategy

Respectfully submitted,

D. Beaton, BCom, MPA
Commissioner of Corporate Services

DELIVERABLE

Regional Municipality of Durham

Enterprise Information Management (EIM) Strategy

March 9, 2018

Ergo Information Management Consulting

(a Division of The Ergo Group Inc.)

162 Guelph St., Suite 272

Georgetown, ON L7G 5X7

(905) 702 8756 or (877) 857-7111

www.eimc.ca

TABLE OF CONTENTS

| | |
|--|------------|
| 1. INTRODUCTION | 1 |
| 1.1 SWOT Analysis..... | 1 |
| 1.2 Benchmarking the Region’s RIM Program and EIM Practices..... | 4 |
| 1.3 EIM Strategy Objectives..... | 5 |
| 2. EIM VISION | 13 |
| 3. EIM STRATEGIC PRIORITIES, GOALS, AND OBJECTIVES | 14 |
| A. Information Governance..... | 18 |
| A.1 Develop, Implement, and Sustain an Information Governance Culture..... | 18 |
| A.2 Develop, Implement, and Maintain IM Policies | 24 |
| B. IM Program Services and Staffing..... | 26 |
| B.1 Reprioritize IM Program Services | 26 |
| B.2 Optimize IM Program Staffing..... | 34 |
| C. IM Processes..... | 39 |
| C.1 Improve Information Creation, Capture, and Declaration | 39 |
| C.2 Improve Information Classification, Search, and Retrieval..... | 40 |
| C.3 Improve Information Storage | 44 |
| C.4 Improve Information Security..... | 48 |
| C.5 Improve Business Continuity | 49 |
| C.6 Improve Information Retention and Disposition | 51 |
| C.7 Improve the Management of Archival Records and Artefacts | 55 |
| D. Technology | 59 |
| D.1 Build the Business Case for an Enterprise Content Management (ECM) System...59 | |
| D.2 Implement an ECM System..... | 66 |
| D.3 Manage Content as Records..... | 67 |
| D.4 Monitor and Evaluate Technology from an Information Governance Perspective ...69 | |
| 4. EIM STRATEGY ACTION PLANS..... | 72 |
| A. Information Governance..... | 73 |
| B. IM Program Services and Staffing..... | 76 |
| C. IM Processes..... | 80 |
| D. Technology | 88 |
| 5. EIM STRATEGY IMPLEMENTATION TIMELINE..... | 92 |
| 6. EIM STRATEGY IMPLEMENTATION COSTS | 97 |
| APPENDIX 1: TERMS, ACRONYMS, AND ABBREVIATIONS..... | 104 |

APPENDIX 2: KEY FINDINGS 105

APPENDIX 3: RIM/EIM LINKAGES TO THE REGION'S STRATEGIC PLAN 121

**APPENDIX 4: LEGISLATED/REGULATORY REQUIREMENTS FOR MANAGING
INFORMATION..... 122**

1. Introduction

Ergo Information Management Consulting (Ergo) recently completed a detailed review of the Region's Records and Information Management (RIM) Program and the Region's enterprise information management (EIM)¹ practices.

The results of Ergo's review and assessment are provided in the Records & Information Management (RIM) Program and Enterprise Information Management (EIM) Practices Assessment Report (hereinafter referred to as the Assessment Report) and the key findings from that report are reproduced in Appendix A of this document.

To provide context for the Enterprise Information Management Strategy (EIM Strategy), information is provided below about the SWOT analysis and benchmarking that Ergo completed. The objectives of the EIM Strategy are also listed.

1.1 SWOT Analysis

As part of the review and assessment, Ergo analyzed the strengths, weaknesses, opportunities, and threats (SWOT analysis) of the Region's RIM Program and its current EIM practices.

While it is recognized that this analysis may not list all strengths, weaknesses, opportunities, and threats, the key factors are included in Figure 1, as reproduced from the Assessment Report.

¹ Information management (IM) is the field of management responsible for establishing and implementing policies, systems, and procedures to create/capture, distribute, access, use, store, secure, retrieve, and ensure disposition of an organization's records and information while meeting business needs and in compliance with applicable legislated/regulatory requirements.

Figure 1 – SWOT Analysis

| <u>Strengths</u> | <u>Weaknesses</u> |
|---|--|
| <ul style="list-style-type: none">• Internal RIM subject matter expertise.• Interest by RIM Program employees and stakeholders (including some department/division employees) in moving to a less paper organization in which electronic records are recognized as the Region's official records.• Current RIM practices (particularly retention and particularly for electronic records) are conservative so – in theory – it is possible to find most records/information that you need if you look long and hard enough or know the 'go to' person who can find the records/information for you.• Most departments/programs are well-defined and stable with respect to the types of records being produced.• Employee interest in the introduction of new technologies (e.g. e-signatures, etc.) to improve recordkeeping efficiencies. | <ul style="list-style-type: none">• Records Analyst position vacancies are challenging to fill.• <i>Ad hoc</i> practices in some departments/divisions which do not manage the lifecycle of all records/information in accordance with internal policies and RIM best practices.• Many RIM Program guidelines and other resources are not well-known (and so not used) by Region employees.• Lack of Records Retention Schedule compliance (particularly for electronic records) results in valueless records being kept and that practice could pose a legal risk in the future.• Frequent challenges in searching for/retrieving information.• A culture of creating independent and somewhat overlapping silos/systems of information (e.g. personal drives, shared drives, e-mail system, Intranet, etc.) rather than considering information holistically.• Lack of understanding across the organization of the importance and benefits of RIM, the legislated requirements for 'good' RIM, and the risks of poor RIM practices. |

| <u>Opportunities</u> | <u>Threats</u> |
|---|--|
| <ul style="list-style-type: none"> • Implement procedures/processes to improve information classification and retrieval, particularly for electronic records, to increase access to information, reduce employee frustration and inefficiencies, and facilitate the implementation of retention periods. • Significantly reduce records storage volumes and storage costs by eliminating duplicated recordkeeping and enforcing RRS compliance, particularly for electronic records. • Possibility of introducing effective and efficient document collaboration functionality to overcome the challenges now encountered. • Provide employees with more (and preferably online) RIM training opportunities, including training during the employee onboarding process and training specific to the operations of individual departments/programs. • Motivate and engage employees by giving them new skills and technologies for dealing with information in the 21st century. • Ability to more easily and efficiently respond to future records requests under MFIPPA/PHIPA or in response to litigation or regulatory investigation. • Promote RIM more to help anchor the desired culture and habit changes. • Streamline the RIM Implementation Projects methodology to allow for 'quick wins' and reduced project durations. • Opportunity to introduce RIM/EIM governance prior to the implementation of new systems to ensure they comply with the Region's RIM/EIM policies and RIM/EIM best practices. | <ul style="list-style-type: none"> • Limited resources (financial and human) and competing work priorities for effecting RIM/EIM improvements. • The siloed culture and independence of Department Heads may be a barrier to the development, adoption, and/or enforcement of corporate RIM standards and best practices. • Risk of a costly, time-consuming discovery process in the event of litigation, audit or investigation if the <i>status quo</i> continues. • Increasing likelihood that a department will 'go it alone' and introduce recordkeeping technology in the absence of a viable plan for introducing that technology in the near-term at the corporate level. • Potential that the extent of RIM/EIM changes will be viewed as overwhelming, causing employees to perceive the EIM Strategy as unachievable. • RIM Program expansion and achievement of high rates of RIM Program compliance will fail unless there is a sustainable and enforced RIM governance structure and a compelling vision that employees can embrace. • Damage to reputation by not having accurate, complete, and well-managed information. • Potential for even more siloed information as employees continue to implement <i>ad hoc</i> RIM processes (particularly for electronic records) in the absence of a holistic, all-media, corporate RIM Program. • Maintaining the <i>status quo</i> is not an option given the continuous, exponential increase in records volume and the availability of beneficial technologies. |

1.2 Benchmarking the Region’s RIM Program and EIM Practices

Ergo used the Information Governance Maturity Model (IG Maturity Model) to assess the Region’s RIM Program and EIM practices against the Generally Accepted Recordkeeping Principles® (the Principles). Developed by ARMA International, the Principles “constitute a generally accepted global standard that identifies the critical hallmarks and a high-level framework of good practices for information governance (IG).”² For each of the eight Principles, the Maturity Model describes the criteria for effective IG at five levels of development as described in Figure 2. Level 3 is the minimum level of maturity for any organization.

Figure 2 – Levels of IG Maturity

| Maturity Level Number | Maturity Level Name | Definition ³ |
|-----------------------|-------------------------|--|
| 1 | Substandard | This level describes an environment where IG concerns are not addressed at all, are addressed minimally, or are addressed in a sporadic manner. Organizations at this level usually have concerns that the IG programs will not meet legal or regulatory requirements and may not effectively serve their business needs. |
| 2 | In Development | This level describes an environment where there is a developing recognition that IG has an impact on the organization and that the organization may benefit from a more defined IG program. The organization is vulnerable to redress of its legal or regulatory, and business requirements because its practices are ill-defined, incomplete, nascent, or only marginally effective. |
| 3 | Essential | This level describes the essential or minimum requirements that must be addressed to meet the organization’s legal, regulatory, and business requirements. Level 3 is characterized by defined policies and procedures and the implementation of processes specifically intended to improve IG. Level 3 organizations may be missing significant opportunities for streamlining the business and controlling costs, but they demonstrate the key components of a sound program and may be minimally compliant with legal, operational, and other responsibilities. |
| 4 | Proactive | This level describes an organization-wide, proactive IG program with mechanisms for continuous improvement. IG issues and considerations are routinized and integrated into business decisions. For the most part, the organization is compliant with industry best practices and meets its legal and regulatory requirements. Level 4 organizations can pursue the additional business benefits they could attain by increasing information asset availability, as appropriate; mining information assets for a better understanding of client and customer needs; and fostering their organizations’ optimal use of information. |
| 5 | Transformational | This level describes an organization that has integrated IG into its infrastructure and business processes such that compliance with the organization’s policies and legal/regulatory responsibilities is routine. The organization recognizes that effective IG plays a critical role in cost containment, competitive advantage, and client service. It implements strategies and tools for ongoing success. |

² http://c.ymcdn.com/sites/www.arma.org/resource/resmgr/files/Learn/2017_Generally_Accepted_Reco.pdf

³ Ibid.

As summarized in Figure 3, the Region scored a 1.8 average maturity rating out of 5 across the eight Principles. (See Appendix 5 of the Assessment Report for the rationale for each rating).

Figure 3 – The Region’s IG Maturity Benchmarking Ratings

| Principle | Definition ⁴ | Region’s Current Level |
|-----------------------|---|------------------------|
| Accountability | A senior executive (or a person of comparable authority) shall oversee the IG program and delegate responsibility for information management to appropriate individuals. | 2 |
| Transparency | An organization’s business processes and activities, including its IG program, shall be documented in an open and verifiable manner, and that documentation shall be available to all personnel and appropriate, interested parties. | 2 |
| Integrity | An IG program shall be constructed so the information assets generated by or managed for the organization have a reasonable guarantee of authenticity and reliability. | 1.5 |
| Protection | An IG program shall be constructed to ensure an appropriate level of protection to information assets that are private, confidential, privileged, secret, classified, essential to business continuity, or that otherwise require protection. | 2 |
| Compliance | An IG program shall be constructed to comply with applicable laws, other binding authorities, and the organization’s policies. | 1.5 |
| Availability | An organization shall maintain its information assets in a manner that ensures their timely, efficient, and accurate retrieval. | 1.75 |
| Retention | An organization shall maintain its information assets for an appropriate amount of time, taking into account its legal, regulatory, fiscal, operational, and historical requirements. | 2 |
| Disposition | An organization shall provide secure and appropriate disposition of information assets no longer required to be maintained, in compliance with applicable laws and the organization’s policies. | 2 |

1.3 EIM Strategy Objectives

The challenges and risks identified in the Assessment Report are not uncommon among the public, private, and not-for-profit sector organizations with which Ergo has worked. Our experience has demonstrated that significant improvements can be made with appropriate governance and organizational support, the development/enhancement and implementation of tools for IM best practices, an emphasis on training, and the strategic use of supportive technologies.

The objectives of the EIM Strategy are:

⁴ http://c.y.mcdn.com/sites/www.arma.org/resource/resmgr/files/Learn/2017_Generally_Accepted_Reco.pdf

1. Support implementation of the Region's Strategic Plan. See Appendix 3 for the RIM/EIM linkages to the Region's Strategic Plan.
2. Support compliance with the Region's legislative/regulatory requirements for managing information. See Appendix 4 for information on those requirements.
3. Build on the RIM Program/EIM strengths, capitalize on the RIM Program/EIM opportunities, and propose solutions to address the noted RIM Program/EIM weaknesses and threats.
4. Outline recommendations and deliverables for the lifecycle⁵ management of the Region's corporate information⁶ in the following formats:
 - a) Paper
 - Active records at desks/in offices at the Region's facilities.
 - Inactive records in the on-site Records Retention Centre (RRC) or the off-site commercial record centre.
 - Archival (historical) records in the RRC.
 - b) Unstructured electronic files (e.g. word-processed documents, spreadsheets, PDFs, etc.) in the following locations:
 - Personal network drives.
 - Shared network drives.
 - Portable electronic storage such as USBs, CDs, etc.
 - Intranet (the Insider).
 - Stored on and/or accessed using mobile devices such as smartphones.
 - c) E-mail messages and their attachments in the Region's e-mail system, including the e-mail archive.
 - d) Public/external website content at durham.ca.
 - e) Social media content.
5. Provide a prioritized 5-year work plan to enable the Region to achieve Level 3 (Essential) for each Principle in the IG Maturity Model by the end of 2023.

Note: Implementation of the EIM Strategy would enable the Region to achieve Level 4 in some cases (e.g. the development and implementation of a comprehensive employee training program). Figure 4 provides the criteria for each of Levels 3 and 4.

⁵ The lifecycle runs from the time records/information are created/received until they are disposed of. It includes all activities/processes required to manage the records/information (e.g. classification, storage, retention, etc.).

⁶ The EIM Strategy addresses the records/information created/received and maintained by Region departments (CAO's Office, Corporate Services, Finance, Health, Planning and Economic Development, Social Services, Transit, and Works). It excludes the records/information created/received and maintained by Region agencies, boards, and commissions, and Durham Regional Police Service.

Figure 4 – IG Maturity Model Level 3 and Level 4 Criteria

| Principle | Definition ⁷ | Level 3 (Essential) ⁸ | Level 4 (Proactive) ⁹ |
|-----------------------|---|---|---|
| Accountability | A senior executive (or a person of comparable authority) shall oversee the information governance program and delegate responsibility for information management to appropriate individuals | <p>A senior executive (or person of comparable authority) is both responsible for and actively engaged in setting strategy for managing information.</p> <p>The information manager role is recognized within the organization, and the person in that role is responsible for the tactical operation of the established Information Management (IM) Program on an organization-wide basis.</p> <p>The IM Program is responsible for electronic, as well as paper, records.</p> <p>The information manager is occasionally engaged in strategic IM initiatives with executive management.</p> <p>Senior management is aware of the IM Program and its value to the organization.</p> <p>The organization envisions establishing a broader-based Information Governance (IG) Program to direct various information-driven business processes throughout the organization.</p> <p>The organization has created specific goals related to accountability for records assets and information-driven business processes.</p> <p>All employees receive training regarding their IM responsibilities, but only during orientation.</p> | <p>A senior executive (or person of comparable authority) is responsible for and involved in setting the strategy for managing all of the organization's information assets.</p> <p>The organization has appointed an IG professional who oversees the IM Program.</p> <p>The information manager is a senior officer responsible for all tactical and strategic aspects of the IM Program, which is an element of the IG program.</p> <p>An IG stakeholder committee, representing all functional areas, meets periodically to review disposition policy and other IG-related issues.</p> <p>All employees receive ongoing, documented training regarding their IM responsibilities.</p> |

⁷ As obtained from http://c.ymcdn.com/sites/www.arma.org/resource/resmgr/files/Learn/2017_Generally_Accepted_Reco.pdf

⁸ As extracted from Appendix B, Information Governance Maturity Model in the following ARMA International publication: Implementing the Generally Accepted Recordkeeping Principles® (ARMA International TR 30-2017)

⁹ Ibid.

| Principle | Definition ⁷ | Level 3 (Essential) ⁸ | Level 4 (Proactive) ⁹ |
|---------------------|---|--|--|
| Transparency | An organization's business processes and activities, including its information governance program, shall be documented in an open and verifiable manner, and that documentation shall be available to all personnel and appropriate, interested parties | <p>Transparency in business practices and IM is taken seriously, and information is readily and systematically available, when needed.</p> <p>There is a written policy regarding transparency in business operations and in IM.</p> <p>Employees receive training about the importance of transparency and the specifics of the organization's commitment to transparency, but only during orientation.</p> <p>The organization has defined specific goals related to IG transparency.</p> <p>Business and IM processes are documented.</p> <p>The organization can accommodate most requests for information from regulators, the courts, potential business partners, investors, buyers, or other entities.</p> | <p>Transparency is an essential part of the corporate culture.</p> <p>On a regular basis, the organization monitors compliance with its transparency policy.</p> <p>Documentation of business and IM processes is monitored and updated consistently.</p> <p>All employees receive ongoing, documented training about the importance of transparency and the specifics of the organization's commitment to transparency.</p> <p>Requests for information from regulators, the courts, potential business partners, investors, buyers, or other entities are managed through routinized business processes.</p> |
| Integrity | An information governance program shall be constructed so the information assets generated by or managed for the organization have a reasonable guarantee of authenticity and reliability | <p>The organization has a formal process to ensure that chain of custody and the required levels of authenticity can be integrated into its systems and processes.</p> <p>The organization captures the appropriate metadata elements to demonstrate compliance with its policies.</p> <p>All employees receive training related to ensuring the integrity of information assets, but only during orientation.</p> <p>The organization has specific goals related to integrity.</p> | <p>For all systems, business applications, and records, there is a clear definition of metadata requirements that will ensure the authenticity of information assets.</p> <p>The organization's metadata requirements include security, signature, and chain of custody safeguards to demonstrate authenticity.</p> <p>Metadata-related processes are an integral part of IM practices.</p> <p>All employees receive ongoing, documented training related to ensuring the integrity of information assets.</p> |

| Principle | Definition ⁷ | Level 3 (Essential) ⁸ | Level 4 (Proactive) ⁹ |
|-------------------|--|---|--|
| Protection | An information governance program shall be constructed to ensure an appropriate level of protection to information assets that are private, confidential, privileged, secret, classified, essential to business continuity, or that otherwise require protection | <p>The organization has a formal written policy for protecting information assets, and it has centralized access controls. For example, firewalls are in place, anti-virus software is installed, information is backed up regularly, and the breach response and business continuity plans are documented.</p> <p>Confidentiality and privacy considerations for information assets are well-defined throughout the organization.</p> <p>The importance of chain of custody is defined.</p> <p>Employees receive training about how to protect information assets, but only during orientation.</p> <p>Information asset audits are conducted in regulated areas of the business; audits in other areas may be conducted, but they are left to the discretion of each functional area.</p> <p>The organization has created specific goals related to information asset protection.</p> | <p>The organization has implemented systems that provide for the protection of information assets. Firewalls are in place, anti-virus software is installed across the enterprise, there are centralized access controls, information is backed up routinely, and the breach response and business continuity plans are reviewed and updated regularly.</p> <p>Employees receive ongoing, documented training about how to protect information assets.</p> <p>Auditing of compliance and protection measures is conducted regularly.</p> |

| Principle | Definition ⁷ | Level 3 (Essential) ⁸ | Level 4 (Proactive) ⁹ |
|-------------------|---|---|--|
| Compliance | An information governance program shall be constructed to comply with applicable laws, other binding authorities, and the organization's policies | <p>The organization has identified key compliance laws and regulations.</p> <p>Information creation and capture are, in most cases, systematically carried out in accordance with IM principles.</p> <p>The organization has a code of business conduct that is integrated into its overall IG structure and policies.</p> <p>All employees receive training about the importance of compliance with IM policies and processes, but only during orientation.</p> <p>Compliance is highly valued, and it is measurable and verifiable.</p> <p>The information hold process is integrated into the organization's IM and discovery processes, and it is generally effective.</p> <p>The organization has created specific goals related to compliance.</p> <p>The organization's exposure to adverse consequences from poor IM and IG practices is reduced.</p> | <p>The organization has implemented systems to capture, protect, and dispose of information assets in a legally defensible manner.</p> <p>Records are linked with the metadata, which are used to demonstrate and measure compliance.</p> <p>Employees receive ongoing, documented training about the importance of compliance with IM policies and processes.</p> <p>Training and audit-related information is available for review.</p> <p>Lack of compliance is consistently remedied by defined corrective actions.</p> <p>Legal, audit, and other processes that require producing information assets are well-managed and effective, with defined roles and repeatable processes that are integrated into the organization's IG Program.</p> <p>The organization is at low risk of adverse consequences from poor IM and IG practices.</p> |

| Principle | Definition ⁷ | Level 3 (Essential) ⁸ | Level 4 (Proactive) ⁹ |
|---------------------|--|---|---|
| Availability | An organization shall maintain its information assets in a manner that ensures their timely, efficient, and accurate retrieval | <p>There is a best practice for where and how information assets are stored, protected, and made available.</p> <p>There are clearly defined policies for handling information assets.</p> <p>Information asset retrieval mechanisms are consistent and effective.</p> <p>All employees receive training about how and where to store information, but only during orientation.</p> <p>Most of the time, it is easy to determine where to find the authentic, final version of any information asset.</p> <p>Discovery and information asset request processes are well-defined and systematic.</p> <p>Systems and infrastructure contribute to the availability of information assets.</p> <p>The organization has created specific goals related to the availability of information assets.</p> | <p>IG policies have been clearly communicated to all employees and other parties.</p> <p>All employees receive ongoing, documented training about how and where to store information.</p> <p>There are clear guidelines and an inventory that identify and define information assets and systems, so information assets are consistently and readily available, when needed.</p> <p>Appropriate systems and controls are in place for discovery and other requests for information assets, including the use of automation for consistent processing of requests.</p> |

| Principle | Definition ⁷ | Level 3 (Essential) ⁸ | Level 4 (Proactive) ⁹ |
|--------------------|--|---|---|
| Retention | An organization shall maintain its information assets for an appropriate amount of time, taking into account its legal, regulatory, fiscal, operational, and historical requirements | <p>The organization has instituted a policy for the retention of information assets; a formal records retention schedule that is tied to rules and regulations is consistently applied throughout the organization.</p> <p>All employees receive training about the requirements for keeping or disposing of the information assets they create and receive, but only during orientation.</p> <p>The litigation hold process is in place and compliance is monitored.</p> <p>The organization has created specific goals related to information asset retention.</p> | <p>Employees understand how to classify records and other information assets appropriately.</p> <p>All employees receive ongoing, documented training about the requirements for keeping or disposing of the information assets they create and receive.</p> <p>Records retention schedules are reviewed on a regular basis and there is a process to adjust retention schedules, as needed.</p> <p>The appropriate retention of information assets is a major organizational objective.</p> |
| Disposition | An organization shall provide secure and appropriate disposition of information assets no longer required to be maintained, in compliance with applicable laws and the organization's policies | <p>Official policy and procedures for the disposition of information assets have been developed.</p> <p>Official policy and procedures for suspending the disposition of information assets have been developed.</p> <p>Although policies and procedures for the disposition of information assets exist, they may not be standardized throughout the organization.</p> <p>All employees receive training about their information disposition responsibilities, but only during orientation.</p> <p>The organization has created specific goals related to the disposition of information assets.</p> | <p>All employees receive documented, ongoing training about their information disposition responsibilities.</p> <p>Information asset disposition procedures are applied consistently throughout the organization.</p> <p>The process for suspending the disposition of information assets is defined, understood, and used consistently throughout the organization.</p> <p>Information assets are disposed of in a manner appropriate to the assets' content, media, and format in accordance with retention policies.</p> |

2. EIM Vision

Recorded information is a critical and strategically important asset. Like financial and human resources, recorded information must be effectively managed using defined principles reflected in documented practices, policies, standards, procedures, business rules, and facilitating tools and technologies. Recorded information must also be managed in compliance with legislated/regulatory requirements.

The Region's information will be managed throughout its lifecycle in accordance with law, policy, standards, and procedure to support program and service delivery, foster informed decision-making, facilitate accountability, transparency, and collaboration, and maintain and ensure access to information for the benefit of present and future generations.

A cultural shift will be required to achieve this vision:

- The 'Records and Information Management Program (RIM Program)' will be repositioned as the 'Information Management Program (IM Program)' and the names of existing RIM Program positions, documentation, and tools (e.g. RIM Implementation Projects) will be changed accordingly.
- The Region will embrace an information governance culture in which multiple stakeholders work together to holistically manage the Region's information assets.
- New and improved IM practices and facilitating tools and technologies will be implemented and sustained to provide a standardized and defensible approach for reliably managing the Region's information, both in paper and electronic formats.

3. EIM Strategic Priorities, Goals, and Objectives

This section describes the goals of each EIM strategic priority. Action plans for achieving the objectives (and sub-objectives, where applicable) for each goal are provided in Section 4 and a high-level timeline for the prioritized and phased implementation of the EIM Strategy is provided in Section 5. Estimated EIM Strategy implementation costs are provided in Section 6.

A strategic priority is an overarching area of activity. There are four EIM strategic priorities:

- A. Information Governance.
- B. IM Program Services and Staffing.
- C. IM Processes.
- D. Technology.

A goal is a general statement of the end toward which the Region's resources will be directed. A strategic priority typically has more than one goal.

An objective is a general description of the action(s) required to achieve a goal. More than one objective may be required to achieve a goal. The objectives arise from the desired future state descriptions. An objective may have one or more sub-objectives.

Figure 5 lists the goals and objectives for each EIM strategic priority. Each objective (and sub-objective where applicable) has been assigned to one of four priority levels as described and colour-coded in Figure 11.

Figure 5 – EIM Strategic Priorities and Goals

| Strategic Priority | Goal # | Goal | Objective # | Objective (and Sub-objective if applicable) |
|---|------------|---|---|--|
| Information Governance | A.1 | Develop, Implement, and Sustain an Information Governance Culture | A.1.1 | Appoint Senior Management Oversight for Information Governance |
| | | | A.1.2 | Establish the IG Steering Committee (IGSC) |
| | | | A.1.3 | Establish IG Steering Committee Project Teams |
| | | | A.1.4 | Rename the RIM Program |
| | | | A.1.5 | Continue the IM Program Reporting Structure |
| | | | A.1.6 | Rename and Renew the Records Liaison Role |
| | | | A.1.7 | Appoint the IM Manager to Region Committees |
| | A.2 | Develop, Implement, and Maintain IM policies | A.2.1 | Develop and Implement an IM Policy |
| | | | A.2.2 | Develop and Implement Additional IM Policies |
| | | | A.2.3 | Review and Revise Existing Region Policies for IM Consistency |
| A.2.4 | | | Review and Revise Policies Every Two Years | |
| IM Program Services and Staffing | B.1 | Reprioritize IM Program Services | B.1.1 | Improve the IM Implementation Project Methodology |
| | | | B.1.2 | Promote Best Practices for Managing Electronic Records |
| | | | B.1.3 | Prioritize the Delivery of IM Consulting Services |
| | | | B.1.4 | Prioritize the Delivery of IM Training |
| | | | B.1.5 | Prioritize the Delivery of IM Performance Measurement and Compliance Auditing |
| | | | B.1.5.1 | Develop, Approve, Implement, and Periodically Review IM Performance Measures |
| | | | B.1.5.2 | Periodically Audit IM Compliance |
| | B.2 | Optimize IM Program Staffing | B.2.1 | Create and Staff a Senior IM Analyst Position |
| | | | B.2.2 | Accelerate the Reassignment of 1.5 Records Analyst Positions |
| | | | B.2.3 | Create and Staff Temporary IM Implementation Technician Positions |
| B.2.4 | | | Participate in Master's Level Degree Program Co-op Placements and Practicums | |
| B.2.5 | | | Engage Consultants to Provide Additional Skills | |
| B.2.6 | | | Continue to Hire Temporary Employees and Summer Students | |
| B.2.7 | | | Create/Revise JIQs and the IM Manager Job Description | |
| B.2.8 | | | Expand the Competency of IM Program Employees Through Education and Certification | |
| IM Processes | C.1 | Improve Information Creation, Capture, and Declaration | C.1.1 | Review Records Creation, Capture, and Declaration Provisions in Business Processes |
| | | | C.1.2 | Train Employees to Identify 'Official' vs. 'Transitory' Records |

| Strategic Priority | Goal # | Goal | Objective # | Objective (and Sub-objective if applicable) |
|--------------------|---|---|------------------------------|--|
| | C.2 | Improve Information Classification, Search, and Retrieval | C.2.1 | Develop and Implement a Function-based Records Classification Scheme |
| | | | C.2.2 | Train Employees in Electronic File Naming Conventions |
| | C.3 | Improve Information Storage | C.3.1 | Accelerate the Speed of Inactive Records Transfer and Destruction Processing |
| | | | C.3.2 | Specify and Promote the Purposes of Electronic Records Storage Locations |
| | | | C.3.3 | Plan and Complete IM Clean-up Projects |
| | | | C.3.4 | Schedule Annual IM Clean-up Days |
| | | | C.3.5 | Assess the Cost-Benefit of Continued Records Retention Centre Operations |
| | | | C.4 | Improve Information Security |
| | C.4.2 | Continue to Use Lockable Courier Bags to Transport Inactive Files | | |
| | C.4.3 | Continue to Provide Locked Shred Bins | | |
| | C.5 | Improve Business Continuity | C.5.1 | Identify and Protect All Vital Records |
| | | | C.5.2 | Reduce the Retention of Annual Back-ups |
| | | | C.5.3 | Develop and Periodically Test a Disaster Recovery Plan for Records |
| | C.6 | Improve Information Retention and Disposition | C.6.1 | Include Retention Periods in the Function-based Corporate Classification Scheme |
| | | | C.6.2 | Improve the User-friendliness of the Citation Tables |
| | | | C.6.3 | Prepare Annual, Comprehensive Citation Table Revisions |
| | | | C.6.4 | Continue to Prepare an Annual Records Retention Schedule Revision for Council Approval |
| | | | C.6.5 | Develop and Implement a Documented Records Hold Procedure |
| | | | C.6.6 | Reduce the Retention of Archived E-mail Messages |
| | | | C.6.7 | Promote Greater Records Retention Schedule Compliance |
| | | | C.6.8 | Ensure Employee Offboarding Processes Include IM Requirements |
| | C.7 | Improve the Management of Archival Records and Artefacts | C.7.1 | Comprehensively Identify, Preserve, and Make Accessible Archival Records and Artefacts |
| | | | | C.7.1.1 |
| C.7.1.2 | | | | Implement the Archives Strategy |
| C.7.2 | | | Preserve Digital Information | |
| | | | C.7.2.1 | Develop and Approve a Digital Preservation Strategy |
| C.7.2.2 | Implement the Digital Preservation Strategy | | | |

Regional Municipality of Durham
Enterprise Information Management (EIM) Strategy

| Strategic Priority | Goal # | Goal | Objective # | Objective (and Sub-objective if applicable) |
|--------------------|--------|--|-------------|---|
| Technology | D.1 | Build the Business Case for an Enterprise Content Management (ECM) System | D.1.1 | Research ECM Systems |
| | | | D.1.2 | Promote the Interim Use of Shared Network Drives for Document Collaboration |
| | | | D.1.3 | Document the Region's ECM Requirements |
| | | | D.1.4 | Assess the Region's Readiness to Implement ECM |
| | | | D.1.5 | Prepare an ECM Business Case |
| | D.2 | Implement an ECM System | D.2.1 | Conduct a Competitive Procurement Process |
| | | | D.2.2 | Develop an ECM Implementation Plan |
| | | | D.2.3 | Implement the ECM |
| | D.3 | Manage Content as Records | D.3.1 | Manage Social Media Content as Records |
| | | | D.3.2 | Manage Website Content as Records |
| | | | D.3.3 | Manage Intranet Content as Records |
| | D.4 | Monitor and Evaluate Technology from an Information Governance Perspective | D.4.1 | Monitor the Information Governance Implications of Emerging Technology |
| | | | D.4.2 | Consider Information Governance when Evaluating Proposed Technology |

A. Information Governance

The information governance goals and their corresponding objectives are described below.

A.1 Develop, Implement, and Sustain an Information Governance Culture

The effective management of any organization's recorded information depends on a holistic, integrated, and collaborative approach as well as demonstrated stakeholder commitment. Several of the weaknesses and threats in the Assessment Report reveal the lack of both at the Region today:

- *Ad hoc* practices in some departments/divisions do not manage the lifecycle of all records/information in accordance with internal policies and RIM best practices.
- A culture of creating independent and somewhat overlapping silos/systems of information (e.g. personal drives, shared drives, e-mail system, Intranet, etc.) rather than considering information holistically.
- Inconsistent terminology, conflicts with the CCS and RIM best practices, and non-implementable IM requirements in some policy/procedure documents developed by departments/functions other than the RIM Program.
- Challenges in securing RIM-related revisions to existing policies or procedures for which other departments are responsible.
- Lack of understanding across the organization of the importance and benefits of RIM, the legislated requirements for 'good' RIM, and the risks of poor RIM practices.
- The siloed culture and independence of Department Heads may be a barrier to the development, adoption, and/or enforcement of corporate RIM standards and best practices.

IM should not (and cannot) operate in a vacuum given its mandate to support the Region's efficient and effective lifecycle management of information and its intersection with allied functions such as IT, legal, privacy, and security. Consequently, a paradigm shift is required. The individual and collective expertise of information stakeholders must be recognized, departments must take ownership for managing the information they create/receive and maintain, and departments/functions must work together to ensure their IM practices are standardized, consistent, and compliant with both Regional and legislated requirements. This new approach is called 'information governance'.

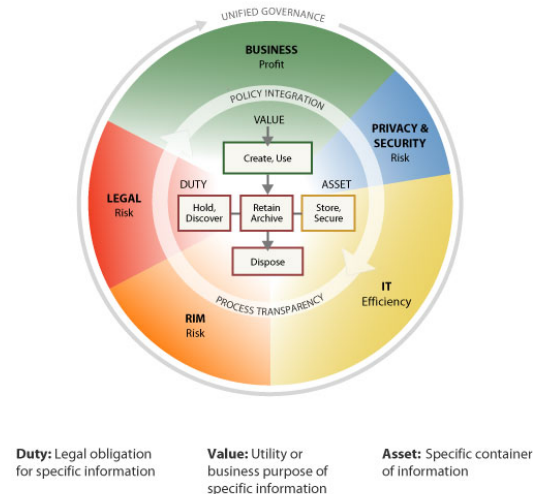
Information governance is a "strategic, cross-disciplinary framework composed of standards, processes, roles, and metrics that hold organizations and individuals accountable for the proper handling of information assets. The framework helps organizations achieve business objectives, facilitates compliance with external requirements, and minimizes risk posed by sub-standard information handling practices."¹⁰

¹⁰ ARMA International, Glossary of Records Management and Information Governance Terms, 5th edition.

The Information Governance Reference Model or IGRM (see Figure 6) graphically illustrates a holistic and integrated framework for information governance which requires the active participation of several, equally weighted, stakeholders of which IM (called RIM in the model) is one. The other information governance (IG) stakeholders are IT, Legal, Privacy and Security, and the Business.

Figure 6 – Information Governance Reference Model

Information Governance Reference Model (IGRM)
Linking duty + value to information asset = efficient, effective management



Information Governance Reference Model / © 2012 / v3.0 / edrm.net

The objective of the integration is to “bring process transparency to stakeholders so they can see what value and duty exist against information assets at any point in time. They can then perform their functions against these assets without adding unintentional risk to the organization.”¹¹ Implementing the IGRM will facilitate communication and co-operation among stakeholders, drive cross-functional processes, and align IG goals across the Region. Further, IGRM implementation will enable the Region to leverage the opportunity to introduce information governance prior to the implementation of new computer systems/technologies to ensure they comply with the Region’s IM policies and best practices while also providing a defence against two threats noted in the SWOT analysis in the Assessment Report:

- RIM Program expansion and achievement of high rates of RIM Program compliance will fail unless there is a sustainable and enforced RIM governance structure and a compelling vision that employees can embrace.
- Potential for even more siloed information as employees continue to implement *ad hoc* RIM processes (particularly for electronic records) in the absence of a holistic, all-media, corporate IM Program.

¹¹ <https://www.edrm.net/papers/igrm-it-viewpoint/>

As described below, several objectives must be met to achieve the goal of developing, implementing, and sustaining an IG culture at the Region.

A.1.1 Appoint Senior Management Oversight for Information Governance

The accountability principle in the Generally Accepted Recordkeeping Principles® states “A senior executive (or a person of comparable authority) shall oversee the information governance program and delegate responsibility for information management to appropriate individuals.”¹² We recommend assigning senior management oversight for IG to the Commissioner of Corporate Services because:

- The Commissioner of Corporate Services position is a senior-level position with access to other Department Heads to facilitate IG, and specifically IM improvements, across the Region.
- IG is an organization-wide function for which centralized, high-profile control is required to establish legally defensible requirements and standardized best practices that will be implemented by all employees.
- Four IG stakeholders (IT, Legal, Privacy¹³ and Security, and IM) report to this position.

Exercising executive management oversight for IG will not be a full-time responsibility, although the Commissioner of Corporate Services will devote time during the early stages of EIM Strategy implementation when governance, staffing, and compliance mechanisms are being established. The Commissioner of Corporate Services will be involved with strategic aspects of IG (e.g. securing approvals, funding, etc.) and bring IG matters (e.g. proposed policies, etc.) to Department Heads or Council if/as required.

The Commissioner of Corporate Services will also regularly report to Department Heads on IG matters. Department Heads will provide Region-wide IG coordination, ensure IG is appropriately prioritized with the Region’s strategic objectives, authorize appropriate resources for IG success, and be responsible for IG and EIM Strategy implementation within their respective departments. Without continuous Department Heads involvement, the Region’s IG initiatives are at risk for failure.

The Region’s approach to IG and, specifically IM, will be client-driven, based not so much on one individual or group having direct control of recorded information, but rather on effective communication of requirements, client-focused training, and the provision of expert advisory services. Therefore, the renewed IM Program will focus on best practices, consulting, training, performance measurement and auditing, and client support based on a system of voluntary compliance, education, quality service, and responsible enforcement. Departments will continue to be responsible for their day-to-day management of recorded information in compliance with applicable Region policies.

¹² http://c.ymcdn.com/sites/www.arma.org/resource/resmgr/files/Learn/2017_Generally_Accepted_Reco.pdf

¹³ Excluding the privacy function in the Health Department which reports to the Medical Officer of Health.

A.1.2 Establish IG Steering Committee (IGSC)

The establishment of an IG Steering Committee (IGSC) is recommended to provide high-level strategic priorities, oversight, and coordination for managing the Region's information assets. The committee's establishment will provide a formal governance structure to link IM with the Region's other IM functions (e.g. data management) and initiatives (e.g. open data) while also promoting collaboration to ensure the consistent and standardized management of the Region's information. By focusing on IG, the Region will embrace a more holistic, integrated, and enterprise approach to managing information.

While the charter¹⁴ (to be developed by the IGSC) will describe the committee's duties, it is anticipated that the IGSC's primary duties, from the IM perspective, will be:

- a) Provide advice and guidance during implementation of the EIM Strategy.
- b) Provide advice and guidance during the investigation, planning, or implementation of future practices or technologies for managing the Region's recorded information.
- c) Review new/revised Region policies, standards, or guidelines for managing information (or which affect the management of information) to ensure they meet business needs while complying with legislated/regulated requirements and mitigating risk prior to the new/revised policies, standards or guidelines being submitted to the applicable individual/committee for approval.
- d) Establish, sponsor, and charter project teams for specific IG initiatives.
- e) Advocate the importance of IG.

The IGSC will report to the Commissioner of Corporate Services and make presentations to Department heads, Council, and other Region committees if/as applicable.

The IGSC will meet monthly (at least initially). The following IGSC membership is recommended:

- IT: Chief Information Officer
- Legal: Director of Legal Services
- Privacy and Security:
 - Manager, Corporate Privacy Office (once the position is filled)
 - Manager, Information, Privacy and Security (Health Department)
 - Supervisor, Security and Networking (CS-IT)
- RIM: Manager, IM
- Director, Legislative Services/Regional Clerk
- Business: 1 management representative (Director level) from each department
- *Ex officio* member: Commissioner of Corporate Services

¹⁴ The IGSC charter will include additional information such as mission, organization, qualification for members, and membership (departments/areas and position titles).

A.1.3 Establish IG Steering Committee Project Teams

The IGSC will establish, sponsor, and charter project teams if/as needed. For example, a Privacy Project Team may be established to allow stakeholders (both selected IGSC members and other Region employees with a responsibility for privacy) to draft a list of privacy criteria which would be assessed whenever the Region is contemplating the purchase of new software.

A.1.4 Rename the RIM Program

'Records and Information Management Program' (or RIM Program) is the current name of the program which is responsible for the management of the Region's recorded information.

It is recommended that program's name be changed to 'Information Management Program' (or IM Program) because:

- a) The term 'records' is often considered to apply only to information in paper format; however, an ever-increasing volume of the Region's records are 'born digital'.
- b) The act of 'records management' is often equated with 'filing'; however, the effective lifecycle management of information requires the completion of many more tasks than just filing.
- c) Some view 'records management' as solely a clerical/administrative activity; however, every Region employee creates/receives and maintains records (i.e. every employee is a 'records manager').

Note: The implementation of this recommendation would also be reflected in revised names for existing IM Program positions such as Manager, IM (formerly Manager, RIM) and IM Analyst (formerly Records Analyst).

A.1.5 Continue the IM Program Reporting Structure

No changes to the IM Program reporting structure are recommended. The program will continue to report to the Director of Legislative Services/Regional Clerk and the Manager, IM will continue to manage the IM Program.

Note: The MFIPPA/PHIPA responsibilities of the Manager, IM will be transferred to the Manager, Privacy in the Corporate Privacy Office when that new management position is filled.

A.1.6 Rename and Renew the Records Liaison Role

Below is a description of the Records Liaison role today.

- One Records Liaison appointment per department. Most Liaisons hold clerical/administrative positions.
- A Liaison's primary duty is to receive and co-ordinate the distribution of Records Destruction Lists and occasionally distribute RIM Program-supplied information to co-workers; however, the RIM Manual lists 14 responsibilities, most of which pertain to Corporate Classification Scheme (CCS) use and maintenance, the identification and processing of inactive records, and the disposition of records.
- Records Liaison meetings are rarely held.

It is recommended that the role be renamed 'IM Liaison' in keeping with the renaming of the RIM Program.

It is also recommended that the IM Liaison network be expanded to one Liaison appointment per division and that IM Liaison responsibilities be recast to provide greater and higher profile divisional accountability for IM. IM Liaisons would:

- a) Serve as the primary resource for IM in his/her division.
- b) Report periodically on IM to the leadership team of his/her division.
- c) Promote IM policy, procedures, standards, and best practices to ensure the lifecycle management of the division's records (e.g.):
 - Records are properly categorized and classified using the CCS.
 - Records identified on legal hold are secured.
 - Records are retained in compliance with the RRS.
 - Records not on hold and which have met their approved retention requirements are appropriately destroyed.
- d) Provide input during EIM Strategy implementation (e.g. the development/revision of IM policies) and the planning of IM Implementation Projects.
- e) Co-ordinate the identification and submission of departmental CCS or RRS revision requests.
- f) Attend quarterly IM Liaison meetings.

Given the renewed responsibilities, IM Liaison appointments should be made at the supervisor/manager level within each division.

A.1.7 Appoint the IM Manager to Region Committees

As the Region's subject matter expert in IM, it is recommended that the IM Manager be appointed to Region committees whose mandate (e.g. the Cloud Strategy Review Committee¹⁵) has IM implications.

The IM Manager's expertise was recognized in this regard when the Manager was invited to the inaugural meeting of the Open Data Team.

¹⁵ The Information Technology – Cloud Computing Review and Update report to the Finance and Administration Committee (report # 2016-A-11) recommended the establishment of a Cloud Strategy Review Committee to a) provide insight and advice/direction concerning contractual implications relating to the acquisition, implementation or selection of IT acquisitions, b) investigate the Region's data security needs, formulate a data security strategy for on-premises and cloud computing, and monitor the strategy's implementation, and c) serve as a cross-departmental advisory body on nine issues related to cloud computing such as privacy, and data retention and ownership. The report does not include a list of proposed committee members.

A.2 Develop, Implement, and Maintain IM Policies

Succinct, user-friendly policies are required to communicate IM requirements and provide a mechanism for their enforcement.

As described below, several objectives must be met to achieve the goal of establishing and maintaining IM policies.

Note: Prior to developing/revising IM policies or policies in which IM/IM-related terms are defined, the IM Program would develop an authoritative list to standardize terminology and definitions.

A.2.1 Develop and Implement an IM Policy

The Region has numerous policies for various operational functions, including several CS-IT policies that refer to RIM/IM/recordkeeping. However, unlike many other municipalities and other organizations, the Region does not have an approved RIM Policy.

It is recommended that a RIM Policy (renamed IM Policy) ¹⁶ be developed to:

- a) Establish the Region-wide mandate of the IM Program.
- b) Define (at a high-level) the Region's requirements for the lifecycle management of recorded information.
- c) Assign IM accountabilities and responsibilities¹⁷.
- d) Specify requirements for employee training and for IM performance measurement and auditing.
- e) Allow penalties for non-compliance.

A.2.2 Develop and Implement Additional IM policies

The foundational IM Policy would be supported by additional IM policies if/as required. At this time, it is recommended that the Region develop and implement the following additional IM policies:

- a) Information Security Classification Policy: A policy specifying the information security classification requirements. See Section 3, sub-section C.4 for information about the Information Security Classification.
- b) Information Hold Policy: A policy specifying the requirements and process for placing and revoking a written 'hold' to suspend the scheduled disposition of recorded information in the event of (or in anticipation of) litigation, government/regulatory investigation, or audit.

¹⁶ Ergo did not review the draft policy which the Manager, RIM developed after Ergo had completed its documentation review in fall 2017.

¹⁷ All accountabilities and responsibilities should be contained within the policy for user-friendliness and to eliminate any confusion or uncertainty that may arise if the reader is required to reference a separate document as is now the case with the 'RIM Program Definition – Responsibilities' section of the RIM Manual in which the reader is directed to "See the *Municipal Act, 2001 – Part VI, Practices and Procedures, Municipal Organization and Administration*, Sections 224-229 for responsibilities" (s. 2.01) of the Head (Regional Chair), Chief Administrative Officer, and Regional Clerk.

Note: The need for more IM policies will be determined if/when appropriate in the future. For example, an Archives Policy would be developed after the Region decides how its archival records and artefacts will be managed.

A.2.3 Review and Revise Existing Region Policies for IM Consistency

As stated in the Assessment Report, there are instances of inconsistent terminology, conflicts with the CCS and RIM best practices, and non-implementable IM requirements in some of the policy documents developed by departments/functions other than the RIM Program. For example, employees cannot comply with the prohibition in the Data Protection (policy # 14.20, s. 3.04) against the duplication (photocopying or scanning) of confidential/restricted information “on devices that will retain an imprint of the original” because a copy of the original is stored in the device’s memory.

All existing Region policies should be reviewed (and revised if/as necessary) to correct inconsistent terminology, conflicts with the CCS and RIM best practices, and non-implementable IM requirements and address (or more fully address) IM implications such as information classification and retention. For example, the Social Media Policy would be revised to direct employees in the management of the records created and stored in the Region’s social media accounts.

A.2.4 Review and Revise Policies Every Two Years

All IM policies and all policies which involve or affect IM should be reviewed every two years (unless an operational or legislative change necessitates an earlier review) and revised if/as required to ensure they continue to reflect IM, business, and technology requirements and satisfy legislated requirements.

B. IM Program Services and Staffing

The IM Program services and staffing goals and their corresponding objectives are described below.

Note: No changes are recommended to the vision statement or mission statement of the RIM Program (to be renamed the IM Program).

- *Vision: “A dedicated team of professionals leading the way in Information Management governance, best practices and service excellence”*
- *Mission: “To promote and provide Information Management best practices to our customers for informed business decision making”*

B.1 Reprioritize IM Program Services

The Assessment Report revealed that the Region’s well-established RIM Program provides the essential infrastructure for the best practices management of paper records, i.e. internal subject matter expertise, a CCS which also includes records retention periods, numerous procedures, on-site (RRC) and off-site storage and management of inactive records, Versatile Enterprise software, and a RIM Implementation Project methodology focused on improving the management of paper records. Considerable RIM Program resources are devoted to managing paper records and the Region’s paper records are generally well-managed, although some challenges were identified.

It is a commonly held perception that the Region’s official records need to be in paper/hard copy. However, the Region – like all other organizations – operates in a world in which an ever-increasing volume of its records are ‘born digital’. This has led to a hybrid environment in which the records for a project, activity, or transaction are often kept in both paper and electronic formats with the resulting challenges and inefficiencies of locating the full, complete, and authoritative record across multiple repositories.

The RIM Program has developed some tools (e.g. Guidelines for Managing Electronic Records) to assist departments/divisions/programs to manage electronic records; however, those tools are not widely known or used. The Region also lacks technologies to support or facilitate electronic recordkeeping and has a culture of creating independent and somewhat overlapping silos/systems of information (e.g. personal drives, shared drives, e-mail system, Intranet, etc.) rather than considering information holistically. Consequently, most electronic records are managed in *ad hoc* ways which do not comply with Region policy. In the words of one survey respondent, the time has come for the Region to “Completely rethink recordkeeping because the current system is based on 1970’s technology using paper records”.

The RIM Program currently provides infrequent and limited consulting and training¹⁸ services and minimal auditing services because of the long-term vacancies arising from the challenges in filling vacant Records Analyst positions, the assignment of 30% of the existing Records Analyst

¹⁸ Current training topics are a) RIM awareness and best practices training and b) Versatile Enterprise training.

positions to MFIPPA/PHIPA duties¹⁹, and the time-consuming RIM Implementation Projects which give minimal attention to improving the management of electronic records.

As described below, several objectives must be met to achieve the goal of reprioritizing IM Program services to focus more on the management of electronic records and on the delivery of IM consulting, training, and performance measurement and auditing services.

Note: See Section 3D for the Technology strategic priority.

B.1.1 Improve the IM Implementation Project Methodology

A RIM Implementation Project is intended to provide a business unit with the assistance required to begin managing paper records according to the CCS and to utilize RIM best practices. As stated above, minimal attention is given to improving the management of electronic records. There are 5 steps in the RIM Implementation Project methodology:

- a) Preliminary analysis (document needs, complete a high-level assessment of current records and equipment, and develop and obtain approval of the project charter).
- b) Business analysis (questionnaire, record series inventory, workflow analysis, and project plan development).
- c) Comprehensive inventory and analysis (detailed review of the quantity, function, and organization of records to integrate the records into the CCS, creating new record series if/as required).
- d) RIM system development (findings and recommendations report, development of policies and procedures for the business unit, and employee training).
- e) RIM system implementation evaluation (develop an implementation plan, apply the new system, perform a preliminary audit, and perform a compliance audit).

An implementation may take more than a year to complete depending on the size of a business unit, the diversity and volume of its records, and the availability of a Records Analyst. Although conducted for several years, RIM Implementation Projects have not begun or been completed in many divisions/programs.

Challenges are experienced in the delivery of RIM Implementation Projects, as described in the Assessment Report:

- The project methodology is comprehensive and, therefore, time-consuming to complete. Workflow, particularly, can be very time-consuming to complete. Further, some Records Analysts are concerned that a business unit may not see the value in having a workflow analysis conducted.
- Many projects become stalled for various reasons:
 - Business unit staff may not be (made) available to meet with the Records Analyst, provide feedback on project deliverables, attend training, etc.

¹⁹ 1.5 of the 5 Records Analyst positions are assigned to the following duties: processing MFIPPA requests, processing PHIPA requests (excluding Health Department requests), updating the General Classes of Records and Personal Information Banks, and providing privacy training (excluding privacy training for Health Department employees).

- Most projects have a very large volume of legacy records which need to be inventoried, coded, and entered into Versatile Enterprise and then either kept in the office, moved to inactive storage, or destroyed. It is very time-consuming to process legacy records.
- Many business units lack clerical/administrative staff to assist with the implementation (e.g. input files into Versatile Enterprise) or are unable (or unwilling) to make clerical/administrative staff available to support the project. Some business units expect the RIM Program will (or should) provide clerical/administrative staff to complete the implementation, with the business unit being responsible only for staffing its ongoing maintenance.
- The long-term duration of most projects and Records Analyst staffing constraints may preclude the completion of a compliance audit at the end of a project.

It is recommended that the purpose(s) of an IM Implementation Project be revisited and the project methodology for paper records be accordingly streamlined to ensure only essential tasks would be completed in the most efficient manner, 'quick wins' would be realized, and project durations would be reduced. For example, if the primary purpose of an IM Implementation Project for paper records was determined to be the classification of those records and their coded entry into Versatile Enterprise, then a high-level inventory would likely suffice in place of the current comprehensive inventory and it may be unnecessary to complete workflow analysis.

It is also recommended that the IM Implementation Project methodology be expanded to provide greater attention to improving the management of electronic records, particularly electronic records in shared network drives, because an ever-increasing volume of the Region's records are 'born digital' and most of those records are currently managed in *ad hoc* ways.

Additional staffing is also recommended to allow the IM Program to assist business units to complete the implementations. (See Section 3B.2 for information on the additional staffing)

B.1.2 Promote Best Practices for Managing Electronic Records

The RIM Program has developed several tools (list below) to assist departments/divisions/programs to manage electronic records; however, these tools are not widely known or used. For example, the frequency with which survey respondents and focus group participants requested the establishment of naming convention for electronic records suggests that employees are unaware of the Guidelines for Managing Electronic Records.

- a) E-mail Quick Reference: A flowchart decision tree for determining how to identify an e-mail's status (i.e. 'official record' or 'transitory record) and a procedure for managing e-mail, including the identification of responsibilities for saving an e-mail (e.g. the Sender is to keep the official record of an e-mail sent internally or to external parties).
- b) Family Services Scanning Policy and Procedure: Guidance on scanning and uploading client documentation to Caseworks in compliance with national and international scanning standards. It addresses topics such as how to prepare documents for

scanning and how to perform quality control of scanned images. Note: Although developed for Family Services, the best practices are applicable to any Region department/division/program which scans paper documents.

- c) Guidelines for Managing Electronic Records: This document describes and gives examples of 'official' and 'transitory' records and provides the following: naming conventions for electronic records (including the adoption of the ISO standard YYYY-MM-DD date format), instructions for saving 'official record' e-mails to a shared network drive in the appropriate folder (if they are not printed and filed), tips for cleaning up an e-mail Inbox, and instructions for sharing files using hyperlinks. Given the frequency with which survey respondents and focus group participants requested the establishment of naming conventions for electronic records, it does not appear that these guidelines are widely known at the Region.
- d) Tips for Managing Electronic Records: This document provides 5 tips such as allocating responsibility to one employee per division to monitor the shared drive, maintain the file structure, create new top-level folders, and oversee a periodic clean-up if/as necessary with all other employees in the division doing their part to keep it current because they all file and use records on the drive.

It is recommended that the IM Program promote best practices for managing electronic records by making them prominently available to all employees and including the best practices in training. Further, the IM Analysts should leverage the best practices when completing future IM Implementation Projects.

Note: Prominent availability would also apply to the IM Program's other best practices.

B.1.3 Prioritize the Delivery of IM Consulting Services

The RIM Program aspires to provide consulting services to business units (see examples below); however, today, the Records Analysts provide only infrequent and limited consulting services with most consulting services being provided by the Manager, RIM.

- Research, develop, co-ordinate, and implement corporate RIM initiatives.
- Perform special studies in more complex areas as they apply to RIM.
- Provide consulting services to departments (e.g. document imaging guidelines, best practices for managing network drives, etc.).
- Collaborate with stakeholders on corporate initiatives that have a RIM connection (e.g. cloud computing, open data, etc.).

Priority must be given to the delivery of consulting services if the IM Program is to be recognized and respected internally for its expertise. Prioritizing the delivery of IM consulting services would also assist the IM Program to realize its vision ("A dedicated team of professionals leading the way in Information Management governance, best practices and service excellence") and mission ("To promote and provide Information Management best practices to our customers for informed business decision making").

B.1.4 Prioritize the Delivery of IM Training

Today, the RIM Program primarily trains administrative/clerical employees and RIM is not addressed in the Region's new employee orientation program beyond including the RIM Program brochure in the package of information that is distributed to new hires. All RIM Program training is provided in the classroom. Online training is not given.

Because every Region employee creates/receives and manages records, every employee should be trained in IM. IM training would also promote IM and help anchor the desired culture and habit changes necessary for successful EIM Strategy implementation. As stated in the ISO records management standard, "The training program should be ongoing and include training on requirements, policies, practices, roles and responsibilities for managing records, and should be addressed to all members of management and personnel, as well as any other individuals responsible for any part of business activity involving the creation, capture and management of records."²⁰

It is recommended that an IM training plan be developed for each group of employees such as Department Heads, directors, managers/supervisors, IM Liaisons, all other employees, and new employees. Each training plan would be modular, including the basic (or minimum) training required for every employee group and customized modules for an employee group's responsibilities for each IM function. Where possible, the training would be specific to the operations of individual departments/divisions/programs.

The training plans would be developed in stages because IM policies, procedures, and other tools would be developed/revised/expanded and implemented incrementally.

Each training plan would:

- Include an outline, specifying the learning objectives, duration, content, Trainer activities, and Learner activities and indicating the amount of time to be allocated to each subject/activity (e.g. a training program on how to use the CCS may allocate 10 minutes to an overview of records classification, 5 minutes to the benefits of using the CCS, and 20 minutes to exercises in using the CCS).
- Identify the optimum delivery method for the training (e.g. in-class sessions, lunch and learns, podcasts, etc.). Ideally, most training will be delivered online (e.g. podcasts) to give greater flexibility in completing the training.
- Incorporate best practices in adult education to create engaging training, the content and style of which would be tailored to the Region's culture and IM Program.
- Where possible, focus the record examples and exercises on the most common/recurring records that the training participants create/receive and use (e.g. a training session for HR employees would focus on that division's common/recurring records).

²⁰ ISO 15489-1:2016, Section 6.5.

It is recommended that IM training be given during a new employee's initial orientation. If sufficient time cannot be allocated to IM in the agenda of HR's new employee orientation program²¹, it is recommended that the IM Program develop an online training module that each new employee would be required to complete within 1 week of hire. This introductory training would focus on topics such as the importance and benefits of IM for both the Region and individual employees, legislated requirements for 'good' IM, the risk of poor IM practices, and the Region's IM requirements.

Pre-recorded webinars/podcasts should be used extensively to provide an economical and flexible vehicle for training employees who do not work at Regional HQ and to give all employees the ability to complete the training on their own schedules. The availability of webinars/podcasts would also enable employees at any location to refresh or 'brush up' their knowledge of a given topic/task if/as required in the future. In-person training should be limited, occurring only where feasible and economical.

Note: The Assessment Report revealed an overall need for more IM training. It also revealed a need for training in several specific IM topics (e.g. the identification of 'official' vs. 'transitory' records). Objectives for addressing those topics are provided throughout the EIM Strategy.

B.1.5 Prioritize the Delivery of IM Performance Measurement and Compliance Auditing

The RIM Program performs very little performance measurement or auditing today.

- For paper records not tracked in Versatile Enterprise and for all electronic records:
 - No auditing of the use of or accuracy in using the CCS to classify the records.
 - No auditing of the use of or compliance with the RRS to manage retention.
- An audit of a division/program's use of or accuracy in using the CCS to classify active paper records or its use of or compliance with the RRS to manage the retention and disposition of active paper records is only completed once at the end of a RIM Implementation Project; however, the long-term duration of most implementation projects and Records Analyst staffing constraints may preclude the audit's completion. Further, RIM Implementation Projects have not begun or been completed in many divisions/programs.
- RRC staff perform random spot checks to assess the classification accuracy of inactive paper records transferred to storage.
- RRC staff can run Versatile Enterprise reports to identify and monitor inactive paper records which have exceeded their retention period due to a legal hold or other reason.

The Principle of Accountability in the Generally Accepted Recordkeeping Principles® states, "The information management program is structured for auditability as a means of demonstrating that the organization is meeting its obligations to internal and external parties. Auditing is the process designed to prove the information governance program is accomplishing

²¹ Today, consideration of RIM is limited to including the RIM Program brochure in the package of information that is distributed to new hires.

its goals and to identify areas for improvement to further protect the organization and its information assets.”²²

The ISO 15489-1:2016 standard also specifies auditing requirements: “Criteria should be established to monitor and evaluate records policies, systems, procedures and processes. The creation, capture and management of records should be regularly monitored and evaluated with the involvement and support of records professional, information technology professionals, legal professionals, auditors, business manager and senior managers as appropriate. Monitoring and evaluation should be designed to ensure that:

- a) records systems and processes are implemented according to authorized policies and business requirements;
- b) records systems and processes operate as defined and designed;
- c) changes to records requirements are met; and
- d) there is continuous improvement in the management of records.

Systems and processes provided by third party providers should also be monitored and evaluated, using contractual requirements relating to the management of records as evaluation criteria.”²³

B.1.5.1 Develop, Approve, Implement, and Periodically Review IM Performance Measures

It is recommended that measures to evaluate IM performance be developed, approved, implemented, and periodically reviewed for each IM policy, procedure, tool, or technology. The development of the performance measurement methodologies would be incremental, with a methodology being designed as each IM policy, procedure, tool, or technology was developed and implemented, thus ensuring performance measurement was ‘baked in’.

Some performance measurement would be ongoing (e.g. monitoring RRS use) while other performance measurement would be performed only when/as required (e.g. a review of a records hold after the hold has been revoked). A combination of resources would conduct the performance measurement such as IM Program staff, IM Liaisons, etc. and the gathering of performance measurement data would be automated where possible. Consideration should also be given to including IM criteria in (annual) performance management reviews.

When designing the performance measures for an IM policy, procedure, tool, or technology, care must be taken to neither over- nor under-measure and to ensure the availability of appropriate resources to monitor performance at the anticipated frequencies. Targets would also be established if/as appropriate (e.g. a target of accurately classifying 95% of the files/ records in a shared drive).

The proposed performance measures would be approved by the IGSC prior to implementation and the measures would be reviewed periodically to ensure they remain sufficient.

²² ARMA International, Implementing the Generally Accepted Recordkeeping Principles® (ARMA International TR 30-2017), p. 19.

²³ ISO 15489-1:2016, s. 6.4.

The performance measurement data would identify any challenges/constraints or poor performance so remediation plans could be developed and implemented. The IM Manager would report the performance measurement results to the IGSC (quarterly or semi-annually). Performance measurement results would be shared with Department Heads if/as appropriate (e.g. in an annual progress review of EIM Strategy implementation).

Note:

- 1. Beginning in 2018, the Region will begin a 1-year trial of a cloud-based software tool that will provide a dashboard for tracking and reporting on key performance indicators (KPIs) in the Region's 2015 – 2019 Strategic Plan. Should the pilot prove successful, it may be possible for the IM Program to use that software to track the IM KPIs that will be established.*
- 2. In addition to monitoring the performance of each IM policy, procedure, tool, or technology, the Region's overall IM could be benchmarked (say, every year) using the IG Maturity Model. Ergo's use of that model to assess the Region's RIM Program and EIM practices would provide a baseline for the Region's next use of the model.*

B.1.5.2 Periodically Audit IM Compliance

The Principle of Compliance in the Generally Accepted Recordkeeping Principles® states, “An information governance program should be constructed to comply with applicable laws, other binding authorities, and the organization’s policies.”²⁴ Therefore, the Region should periodically audit its IM compliance.

As an alternative to engaging an IM consultant to conduct an audit, the Region could use ARMA International's Next Level Information Governance Assessment software²⁵ which is based on the Generally Accepted Recordkeeping Principles®. According to the website, this tool will “identify, monitor and measure information risks”, thus enabling an organization to “establish baselines, set benchmarks and drive improvements”.

The proposed IM compliance auditing methodology (or methodologies) and auditing frequency would be shared with the IGSC for review and feedback prior to implementation.

In addition, Internal Audit should be encouraged to report to the IM Manager any instances in which IM deficiencies are encountered during an internal audit (e.g. records which were unavailable or which could not be located quickly). Such information would help identify potential areas of non-compliance for investigation by IM Program staff. It is also recommended that the Region explore if/how the external auditor can support the Region's IM compliance auditing.

Complete IM compliance audit findings would be reported to the IGSC and an overview would be reported to Department Heads. Division/program-specific deficiencies would be reported to

²⁴ ARMA International, Implementing the Generally Accepted Recordkeeping Principles® (ARMA International TR 30-2017), p. 22.

²⁵ For more information or to request a demo, visit <http://nextlevel.arma.org/>

the appropriate management employee for remediation. Upon request, IM Program staff would assist division/program management in developing remediation plans.

B.2 Optimize IM Program Staffing

The RIM Program staff complement (Figure 7) has not changed since the 1990's.

Figure 7 – Current RIM Program Staffing

| Position | Number of Positions | Status | Salary Range |
|-----------------------|----------------------------|---|---------------------|
| Manager, RIM | 1 | Filled | \$77,368 - \$96,710 |
| Records Analyst | 4 | 1 vacancy 1 pending retirement (2018) 1 Analyst as back-up ²⁶ to the Records Analyst – FOI | \$61,838 - \$68,705 |
| Records Analyst – FOI | 1 | Filled | \$61,838 - \$68,705 |
| Clerk 3 | 2 | Filled | \$51,300 - \$56,999 |
| Clerk-Steno | 1 | Filled | \$51,300 - \$56,999 |

For the most part, the RIM Program has been running with three full-time Records Analysts. Each Analyst has multiple departments under his/her portfolio given the 3:8 ratio of Analysts to Region departments. Since 2013, none of the additional RIM Program position requests have been included in final departmental budget submissions.

Opportunities for promotion within the RIM Program are limited in the absence of a Supervisor position and the existence of only one level of Records Analyst position. Many municipalities with similarly sized (or larger) RIM Programs have Records Analyst and Senior Records Analyst positions and/or a Supervisor position.

The Region seeks to establish itself “as an employer of choice which enhances the Region’s ability to attract and retain talented people.”²⁷ Unfortunately, it has been challenging to attract suitably qualified and experienced candidates to fill Records Analyst vacancies. The recruitment challenges arise from several factors:

- There is a very small pool of individuals with the requisite qualifications and experience.
- The Region’s location in the far northeast of the GTA is inconvenient for many potential applicants.

²⁶ The Records Analyst provides back-up during employee absences (e.g. vacation) and when needed due to workload.

²⁷ This is one of the purposes of the Region’s Alternative Work Arrangements Program, as stated in the Alternative Work Arrangements Reference Guide

- Many potential applicants, particularly more recent graduates of RIM/RIM-related education programs, are not attracted to the position because the RIM Program is predominantly focused on managing paper records.
- The vacation entitlement for this unionized position is non-negotiable so an applicant who has accrued more vacation in his/her current position is usually unwilling to accept the Region's reduced vacation entitlement.
- The salary is lower than the salary for a comparable position at the Region's comparators (Region of Peel and Region of York).

The above-noted challenges (particularly salary as compared to similar positions at the Region's comparators) may also arise when the Manager, RIM position is next advertised.

As described below, several objectives must be met to achieve the goal of optimizing IM Program staffing.

B.2.1 Create and Staff a Senior IM Analyst Position

A Senior IM Analyst position is recommended to lead the delivery of IM training and provide IM consulting, performance measurement, and auditing services. The Senior IM Analyst would also be assigned responsibility for a smaller department (e.g. CAO's Office) to assist in rebalancing the Analyst portfolios more equitably.

The establishment of this position, with requirements for education and/or experience in consulting, performance measurement and auditing, and adult education, would provide the expertise needed to deliver those prioritized services while also creating a pathway for promotion within the IM Program.

B.2.2 Accelerate the Reassignment of 1.5 Records Analyst Positions

It is anticipated that the Corporate Privacy Office will be established in 2018 with 1 Manager and 1 Privacy Officer. It is also anticipated that 1 full-time Records Analyst will continue to assist in processing requests while a second Records Analyst will provide back-up for that Analyst until the second Privacy Officer is hired (hopefully in 2019). Therefore, the establishment of the Corporate Privacy Office would not – as currently planned – result in Records Analyst time becoming available in the short-term for the delivery of IM Program services.

The Establishment of a Corporate Privacy Office report (report # 2016-COW-42) recognizes that, due to the assignment of Records Analysts to MFIPPA/PHIPA duties, the RIM Program “has not progressed due to the lack of resources for this program.”

To support implementation of the EIM Strategy, it is recommended that the full-time Records Analyst (to be retitled IM Analyst) be reassigned to the IM Program immediately upon the hiring of the Privacy Officer. It is recognized that implementing this recommendation would require the Privacy Officer to spend most of his/her time MFIPPA/PHIPA requests processing, thus preventing the delivery of some other Corporate Privacy Office services until the second Privacy Officer is hired.

It is also recommended that the part-time Records Analyst be reassigned to the IM Program as soon as possible and no later than January 2020.

B.2.3 Create and Staff Temporary IM Implementation Technician Positions

Despite the establishment of a project charter which, among other things, specifies the tasks a Records Analyst will complete and the tasks that department/division employees will be asked to complete during a RIM Implementation Project, many business units will continue to lack clerical/administrative staff to assist with the implementation (e.g. input files into Versatile Enterprise) or be unable (or unwilling) to make clerical/administrative staff available to support the project. As stated in the Assessment Report, many implementation projects become stalled due to business unit staffing challenges and the time-consuming processing of legacy records²⁸.

It is recommended that the IM Program create and staff temporary IM Implementation Project Technician positions to provide business units with full-time implementation assistance. A business unit would, however, be required to dedicate staff time to assist in completing the implementation tasks with the amount of time contributed being calculated based on the business unit's clerical/administrative staff complement. By providing experienced, full-time Technicians, it is anticipated that more IM Implementation Projects would be completed (with assistance from business unit employees) more quickly, thus eliminating the delays and frustration now encountered with the long-term duration of many of these projects. Business units would continue to be solely responsible for staffing the completion of post-implementation tasks.

Note: There should be a 1:1 ratio in the number of IM Analyst positions (including the proposed Senior IM Analyst position) to the number of temporary IM Implementation Project Technician positions so one Technician would work with one Analyst on every IM Implementation Project.

B.2.4 Participate in Master's Level Degree Program Co-op Placements and Practicums

To date, the RIM Program has not participated in the paid co-op placement or unpaid practicum programs offered by master's level degree programs in library science/information management. University of Toronto students enrolled in the Master of Information Co-op Option are available to complete two consecutive 12-week, full-time, paid work terms while Master's students studying RIM at Western University are available throughout the year through a paid co-op program. The University of Toronto also offers the Information Professional Practicum whereby students are available during the school year for unpaid placements that should take the equivalent of at least three weeks of full-time work (i.e. 105 hours).

To augment IM Program staffing on a project basis, it is recommended that the IM Manager explore the feasibility of participating in paid co-op placement and unpaid practicum programs for master's level degree program students. An added benefit would be introducing potential future candidates for IM Analyst positions to the Region and its IM Program.

B.2.5 Engage Consultants to Provide Additional Skills

²⁸ Most projects have a very large volume of legacy records in paper format which need to be inventoried, coded, and entered into Versatile Enterprise and then either kept in the office, moved to inactive storage, or destroyed.

It is recommended that the IM Program engage consultants when additional skills are required to implement the EIM Strategy. For example, because current IM Program employees do not have professional qualifications in archives, the IM Manager may wish to engage a consulting Archivist to develop the Archives Strategy (See Section 3C.7).

B.2.6 Continue to Hire Temporary Employees and Summer Students

Over the years, the RIM Program has hired temporary employees and summer students for special projects if/when funding permitted. For example, an individual with archives experience was hired as a Clerk 3 to transfer archival records to acid-free folders/boxes and prepare a basic inventory of the archives collection.

To support implementation of the EIM Strategy, it is recommended that the IM Program continue to hire temporary employees and summer students if/when funding permits. It is also recommended that the IM Manager identify any (government) programs which may offset some of the payroll costs, particularly in the hiring of summer students.

B.2.7 Create/Revise JIQs and the IM Manager Job Description

Approved JIQs for existing, unionized RIM Program positions are not dated and draft revised JIQs were prepared for those positions in November 2016. The approved job description for the Manager, RIM position is dated January 2012 and a draft revised job description was prepared for the position in August 2017. The draft revised documents are pending review and approval within CS-LS/Corporate Services prior to the documents being submitted to HR.

It is recommended that draft revised JIQs for the existing, unionized positions and the manager position be prepared to reflect current responsibilities and add tasks, where applicable, from the EIM Strategy. It is also recommended that a JIQ be prepared for the proposed Senior IM Analyst position and the proposed IM Implementation Technician positions. The new/revise documents would be approved internally and then submitted to HR for compensation evaluation.

B.2.8 Expand the Competency of IM Program Employees Through Education and Certification

Given the RIM Program's historical focus on the management of paper records, IM Program employees (IM Analysts and IM Manager) would benefit from education and, potentially, certification in both information governance and the management of electronic records. Education in managing electronic records and, particularly enterprise content management (ECM) systems, would enable them to better support the recommended implementation of an ECM system. Examples of potentially beneficial education programs include:

- The AIIM Enterprise Content Management (ECM)²⁹ and the Modern Records Management (MRM)³⁰ programs at the Specialist level (2 days) and the Master level (4 days). Both programs can be completed online. Public classes (i.e. open registration) are usually held in Toronto once per year. If an organization has five or more employees

²⁹ For more information, visit <http://www.aiim.org/Education-Section/Deep-Dives/Deep-Dive-ECM>

³⁰ For more information, visit <http://www.aiim.org/Education-Section/Deep-Dives/Deep-Dive-MRM>

to train, a private class (i.e. registration limited only to the organization's staff) held in the organization's meeting space is usually more economical.

- Information governance training from the Institute for Information Governance³¹. A variety of courses are offered online and in classroom, although the in-classroom offerings are typically held in US cities.
- The RIMtech EDRMS Implementation Methodology (2-day seminar)³². Led by Bruce Miller (a best-selling author and world leading expert in electronic recordkeeping), the seminar works through a 12-step methodology for successfully implementing EDRMS technology. Public classes are held throughout the year, including Canadian cities. Private classes can also be scheduled.

Examples of relevant certifications include:

- The Certified Information Professional (CIP)³³ designation from AIIM.
- The Information Governance Professional (IGP)³⁴ certification from ARMA International.
- The Certified Records Analyst (CRA) and Certified Records Manager (CRM) certifications from the Institute of Certified Records Managers³⁵.

Once a certification has been achieved, it is necessary to maintain the certification through the payment of (annual) membership fees and the completion of specified types of educational activity within a set certification maintenance cycle (2 years for the IGP, 3 years for the CIP, and 5 years for the CRA and CRM). Because attendance at education programs (e.g. ARMA chapter events, conferences, etc.) may be counted towards certification maintenance requirements, additional costs should be anticipated to maintain any certifications held.

Note: It would be beneficial if the IGSC representatives from IT, legal, and privacy and security also completed training in information governance and if selected IT employees completed training in EDRMS (ECM) implementation. Private classes scheduled at the Region's office would be even more economical if registration was expanded beyond IM Program staff.

³¹ For more information, visit <https://www.igtraining.com/home.html>

³² For more information, visit <http://www.rimtech.ca/seminar---edrms-implementation-1.html>

³³ For more information, visit <http://www.aiim.org/Education-Section/CIP>

³⁴ For more information, visit <http://www.arma.org/page/Certifications>

³⁵ For more information, visit <http://www.icrm.org>

C. IM Processes

The IM processes goals and their corresponding objectives are described below.

Note: See Section 3D.1 for information collaboration, workflow, and sharing.

C.1 Improve Information Creation, Capture, and Declaration

Various Region policies require records to be created. The requirements in the Corporate Complaint Handling Policy & Guidelines (policy # 2.14, s. 1.01), for example, are particularly detailed regarding the records to be created for receiving and recording complaints about the Region's services and actions.

Regarding the capture and declaration of records, several focus group participants said it is not always clearly understood which records should be created or who is responsible for ensuring their addition to the Region's filing systems. Knowing who is responsible for capturing a record is particularly challenging for project teams and collaborative work involving several employees. Questions also arise in determining whether a record is 'official' or 'transitory'.

Focus group participants were asked whether they routinely print and file a paper copy of an electronic document that they create or receive and if so, why. Several participants said they print and file a paper copy because they believe the Region's official records are kept in paper. For example, information received from a client in the body of an e-mail or in an attachment to an e-mail is printed and filed in the client's file because the official client file is hard copy. For some focus group participants, the belief that paper records constitute the Region's official records stems from the fact that the Region uses Versatile Enterprise only to manage paper records.

As described below, several objectives must be met to achieve the goal of improving information creation, capture, and declaration.

C.1.1 Review Records Creation, Capture, and Declaration Provisions in Business Processes

As stated in the ISO 15489-1 standard, "Business rules, processes, policies and procedures which control the creation, capture and management of records . . . should be implemented and documented to ensure the authenticity³⁶ of records."³⁷

It is recommended that the IM Program develop a methodology that departments/divisions/ programs would use to review their business processes to ensure all necessary records are being created, that they contain the necessary information, that records are not being created unnecessarily, and that responsibility is assigned for capturing the records into the appropriate recordkeeping system (whether paper or electronic). After completing the reviews,

³⁶ ISO 15489-1:2016, s. 5.2.2.1 describes an 'authentic' record as a record "that can be proven to: a) be what it purports to be; b) have been created or sent by the agent purported to have created or sent it; and c) have been created or sent when purported."

³⁷ Ibid.

departments/divisions/programs would update their policies/procedures accordingly. IM Analysts would be available as resources to answer questions during the reviews.

C.1.2 Train Employees to Identify 'Official' vs. 'Transitory' Records

The RIM Program developed Official and Transitory Records: A Guide for Region of Durham Employees to describe and give examples of 'official' and 'transitory' records, specify roles and responsibilities, and discuss the secure disposition of transitory records. Appendices provide a decision tree for determining whether to file or destroy a record, tips for controlling and disposing of transitory records, and acceptable/unacceptable usage criteria for locked shredding bins³⁸. It does not appear that this guide is widely known at the Region given the frequency with which focus group participants reported encountering challenges in distinguishing between 'official' and 'transitory' records and requested assistance in determining the retention of transitory records such as drafts.

It is recommended that all employees be trained to identify and manage 'official' vs. 'transitory' records. Armed with this knowledge, employees would be dispose of transitory records as soon as possible after use, thus helping to reduce the volume of records kept by the Region. They would also be able to better identify the official records that should be classified using the CCS and retained according to the RRS.

C.2 Improve Information Classification, Search, and Retrieval

The Region's Corporate Classification Scheme (CCS) is based on the subject-based alphanumeric TOMRMS classification scheme which is used by many Ontario municipalities (particularly smaller local municipalities who often cannot afford to hire staff dedicated to RIM) because of its one-size fits all approach, minimal purchase price as compared to the cost of a custom developed CCS, and modestly priced annual update service.

The Region has modified (and continues to modify) TOMRMS to meet its needs. Many record series have been revised to reflect new and discontinued services/programs, the realignment of services, the renaming of departments, and other organizational elements. The CCS is usually updated once per year.

Departments are expected to arrange files logically within a series to meet their specific needs and assign the secondary heading/file titles; however, Records Analysts provide file arrangement guidance upon request or during a RIM Improvement Project.

CCS awareness is low among survey respondents with 63% being unaware that the Region has a CCS for organizing records. Employees who use the CCS report using it predominantly to classify paper records.

³⁸ These bins are for the secure disposal of confidential or sensitive transitory materials that cannot go into regular recycling.

The survey revealed that classification, search, and retrieval challenges figure prominently in the top three challenges experienced by survey respondents in their management records as summarized in Figure 8.

Figure 8 – Challenges in Classifying, Searching For, and Retrieving Records

| Challenge | Paper Records Ranked # 1 | Electronic Records Ranked # 1 | E-mails Ranked # 1 |
|---|-----------------------------|----------------------------------|-----------------------|
| Retrieving (or locating) records | 43% | 42% | 40% |
| Organizing records (classification) | 37% | N/A | 35% |
| Duplication | 32% | 20% | 21% |
| Version control | 32% | 25% | N/A |
| Inconsistent naming practices | N/A | 55.5% | N/A |
| Inability to access records when working remotely | N/A | 42.5% | N/A |

The survey revealed most employees spend 15 minutes or less each work day searching for information in the following formats/storage locations (where used):

- Paper records in office areas.
- Paper records in storage.
- The employee’s personal network drive/directory.
- A shared network drive/directory to which the employee has access.
- An e-mail in the employee’s e-mail account.

As described below, several objectives must be met to achieve the goal of improving information classification, search, and retrieval.

C.2.1 Develop and Implement a Function-based Records Classification Scheme

The CCS provides a subject-based superstructure for classifying records by aggregating related records into series. While that approach is helpful from a records retention perspective (a Record Series Code determines the records’ retention period), there are disadvantages to this method of classification. The disadvantages include:

- The 13 subject headings are intended to represent subjects, not departments; however, many headings are either the name of a department (e.g. Social Services), a division (e.g. Human Resources), or a section/area within a department or division (e.g. Administration). Consequently, the reader may erroneously assume that s/he will find all records for a given business unit within one subject heading (e.g. all records for which Health is responsible will be found under ‘P’).

- Providing only high-level classification direction because there is no specification of the method(s) by which the different records within a series should be organized (e.g. chronologically by date, alphabetically by name, etc.).
- Requiring departments/divisions to classify the records of a project under numerous Record Series Codes rather than keeping the records of a project together under one code.
- It is not a function-based classification scheme as recommended by the ISO 15489 standard.

It is recommended that the IM Program develop a function-based CCS to replace the TOMRMS-based system. Function-based records classification is endorsed by the ISO 15489-1:2016 records management standard and is the preferred records classification approach of the Canadian federal government, many provincial governments (including Ontario), and many private sector organizations.

A function-based CCS would organize records into categories based on a top-down view of the Region's functions and activities, not the department/division where the records are created or maintained. It answers the question, "Why are records created and used?" because it classifies records based on work processes, not by subjects or department names.

The many benefits of a function-based CCS include:

- Directly linking records with the Region's functions and activities.
- Being relatively stable over time because an organization's functions and what it does (its activities) remain relatively stable over time as compared to subjects and department names which change more often.
- Eliminating the siloed view of information and the dispersal of identical (or related) records across different categories/headings as is now the case.
- Helping to reduce the time spent retrieving information, particularly in response to MFIPPA/PHIPA requests or in the event of litigation, investigation, or audit, because records would be organized and described at a more granular level than in the current subject-based superstructure in which records are grouped in large categories.
- Being suitable for organizing both paper and electronic records, resulting in one system for employees to learn and use.
- Providing a basis for implementing an information security classification and a more granular RRS.
- Being able to easily adapt to future changes in business operations and organization

The function-based CCS would be based on a top down view of the Region's operations and services to identify the core functions representing the Region's primary activities (e.g. Regional Council administration) and the functions which support those activities (e.g. finance, human resources, etc.). Records would be organized using a set pattern of divisions in a hierarchical (or tiered) structure from the general to the specific and by function. The CCS would also

specify the best way to organize each type of information (e.g. by date, then subject). Consultation with department/division/program representatives would ensure the accurate classification of records and their optimum organization/arrangement. A retention period would also be assigned to each record group/series in recognition of the records' value(s) to the Region.

It is also recommended that the format of the function-based CCS would be more user-friendly than the current CCS because a hyperlinked index would be provided in which record series and the record types therein classified were listed alphabetically by name. The inclusion of the record types would include program, project, committee, and other names to provide yet another potential retrieval point. By providing the hyperlinked index as an appendix in the same electronic file as the function-based CCS, a user could look up a record, click on its Record Series Code, and be taken directly to the corresponding CCS entry. This would eliminate the current practice whereby the user needs to know (or determine) the applicable subject heading and then skim through the list of series for that heading until s/he finds the correct entry.

The IM Program would develop the function-based CCS in consultation with department/division/program representatives who would also validate their respective parts of the draft CCS to ensure a logical, consistent, easy to use, and unambiguous structure (i.e. it should be possible to classify a record in only one part of the CCS). The IM Program would continue to administer a process for requesting, approving, and implementing CCS revisions to ensure its integrity over time.

C.2.2 Train Employees in Electronic File Naming Conventions

The RIM Program developed the Guidelines for Managing Electronic Records to provide employees with instruction in naming electronic records, including use of the recommended YYYY-MM-DD date format (the ISO standard date format). It does not appear that these guidelines are well known or used by Region employees.

The Region-wide use of the same naming conventions would create understandable, consistent, and predictable electronic file names and help employees to identify and track versions³⁹. Using standardized electronic file naming conventions would improve retrieval speed and accuracy and facilitate the disposition of versions which are no longer required. Specifically, electronic file naming conventions would:

- Help employees easily identify the file(s) they are looking for.
- Enable employees to browse file names more effectively and efficiently.
- Help employees distinguish one electronic file from others on the same (a similar) topic.
- Increase the likelihood that employees would be able to interpret file names without needing to open the files to confirm their purpose/contents or having to consult with the file creator.

³⁹ This protocol is not required for files in Microsoft SharePoint or an Enterprise Content Management (ECM) system because those systems provide automated version control provided a user uploads a revised file of the same name.

- Make file naming easier because an employee who followed the conventions would not have to 're-think' the naming process each time s/he named a file.
- Allow sorting of documents in a logical sequence (e.g. by date).
- Eliminate the confusion and delays often experienced when attempting to distinguish between different versions of a draft document, between drafts and final/approved/published documents, and between final approved versions over time (e.g. a policy which has been superseded).
- Reduce the likelihood that an obsolete version would be used or distributed.

The use of electronic file naming conventions would be particularly helpful in shared network drives/directories because the current lack of standardized naming conventions often results in *ad hoc* file names which have little (or no) meaning to anyone other than the file creator.

Using electronic file naming conventions in conjunction with a CCS would bring greater precision to the organization of electronic records, particularly in the near-future until the Region implements an enterprise content management (ECM) system (or similar technology) in which versioning is automated and a 'record type' can be captured in a filename via a drop-down box during the file saving process.

The naming conventions would be included in IM training, used in IM Implementation Projects, and be implemented during the electronic records clean-up projects referenced elsewhere in the EIM Strategy.

Note: The Guidelines for Managing Electronic Records provide minimal version control (i.e. a protocol for sequentially numbering drafts as 'REV' followed by a number and labelling the final version of a document as 'FINAL'). It is recommended that the IM Program develop a more robust version control protocol to differentiate between 'draft' and 'final' documents (typically the term 'draft' or 'd' is included in a filename to indicate its draft status and 'version' or 'v' is included to visually identify that 'finality' has occurred) and to differentiate between proposed revisions to a previously 'final' document and the issuance of the next 'final' instance of the document as occurs, for example, when an approved policy is reviewed and subsequently revised.

C.3 Improve Information Storage

Insufficient storage space figures prominently in the top 3 challenges experienced by survey respondents in their management of paper records with 82.5% of the respondents who experienced such challenges ranking insufficient storage space as their # 1 or # 2 challenge. Departments are encouraged to review records at least once per year to identify the records that should be transferred to the RRC or destroyed as per the RRS.

Storing inactive records in the RRC⁴⁰ frees up records storage space in offices and reduces filing equipment costs. However, several focus group participants reported that RRC space

⁴⁰ The RRC is located on the lower level of Regional HQ directly below the Council chambers.

shortages sometimes delay the transfer of boxed records for several weeks (or months) resulting in operational constraints and unsafe accumulations of boxes in office areas.

More than 10,000 boxes of records are stored in the RRC and approximately 4,000 boxes of infrequently accessed records subject to longer retention periods are stored off-site at a commercial record centre. Each year, RRC staff retrieve approximately 5,000 files/boxes, accept and process for storage approximately 2,000 boxes of records, and co-ordinate the secure shredding of approximately 1,400 boxes. Commercial record centre storage and retrieval costs will increase in the future because the volume of annual transfers to the RRC exceeds the amount of storage space freed up by annual destructions. This will more frequently accessed records to be stored off-site in the future. Every box (and every file within a box) in the RRC and at the commercial record centre is tracked in Versatile Enterprise.

800 boxes of records in the RRC were damaged by a flood from an overflowing toilet on the floor above. Many recovered records are water marked and brittle. Storm and sanitary drains in the RRC pose a continual danger to the records. The RRC is equipped with a ceiling-mounted fire suppression system, a moisture detection alarm (installed after the flood), and a temperature and humidity monitor. The recently installed humidifier is not yet operational. Daily temperature and humidity readings are taken.

While the Region creates/receives and maintains a sizeable collection of paper records, its collection of electronic records is considerable and will continue to grow as more and more Region business is conducted electronically in the future. Below are statistics from the Region's October 20, 2017 Data Inventory Report:

- 25.34 TB consisting of more than 22 M unstructured⁴¹ data items.
 - Most data was 'last accessed' 1-2 years ago (43.5%) and almost 39% was 'last accessed' 2+ years ago.
 - Most data was 'last modified' 2-5 years ago (31.5%).
- 'Documents' (followed by 'images' and 'other') constitute the largest number of items.
- Many of the top 10 departments by storage consumption create/receive and store very large files such as plans and drawings.
- 7,128 user accounts, of which more than 3,000 are inactive or disabled accounts containing records/information.

As described below, several objectives must be met to achieve the goal of improving information storage.

⁴¹ The Data Inventory Report loosely defines 'unstructured data' as "information that cannot be represented in the row and column format of traditional databases (which are considered structured). Examples of this information include metadata and text content contained in files, emails, and content management systems such as SharePoint."

C.3.1 Accelerate the Speed Inactive Records Transfer and Destruction Processing

A limited number of shelving bays in the RRC are designated for the storage of incoming transfers of inactive records awaiting processing and shipments of inactive records destructions awaiting collection by the shredding service. As stated above, operational constraints and unsafe accumulations of boxes in office areas result when records transfers are delayed for several weeks (or months) due to RRC space constraints.

It is recommended that the number of designated shelving bays be increased to provide enough space to house the average monthly volume of incoming transfers and outgoing destructions.

It is also recommended that incoming transfers be reviewed within 5 business days to identify any boxes that should be stored off-site and that those boxes be shipped off-site as soon as a sufficient volume of boxes (returns and transfers) has accumulated to minimize servicing costs.

It is also recommended that the number of destructions be increased to a minimum of 6 per year (up from 3-5) to limit the number of boxes awaiting collection by the shredding service.

C.3.2 Specify and Promote the Purposes of Electronic Records Storage Locations

As stated above, the Region has (and will continue to accumulate) a considerable volume of electronic records. At present, there is a multiplicity of storage locations for electronic records and a lack of rules governing the type of information to be kept in each location (e.g. in a personal vs. a shared drive, on the Intranet, etc.).

It is recommended that the purpose of each electronic records storage location be specified and promoted so employees would understand what information to store in each location (and what they would, therefore, expect to be able to access from each location). Specifying the purpose of each electronic storage location would also likely reduce duplication across the locations, thus reducing overall electronic storage volume and the confusion that invariably results when multiple copies of information are found.

C.3.3 Plan and Complete IM Clean-up Projects

The IM Program would work with IM Liaisons to plan records clean-up projects which would include:

- Paper records: In individual offices/at workstations and in central filing areas within divisions/programs.
- Electronic records: In personal and shared network drives/directories and e-mail accounts.

It is recommended that the clean-ups be scheduled in phases, with paper records clean-ups being completed first. We also recommend two phases of electronic record clean-ups:

- Phase 1: The application of electronic file naming conventions, deletion of ROT (redundant, obsolete, or transitory information), and review and disposition of the

contents of orphan folders on shared drives (e.g. folders that belong to departed employees).

- Phase 2: The application of the CCS and the RRS and moving from personal network drives/directories to shared network storage any files of interest/benefit to other employees.

Employees would be trained to complete the following tasks and IM Analysts would be available as resources to answer questions during the clean-ups:

- a) Identify backlogged paper records that should be immediately transferred to the RRC or destroyed as per the RRS.
- b) Identify electronic records that should be deleted as per the RRS.

Completion of the paper and electronic records clean-ups would provide several benefits:

- a) Improved the organization/classification of records.
- b) Eliminate a sizeable volume of valueless information or 'ROT'.
- c) Reduce the time required to locate records in the future because there would be a smaller volume to search.
- d) Alleviate records storage space constraints, particularly for active paper records.
- e) Achieve a higher rate of RRS compliance.

Apart from these immediate efficiency and risk mitigation benefits, the electronic records clean-ups would also reduce the amount of time required to run (or restore) back-ups and support the future implementation of an ECM system (or similar technology) by introducing order and standardization.

C.3.4 Schedule Annual IM Clean-up Days

Annual records clean-ups (IM Days)⁴² of paper and electronic records are recommended to maintain a high profile for good IM practices, reinforce the importance and benefits of IM (both to the Region and to individual employees), and support employees in being compliant with the RRS and other IM policies/procedures.

We encourage the Region to make clean-up day participation mandatory and strive to add some perks and levity to the day (e.g. provide refreshments, hold contests, etc.). The IM Manager would develop mechanisms for collecting statistics on IM Clean-up Day outcomes to support reporting on IM compliance.

C.3.5 Assess the Cost-Benefit of Continued Records Retention Centre Operations

The RRC occupies a large space at Regional HQ. It is staffed by two full-time IM Program employees (Clerk 3 positions) whose primary responsibilities also include updating Versatile

⁴² These clean-ups would become unnecessary if/when the Region implemented an enterprise content management (ECM) system (or similar technology), trained employees to use the system, and regularly monitored system use and compliance.

Enterprise, initializing the set up of that software for departments, and providing support to Versatile Enterprise users.

It is recommended that a cost-benefit analysis be completed to determine whether the IM Program should continue to operate the RRC in addition to using a commercial record centre or whether the storage (and, therefore, the retrieval and destruction) of inactive records should be completely outsourced to a commercial record centre. The cost-benefit analysis of moving to 100% commercial record centre storage would factor in the need for IM Program employees to co-ordinate and monitor commercial record centre services and continue to update and support Versatile Enterprise.

C.4 Improve Information Security

The Region places considerable emphasis on security, particularly the security of computer systems, electronically stored information, and portable electronic storage media. Information security is addressed in several Region policies for which departments/divisions/programs other than the IM Program are responsible.

As described below, several objectives must be met to achieve the goal of improving information security.

C.4.1 Finalize and Implement an Information Security Classification

The RIM Program drafted a Records Security Classification which “aims to establish a procedure for assessing the sensitivity and importance” of Region records (s. 1.0). It recommends classifying each record into one of eight categories to reflect the level of confidentiality required. The levels are:

- i) Internal – Senior Management – Confidential.
- ii) Internal – Management – Confidential.
- iii) Internal – Individual – Open to an individual.
- iv) Internal – Division – Open to all in a division.
- v) Internal – Department – Open to all in a department.
- vi) Internal – Corporate – Open to all in the corporation.
- vii) Public – All – Non-published.
- viii) Public – All – Published.

By default, a Region record is to be classified as ‘Internal – Corporate – Open to all in the corporation’ unless reclassified by the responsible business unit. Examples of records falling under each category are provided and exemptions are discussed.

Finalization and approval of the Information Security Classification is recommended; however, a shorter list of security classifications is recommended for clarity and ease of implementation. Most Information Security Classifications have three or four distinct categories. For example, the Government of Alberta’s model uses four categories: public, protected, confidential, and restricted.

It is also recommended that the Information Security Classification be expanded to specify the precautions to be taken to keep confidential information secure in each security classification level (e.g. prohibiting the faxing of records in certain circumstances).

As described below, several objectives must be met to achieve the goal of improving information security.

C.4.2 Continue to Use Lockable Courier Bags to Transport Inactive Files

The RRC uses custom-made, lockable, blue canvas courier bags to securely transport requested inactive files through interoffice mail, thus ensuring their contents are not tampered with or disclosed to unauthorized individuals. Departments are asked to return requested files to the RRC in sealed manila envelopes unless the department has its own locking courier bags.

It is recommended that the RRC continue using the lockable courier bags.

C.4.3 Continue to Provide Locked Shred Bins

Locked shred bins are provided throughout Region offices for the secure disposal of confidential or sensitive transitory materials that should not be put into regular recycling.

It is recommended that locked shred bins continue to be provided.

C.5 Improve Business Continuity

'Vital records' are essential to the continuation or resumption of Region business in the event of a disaster. Their availability, both during and after a disaster, would allow the Region to fulfill its obligations to taxpayers, employees, other levels of government, and outside interested parties. The Records Management Procedures (Schedule D of by-law # 65-2017, s. 5.1b) require the Manager, RIM to "Ensure that reasonable measures are implemented to protect the Region's records from inadvertent destruction or damage, taking into account the nature of the record to be protected, including the creation of new classification codes and retention periods pending Council approval." Most of the Region's vital records are identified in the CCS. Vital records in electronic format are captured on back-ups; however, vital records in paper format are not protected.

CS-IT is responsible for the backup and recovery of the Region's electronic records. Full and incremental back-ups and specialized back-ups for databases, Microsoft Exchange, Microsoft SharePoint, and OpenVMS are run. Generally, incremental back-ups are run daily and full back-ups are run weekly, monthly, quarterly, and annually. Back-ups are stored on a storage area network (SAN), run through a de-duplication process, and written to tape which is stored off-site at a commercial record centre. Generally, daily and weekly back-ups are kept for a month, monthly back-ups are kept for one year, and annual back-ups are kept for 7 years. The 7-year retention of annual back-ups conflicts with the RRS because many of the records that would be kept for 7 years should have been disposed of much sooner.

The Region does not have a disaster recovery plan for records.

As described below, several objectives must be met to achieve the goal of improving business continuity.

C.5.1 Identify and Protect All Vital Records

As stated above, most of the Region's vital records are identified in the CCS and vital records in paper format are not protected. However, because the informational value of vital records is so great and the consequences of their loss, damage, or inaccessibility so severe, special protection is justified for all vital records at the Region.

It is recommended that all Region records in paper format be reviewed to assess their 'vitality', that the CCS be updated accordingly, and that appropriate protection methods (e.g. fire-resistant file cabinets) be researched and implemented to protect those records.

It is also recommended that the Region ensure all vital records in electronic format are included in the back-ups which are run by CS-IT.

C.5.2 Reduce the Retention of Annual Back-ups

Generally, daily and weekly back-ups are kept for a month, monthly back-ups are kept for one year, and annual back-ups are kept for 7 years. The 7-year retention of annual back-ups conflicts with the RRS because many of the records kept for 7 years should be disposed of much sooner.

It is recommended that the 7-year retention of annual back-ups be reduced (perhaps 1-2 years) to better reflect the duration of their utility in restoring computer systems. It is highly unlikely that the Region would restore 7 years of annual back-ups in the event of a disaster.

C.5.3 Develop and Periodically Test a Disaster Recovery Plan for Records

As stated above, the Region does not have a disaster recovery plan for records. Part of an organization's overall disaster recovery planning, a disaster recovery plan for records would document the storage location and method of accessing the Region's vital records and document the actions to be taken to recover damaged or threatened records immediately following a disaster.

It is recommended that the Region develop and periodically test a disaster recovery plan for records.

C.6 Improve Information Retention and Disposition

Records retention periods are included in the CCS, thus providing one document for determining both the classification and retention of a record. The Official Record Holder is responsible for implementing the retention period (as listed in the 'Active Retention', 'Inactive Retention', and 'Total Retention' columns of the RRS) while any department/division which keeps a copy of the records may use the suggested 'Copy Retention' period. A revised RRS is submitted for Council approval once per year (approximately); however, Council approval is not required for any revision which does not affect the retention of a record.

Of the 80% of survey respondents who are aware that the CCS specifies how long records should be kept, 70% said they use the retention periods to determine if/when they can destroy/delete some (or all) of the records for which they are responsible. They predominantly use it to determine the retention of paper records. Knowing how long to keep records is a challenge experienced by many survey respondents with respondents who experienced challenges in managing records ranking retention as their # 1 or # 2 challenge for paper records (68%), as their # 1 or # 2 challenge for e-mails (67%), and as their # 1 or # 2 challenge for electronic records (65%).

Staffing constraints have prevented a review of the complete Citation Table against the CCS for several years. The Citation Table is appended to the RRS by-law. The IM Analysts have access to two resources for accessing recordkeeping requirements: Carswell's Records Retention: Statutes and Regulations service for the Canadian federal jurisdiction and the Province of Ontario and freely available Internet resources provided by the Department of Justice (Canadian federal jurisdiction) and the Province of Ontario. Often department staff will advise the Analysts of upcoming changes to legislation affecting their departments' records.

Electronic Communications Systems (policy # 14.10) requires CS-IT to delete upon management request "dormant accounts when authorized users are no longer employed or conduct business with the Region"; however, it does not appear that management often makes these requests given the sizeable number of inactive user accounts (2,443 disabled accounts as of October 20, 2017).

The Region does not have a documented records hold procedure.

As described below, several objectives must be met to achieve the goal of improving information retention and disposition.

C.6.1 *Include Retention Periods in the Function-based Corporate Classification Scheme*

As stated above, retention periods are included in the CCS.

It is recommended that retention periods also be included in the function-based CCS which would be developed to replace the current CCS.

C.6.2 Improve the User-friendliness of the Citation Tables

The user-friendliness of the Citation Table would be greatly increased if it included the verbatim extract of each cited retention requirement, thus eliminating the need for the user to have to look up the cited legislation/other document to locate the specific requirement (assuming s/he could locate the document). Another user-friendly addition would be to hyperlink each citation number in the 'Remarks and/or Citation by #' column in the CCS to the corresponding entry in the expanded Citation Table, thus allowing the user to quickly access the full-text of each citation.

It is recommended that these user-friendliness improvements be made in the next annual Citation Table revision.

C.6.3 Prepare Annual, Comprehensive Citation Table Revisions

The Manager, RIM advised that staffing constraints have prevented the complete Citation Table from being reviewed against the CCS for several years. In the past, a legal student was hired to review the Citation Tables but the RIM Program either has not had funds for this work in recent years or the work was not considered a priority given other demands on the RIM Program budget. Consequently, citation changes are addressed on the fly as the Records Analysts create new series or revise existing record series in the CCS.

Further, several Citation Table deficiencies were noted in the Assessment Report:

- Many citations are only to the name of an act/its regulation and do not specify the specific section(s) in the act/regulation which pertain to records retention.
- Some of the cited URLs do not work.
- Some of the cited documents are obsolete.
- URLs are not provided for all publicly available standards/guidelines or other documents such as the Canada Revenue Agency information circular.
- The number of Canadian federal statutes cited (3) is curiously very low. It is likely that additional federal legislation applies to the Region's operations and, therefore, to the retention of its records.

It is recommended that applicable Canadian federal and Province of Ontario statutes and regulations and other applicable documents (e.g. recordkeeping standards or guidelines issued by regulatory health colleges in Ontario such as the dental recordkeeping guidelines published by the Royal College of Dental Surgeons of Ontario) be researched to prepare annual revisions to the Citation Tables. The first annual review and revision would be more time-consuming to complete (likely 20-30 days) because that revision would also include correction of the above-noted deficiencies and implementation of the above-noted user-friendliness improvements. Going forward, we estimate that an IM Analyst trained in researching legislated recordkeeping requirements should be able to complete an annual Citation Table review and update in 7 – 10 days.

C.6.4 Continue to Prepare an Annual Records Retention Schedule Revision for Council Approval

The RRS requires annual revision to address changes in retention periods due to changes in business needs and legislated requirements. The RRS also needs to be updated to include new records, otherwise no disposition authority would be in place for those records.

It is recommended that the IM Program continue to annually prepare a revised RRS for Council approval. By continuing to do so, the Region would ensure that up-to-date direction was given for the retention and disposition of all records.

Note: The current practice whereby Council approval is not required for any revision which does not affect the retention of a record would also be continued.

C.6.5 Develop and Implement a Documented Records Hold Procedure

The Region's records are subject to various types of production requests. When the Region 'reasonably anticipates' a production request due to litigation, regulatory investigation, or audit, in the context of an arbitration, or for some other legal/regulatory reason, a records hold process should be immediately implemented.

It is recommended that the process for placing and removing (revoking) a records hold be documented. The procedure would set out in detail the individuals to be engaged and the processes to be followed in responding to a production request. There are three primary components to the hold process: notification, preservation process for the affected records, and ongoing preservation obligations. The Region would likely find it beneficial to also develop a Record Hold Notice Template and a Record Hold Notice Revocation Template.

In addition to adding to the defensibility of the Region's IM Program, a documented records hold process would minimize legal and business risk with respect to ensuring the preservation of records potentially subject to production.

C.6.6 Reduce the Retention of Archived E-mail Messages

E-mail messages are automatically kept in the archive for 2,465 days (7 years less 90 days from active mailbox). While the e-mail archive will be discontinued when the Region implements Microsoft Exchange Online and archived messages will be moved to the new environment, the Region plans to use Microsoft Legal Hold (a function of Exchange) to apply the same default retention period to e-mails in the new environment.

This arbitrary default retention period conflicts with the RRS because many messages subject to a shorter retention period are being over-retained resulting in RRS non-compliance. Therefore, it is recommended that a shorter default retention period (say 1 year) be implemented.

C.6.7 Promote Records Retention Schedule Compliance

Organizations with a low rate of retention schedule compliance typically retain two-thirds more paper records than necessary in active or office storage areas (i.e. approximately one-third of those records should be moved to inactive storage and approximately one-third of those records are eligible for immediate disposition as per the RRS). Low rates of RRS compliance also result in the retention of considerable volumes of valueless records in electronic format, resulting in electronic records storage constraints and increasing the amount of time required to back-up and restore those records. If the Region is like other organizations, it is likely that a significant volume of its electronically stored information is 'ROT' (redundant, obsolete, or transitory). Greater retention schedule compliance would alleviate those challenges.

It is recommended that the IM Program promote greater RRS compliance, particularly for electronic records. Various methods can be used (e.g.):

- Highlight the requirements for and benefits of RRS compliance in IM training.
- Develop (or purchase) posters highlighting the importance of and benefits of RRS compliance.
- Schedule annual IM Clean-up Days to encourage Region employees to review records and dispose of them appropriately.

C.6.8 Ensure Employee Offboarding Processes Include IM Requirements

The Manager, RIM proposed revisions to address RIM in the Manager Offboarding Checklist, Employee Offboarding Checklist, and Knowledge Transfer Template (e.g. requiring supervisors/managers to ensure a departing employee saves official records (including e-mail) prior to his/her departure by either printing and filing the records or storing them on the appropriate network drive); however, the Manager's proposed revisions were not incorporated.

The Manager, RIM has not been successful in securing the development of a process to ensure records (and particularly electronic records) are appropriately managed upon an employee's termination or transfer to another Region department/division/program. While the Electronic Communications Systems (policy # 14.10) requires CS-IT to delete upon management request "dormant accounts when authorized users are no longer employed or conduct business with the Region", those requests are made infrequently given that 2,443 (or 48%) of the Region's user accounts are classified as 'disabled' in the Region's 2017 Data Inventory Report. The disabled accounts presumably contain orphaned records/ information.

It is recommended that consideration of IM in employee offboarding processes be augmented to require an employee's immediate supervisor/manager to ensure that the recorded information in the custody/control of a departing employee (including an employee who is transferring to another Region department/division/program) is appropriately processed prior to his/her departure (e.g. review paper records to identify any to be transferred to inactive storage, review and cull e-mail messages, etc.). In the event of a sudden departure (e.g. dismissal for cause,

death, etc.), it would be the responsibility of the employee's immediate supervisor/manager to complete the records processing.

C.7 Improve the Management of Archival Records and Artefacts

Archival records are "Materials created or received by a person, family, or organization, public or private, in the conduct of their affairs that are preserved because of the enduring value contained in the information they contain or as evidence of the functions and responsibilities of their creator."⁴³ According to the Regional Archives brochure published by the RIM Program, "Records in the Regional Archives are selected because they document important decisions, reveal the history of services provided by the Region and offer insight into the changing landscape of the Region and who the decision makers were. This includes photographs, paper documents (such as minutes of Council, by-laws or reports), video and audio recordings and engineering plans." While most of the archival records date from the Region's formation in 1974, the Regional Archives also houses County of Ontario records dating back to 1852. Donations⁴⁴ to the Regional Archives are encouraged; however, it is not known whether the Region has prepared a donation agreement.

While 'archival records' connote documents rather than artifacts or published materials, collections of archival records may contain artifacts and books. The Regional Archives includes artifacts such as the Durham County Council of England coat of arms which was presented to Regional Chairman Walter Beath in 1978 and a framed poster of ex-Wardens of Ontario County dating from 1902. The RIM Program has not been involved in the identification, collection, or storage of any artefacts (e.g. plaques from former Region buildings) which may be kept in a Works Department storage facility.

The Records Management Procedures (Schedule D of By-law # 65-2017, s. 5.1c) require the Manager, RIM to ensure any record "deemed to be of archival significance . . . is transferred to the custody and control of the Regional Archives." The RIM Program does not, however, have an Archivist on staff and has not retained the services of a professional Archivist to identify the Region's archival records. Instead, Records Analysts – in consultation with the Manager, RIM – identify records with archival value when proposing retention periods. Records so designated are identified as 'Archival' in the 'Remarks and/or Citation by #' column of the CCS. The Region has not developed an archives collection development or acquisition policy⁴⁵.

⁴³ Society of American Archivists, Glossary of Archival and Records Terminology
<https://www2.archivists.org/glossary/terms/a/archival-records>

⁴⁴ The Regional Archives brochure highlights the types of materials the archives is particularly interested in obtaining: "Significant Regional documents; objects that reference the Region's history badges, mugs, gavels, pins, etc.; Regional maps, plans, drawings, diagrams, photographs and paintings of the Region or Regional employees; audio/video of the Region or Regional employees; books about the Region or local municipalities, etc."

⁴⁵ The Glossary of Archival and Records Terminology defines an 'acquisition policy' as "An official statement issued by an archives or manuscript repository identifying the kinds of materials it accepts and the conditions or terms that affect their acquisition. It serves as a basic document for the guidance of archival staff and organizations and persons interested in donating their records or papers." The Glossary defines 'collection development' as "The function within an archives or other repository that establishes policies and procedures used to select materials that the repository will acquire, typically identifying the scope of creators, subjects, formats, and other characteristics that influence the selection process."

The Regional Archives collection is stored on metal shelving in a designated, 4-bay area of the RRC. Because that area is not walled off from the rest of the room, the archival records receive the same temperature and humidity control as the inactive records which occupy most of the space. Low-level lighting is, however, used in the archival records section of the RRC to help protect the records from deterioration. At present, the Regional Archives houses approximately 4,000 files/artefacts and just over 400 boxes of archival records.

As described below, several objectives must be met to achieve the goal of improving the management of archival records and artefacts.

C.7.1 *Comprehensively Identify, Preserve, and Make Accessible Archival Records and Artefacts*

For any organization, archival records provide continuity, evidence of continuing rights and obligations, access to experience, expertise, and knowledge, and an historical perspective. Many archival records are unique, one-of-a-kind items which are irreplaceable if lost or damaged. Therefore, unless archival records are properly identified, preserved, and made available, an organization's history and culture – and that of a society in the case of a public institution – may ultimately be lost. Society expects public sector organizations to acquire, manage, preserve, and make accessible records of significance that reflect their activities and decisions. By doing so, public sector organizations foster government accountability and transparency, and allow the public to engage with their documentary heritage.

C.7.1.1 *Develop and Approve an Archives Strategy*

In the absence of a professionally trained Archivist and an acquisition policy, the Region does not have a strategy for comprehensively identifying, preserving, and making accessible its archival records and artefacts. Therefore, the development of an Archives Strategy is recommended to determine the optimum future management of the Region's archival records and artefacts.

The strategy will:

- Assess the benefits of preserving the Region's archival records and artefacts, the risks of not preserving them, and the uses to which an archives could be put in the Region's ongoing operations.
- Assess the potential for expanding the Regional Archives to include archival records and artefacts from the Region's lower tier municipalities, particularly where a lower tier municipality does not currently manage its archival records and artefacts.
- Identify resource requirements (e.g. space, staff, procedures, etc.) and estimated costs for more effectively identifying, preserving, and making accessible the Region's archival records and artefacts taking into consideration any grants which may be available for each of two options:
 - Expansion of the Regional Archives (whether just for the Region's archival records and artefacts or whether the Regional Archives would also house archival records and artefacts from the Region's lower tier municipalities)

- Loan/donate the Region's archival records and artefacts to a university archives or a reputable local, provincial, or national archival institution.

C.7.1.2 Implement the Archives Strategy

Implementation of the Archives Strategy would result either in the development and staffing of a formal Archives Program (including the functions of acquisition and appraisal, arrangement and description, preservation, use, and promotion) or the negotiation and implementation of loan/donation agreement(s).

C.7.2 Preserve Digital Information

An ever-increasing volume of the Region's records are in electronic format and there is interest in converting additional paper records to digital format. However, electronic records are at significant risk of becoming inaccessible over time due to software, hardware, and storage media obsolescence, as well as data corruption. Therefore, digital continuity is required.

C.7.2.1 Develop and Approve a Digital Preservation Strategy

The National Archives (United Kingdom) describes digital continuity as follows⁴⁶: "Digital continuity is the ability to use digital information in the way that you need, for as long as you need. If you do not actively work to ensure digital continuity, your information can easily become unusable. Digital continuity is about making sure that your information is complete, available and therefore usable for your business needs. Your information is usable if you can: a) find it when you need it, b) open it as you need it, c) work with it in the way you need to, d) understand what it is and what it is about, and e) trust that it is what it says it is."

The need for digital continuity is particularly acute for archival records in electronic formats and non-archival records with long-term retention periods (decades). Unless proactive measures are taken, the Region risks having few such records in the future given the ever-increasing amount of Region business that is transacted electronically and it is unlikely that non-archival records with long-term retention periods would remain accessible for as long as they need to be kept.

The development of a Digital Preservation Strategy is recommended to ensure digital continuity, both of archival records in electronic formats and non-archival electronic records with very long-term retention periods. The strategy should also strive to ensure digital continuity in compliance with the requirements of The Accessibility for Ontarians with Disabilities Act (AODA).

C.7.2.1 Implement the Digital Preservation Strategy

⁴⁶ The National Archives (United Kingdom) <http://www.nationalarchives.gov.uk/information-management/manage-information/policy-process/digital-continuity/what-is-digital-continuity/>

Implementation of the Digital Preservation Strategy would likely involve a combination of processes and technology.

D. Technology

The technology goals and their corresponding objectives are described below.

D.1 Build the Business Case for an Enterprise Content Management (ECM) System

The Region has an ever-growing volume of electronic records, with many records being ‘born digital’. The Region also continues to have a sizeable collection of paper records and continues to conduct some business only in paper. RIM Program employees and stakeholders (including some survey respondents) have expressed interest in moving to a ‘less paper organization’ in which electronic records are recognized as the Region’s official records.

Ad hoc ways of managing electronic records, their ever-increasing volume, the multiplicity of electronic storage locations, duplication, and the need to rely on humans to identify and retrieve records have been identified by Region employees as particular challenges when responding to a request for records under MFIPPA or in response to litigation or regulatory investigation. Employees have said it is not uncommon for differing collections of records to be produced when employees are asked to search for records in response the same records request. Differences in the collections (e.g. one employee provides 5 relevant records while another provides 10, not all of which are included in the collection of 5 records) may arise for various reasons such as different search processes and the retention of varying amounts of records due to the application of different retention rules.

As discussed in the Assessment Report, the Region currently uses several technologies which have RIM/EIM implications. Figure 9 lists and briefly describes each of those technologies.

Figure 9 – Region Technology with RIM/EIM Implications

| Technology | Description |
|------------------|--|
| Cloud Computing | The Information Technology – Cloud Computing Review and Update report to the Finance and Administration Committee (report # 2016-A-11) recommended the adoption of a ‘cloud-first’ strategy for all new and replacement IT initiatives and recommended the establishment of a Cloud Strategy Review Committee. |
| Document Imaging | It is possible to image (scan) a paper document using a multi-function device. A few areas such as Finance and Administration Department have standalone scanners. Some departments engage an external service provider to scan paper documents (e.g. the Health Department’s immunization clinic forms are scanned by a service provider). The RIM Program developed Best Practices for Document Imaging (Using Outside Scanning Vendor). |
| E-mail Archive | E-mail messages are automatically moved to the e-mail archive after 90 days. Archived messages cannot be deleted by users. All messages and attachments in the archive are automatically deleted after 2,465 days (7 days less 90 days from active mailbox). The archive will be discontinued when the Region implements Microsoft Exchange Online. Messages in the archive at that time will be moved to the new environment. |

| Technology | Description |
|---------------------------|---|
| Instant Messaging | According to Email (policy # 14.13, s. 4.011), instant messaging “should not be used for Regional business purposes, except where required in Emergency situations.” The policy further states that instant messaging is “not subject to message content filtering ⁴⁷ or message retention”. |
| Intranet (The Insider) | The Intranet is a home-grown solution which does not have a content management system (CMS). It appears to be used primarily as an information sharing tool (e.g. provide information about Region events), a place to access Region information of common interest (e.g. the corporate policies, forms, and job postings), and a gateway to various applications (e.g. Works Department employees access a time reporting tool through the Intranet). It is also home to the very popular swap shop. The Intranet is also set as the default Internet homepage on every Region computer |
| Microsoft Exchange Online | The Region plans to migrate to Microsoft Exchange Online, part of the Microsoft Office 365 suite of products. Exchange Online is a hosted messaging application that provides organizations with access to the full-featured version of Exchange. Employees will continue to have access to e-mail, calendar, contacts, and tasks. The Region also plans to use Microsoft Legal Hold (a function of Exchange) to apply the 7 years less 90-day retention period to e-mails. |
| Microsoft SharePoint | It is used by 3 departments/divisions/programs: CS-IT uses it internally, Finance Department uses the cloud-based version for some project records, and Planning and Economic Development Department uses a pilot version. It is also the basis of two Region applications, one for immigration and another for transit. Use of Microsoft SharePoint is not being expanded to additional areas at this time. |
| Open Data | The Region recently approved Open Data (policy # 14.22) which designates the Regional Clerk and Chief Information Officer (or their delegates) “as corporate leads for Open Data awareness, training and issue resolution” (s. 5.01). It is the responsibility of Department Heads “to provide final approval to the release of datasets for publication and to ensure the preservation and access to all datasets” (s. 5.01). Preservation of datasets includes the “archiving of superseded datasets if required” (s. 4.02). The policy also establishes an Open Data Team under the leadership of CS-IT. The Manager, RIM was invited to the Open Data Team’s inaugural meeting in January 2018. |
| Social Media Content | Corporate Communications Office uses Facebook, Twitter, and LinkedIn and sometimes posts videos to YouTube. The Health Department uses Facebook, Twitter, and YouTube plus Instagram and Pinterest. Most, if not all, of the content that the Region posts to its social media channels originates from news releases, public service announcements, or content posted on durham.ca and the Region links back to originating content where possible. During an emergency or an emerging issue (e.g. a watermain break affecting a major intersection), the Region will post as-it-happens updates which have been approved for sharing by program staff. Those updates are usually posted to Facebook and Twitter. |

⁴⁷ The policy describes ‘content filtering’ as follows: “CS-IT shall reserve the right to scan the content of every email message that passes through the Region of Durham servers (inbound or outbound) based on predetermined criteria. The message body and attachments within an email shall be scanned for content that may contain specific words or expressions that are deemed inappropriate or represent a risk for the Region of Durham. Users should check their junk email and report missing messages to CS-IT.”

| Technology | Description |
|-----------------------------|--|
| Versatile Enterprise | The RIM Program has used Versatile Enterprise since the 1990's to manage the Region's paper records from creation to final disposition. Specifically, it is used to control the creation, classification, maintenance (including legal/operational holds), retention, and destruction of records and to manage the RRC's operations (transfers, retrievals, and destructions of files/boxes). Requests for the retrieval of files/boxes from the off-site commercial record centre are also managed through Versatile Enterprise. Because not every user needs access to the system's full functionality, Versatile Web Enterprise access is given to selected users who need to search for inactive records (files and boxes) and send electronic requests to the RRC for the retrieval of those records. |
| Website Content (durham.ca) | The new website launched on December 11, 2017. The website has gone from 4,000+ pages to approximately 460 pages, each of which has an expiry date to ensure content is periodically reviewed and either refreshed or deleted. Some of the content is original, existing only on the website while other content is extracted from or distilled from existing documents. Some content is the publication of a document which resides in a department (e.g. Council minutes maintained by CS-LS). |
| ZyIMAGE | ZyIMAGE is a text search and retrieval software application available through the Region's Intranet. It is used to search for and retrieve by-laws, Council and committee reports and minutes, and official plan amendments. |

Missing from this list are three technologies often used by organizations to better manage electronic records: workflow⁴⁸, document collaboration, and Enterprise Content Management (ECM) system. *Note: ECM systems typically provide document collaboration at least minimal workflow functionality. Workflow functionality may also be used to automate the classification and retention of records.*

A workflow is a process in which tasks, information, or documents are passed from one participant to another for action according to a set of procedural rules (e.g. obtaining a series of signatures to approve a purchase, processing a request for service, etc.). Many focus group participants participate in any manual (i.e. paper-based) workflows in which a paper document such as an invoice, agreement, or report is circulated for review and approval to several employees via internal mail or hand delivery ('sneaker mail'). Typically, a routing sheet accompanies the document to specify the order of the positions to whom the document should be circulated. One division uses e-voting to secure agreement on contract wording and then circulates the final version of the contract in hardcopy for review and approval.

A workflow system is "The technology of implementing business processes as a controlled and conditional sequence of steps, ad hoc or business rule-based, each having tasks to be performed by users or other applications where information has to be analyzed and new information is fed into a system."⁴⁹

⁴⁸ Workflow is the definition, execution and automation of business processes where tasks, information or documents are passed from one participant to another for action, according to a set of procedural rules. An example of a simple workflow is the process by which a document is routed to a series of individuals for review and approval.

⁴⁹ ARMA International (2016), *Glossary of Records Management and Information Governance Terms*, 5th edition.

Enterprise content management (ECM) is “a set of defined processes, strategies and tools that allow a business to effectively obtain, organize, store and deliver critical information to its employees, business stakeholders and customers.”⁵⁰ The lack of an ECM at the Region was called out in the Establishment of a Corporate Privacy Office report as one of the challenges⁵¹ in processing MFIPPA/PHIPA information requests. The report states, “A further complication in processing requests for information is the fact that the Region does not have an Electronic Content Management software solution in place, only a paper records management system (Versatile) and consequently it is extremely difficult to determine if we have provided all applicable information/data when responding to MFIPPA/PHIPA requests.”

Several departments/divisions have expressed interest in gaining access to additional technology to help them better manage electronic records. Some focus group participants have worked in organizations where there has been an ECM while other employees are aware of this technology. Some survey respondents also identified ECM/similar technology as a desired RIM/EIM improvement.

As described below, several objectives must be met to achieve the goal of building the business case for an ECM system.

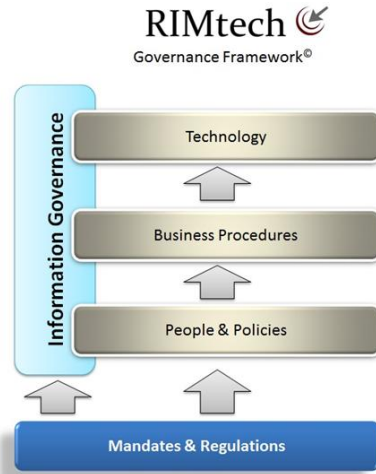
Note: Because “A successful electronic recordkeeping project requires a significant emphasis on business culture and organizational change, concrete measurement of goals and outcomes, and complete command of the software technology’s capabilities and limitations, all within a consistent governance framework”⁵², the Region may wish to use the twelve-step implementation methodology developed by RIMtech to significantly increase the likelihood of successful ECM implementation. That methodology is based on the three-stage governance framework in Figure 10 below.

⁵⁰ As defined at <http://searchcontentmanagement.techtarget.com/definition/enterprise-content-management-ECM>

⁵¹ The other challenges are “minimal corporate privacy training being delivered and at times, departmental staff have not been able to meet the legislated timelines to respond to information requests”.

⁵² RIMtech <http://www.rimtech.ca/rimtech-edrms-implementation-methodology.html>

Figure 10 – The RIMtech Governance Framework for EDRMS⁵³ Implementation⁵⁴



D.1.1 Research ECM Systems

An IGSC Project Team would conduct research to become familiar with ECM systems from a functional and technical perspective. The research process would include identifying ECM vendors/products and gathering authoritative evaluations/references. Gartner's Magic Quadrant for Content Services Platforms (last published in October 2017) would be a helpful starting point.

Note: The research would include Microsoft SharePoint given its current, limited use at the Region. While some consider Versatile Enterprise to be a basic ECM system, the research would also include two Versatile Enterprise modules (list below) which the Region has not yet implemented. When used in conjunction with Versatile Enterprise, these modules create a 'one-stop' repository from which the user can search for and retrieve scanned images and electronic records and search for and retrieve information about paper records in a single search request.

- *Versatile ERMS (the electronic records management module) which allows users to store electronic records such as e-mails, word-processed documents, and scanned images in a secure repository in which an organization's classification, retention, and information security rules are applied.*
- *Versatile Imaging which manages the capture, indexing, and storage of scanned documents, thereby allowing them to be retrieved upon authorized request within the same system in which related paper/hard copy records are managed.*

⁵³ Note: RIMtech's methodology is for implementing an EDRMS (electronic document and records management system). Most software vendors instead use the term 'ECM' or 'enterprise content management'. Therefore, references in RIMtech's methodology to 'EDRMS' can be read as 'ECM'.

⁵⁴ RIMtech <http://www.rimtech.ca/rimtech-edrms-implementation-methodology.html>

D.1.2 Promote the Interim Use of Shared Network Drives for Document Collaboration

Many focus group participants collaborate with other employees to prepare documents such as agreements, briefing notes, letters, and reports. Distributing a document as an e-mail attachment and receiving revised versions of the document by return e-mail is the most common method of collaboration; however, that method is very inefficient because the leader of the collaborator must reconcile many different submissions into the next iteration of the document and then circulate that version for review and approval. That process often spawns one (or more) additional iterations and re-circulations. While those challenges were recognized by some focus group participants, they also agreed there is often no alternative collaboration method because all parties to a collaboration may not have access to the same shared network drive.

Document (or file) collaboration tools/systems allow multiple individuals to work together efficiently on a single electronic document to achieve a single, final version. They can see each other's comments and suggested changes as the document evolves to its final form. They may work on a document at the same time (known as 'realtime' or 'synchronous' collaboration) or at different times (known as 'asynchronous' collaboration).

As an interim measure until document collaboration technology is implemented (potentially through an ECM), it is recommended that shared network drives be promoted as the primary method for document collaboration. In this scenario, the leader of a collaboration⁵⁵ would send an e-mail containing a hyperlink to a document in a shared drive to which all collaborators have access on the understanding that each collaborator would incorporate his/her proposed revisions or additional content using tracked changes. Circulating a draft document and receiving revisions via e-mail attachment would be the fall-back document collaboration method when any of the individuals collaborating on a document do not have access to the same shared drive.

Greater use of shared drives for document collaboration would help reduce the volume of documents which are circulated internally via e-mail.

Note: Employees would be trained to set up hyperlinks. Given the comments by many focus group participants, the ability to set up a hyperlink to a document in a shared drive is not a commonly known skill.

D.1.3 Document the Region's ECM Requirements

The Region's functional, technical, and user requirements would be identified and prioritized. Requirements would be identified as mandatory or discretionary and within the discretionary category, requirements would be classified as high, medium, or low priority.

⁵⁵ The leader of the collaboration may set up the file to prevent more than one person from accessing it at the same time, thus preventing the creation of duplicate copies.

The specification would most likely include requirements for document collaboration, workflow, and auto-classification. It would potentially include requirements for electronic (digital) signatures. The specification would also address if/how an ECM would replace or integrate with the following technologies now used by the Region:

- Document imaging.
- Intranet (The Insider).
- Microsoft Exchange Online.
- Microsoft SharePoint.
- Versatile Enterprise.
- ZyIMAGE.

The requirements definition would also identify the requirements for capturing and managing the Region's social media and website content unless provision had been made to otherwise manage that content. Given the Region's 'cloud first' strategy, the technical requirements would likely specify a cloud-based ECM.

D.1.4 Assess the Region's Readiness to Implement ECM

An Readiness Assessment would be completed to determine the Region's readiness to implement an ECM. Below are examples of the topics that would be addressed.

1. Document and assess the Region's current environment for managing the in scope information
 - Policy/procedures, practices, staffing and technology for managing the in scope information and any challenges, constraints, and risks presently experienced.
 - Intradepartmental and departmental requirements for accessing/sharing the in scope information.
 - Electronic document/file/record collaboration requirements.
2. Describe the future environment for managing the in scope information in an ECM
 - ECM functionality that would most benefit the Region.
 - ECM technological environment (high-level only).
 - How an employee's day-to-day management of records would change.
3. Assess the Region's readiness for the introduction of an ECM on five dimensions
 - Technological.
 - Policy/procedure/process.
 - Staffing.
 - Financial.
 - Cultural (includes change management).

D.1.5 Prepare an ECM Business Case

An ECM Business Case would be prepared to present:

1. The strategic case (i.e. why an ECM is required and the business needs it will satisfy, ECM strategic objective(s), ECM benefits including any opportunities to automate business processes, ECM limitations, and any constraints or dependencies with other change initiatives at the Region).
2. The economic case (i.e. summary of ECM benefits and high-level, estimated costs to purchase, implement, and maintain an ECM).
3. The funding case (i.e. determination whether the available sources of funding are sufficient for ECM implementation and maintenance and contingency plans to account for different levels of funding if/as applicable).
4. The commercial case (i.e. plan for ECM procurement and procurement of any technology and/or services required to support ECM implementation or maintenance).
5. The project management case (i.e. governance arrangements for the ECM project, summary of ECM implementation milestones, and high-level identification of implementation and maintenance resource requirements).

D.2 Implement an ECM System

Assuming Department Head/Council support for and approval of the ECM Business Case and Council commitment to fund an ECM to an upset dollar limit, the Region would proceed with ECM implementation. The goal would be to select and purchase the ECM which best meets the Region's requirements while satisfying the Region's funding parameters.

As described below, several objectives must be met to achieve the goal of implementing an ECM system.

D.2.1 Conduct a Competitive Procurement Process

The Region would prepare a RFP and conduct a competitive procurement process. Given the potential magnitude of the financial investment and the anticipated high volume of bids, it is anticipated that the procurement process would take several months to complete.

D.2.2 Develop an ECM Implementation Plan

The Region would prepare an implementation plan. Below are examples of the topics that would be addressed.

1. Identify and describe pre-requisites for successful ECM implementation
 - o Management commitment and governance.
 - o High-level identification of new/upgraded technology to support the ECM or its integration with any databases/computer systems used by the Region.

- IM infrastructure requirements (i.e. new/updated policy or procedures for managing records in an ECM).
 - Staffing requirements, including capacity, competencies and training.
 - ECM support requirements (both technological and functional).
 - Change management.
 - Performance measurement to determine whether the ECM is meeting goals/targets.
2. Identify ECM implementation risks.
 3. Provide a high-level implementation plan showing milestones and the sequence of tasks to prepare for, purchase, and implement an ECM. The implementation plan will also identify where the Region may require assistance from external resources.

Note: Because the preferred ECM vendor would be integral to the successful implementation, we recommend the Region review (and revise if/as necessary) the implementation plan with the vendor prior to putting the plan into action. This would ensure the most appropriate fit with both the specific ECM application and the ECM vendor's customary installation and implementation processes.

D.2.3 Implement the ECM

The Region would implement the ECM as per the ECM Implementation Plan. Given the Region's size, multiple offices, and the complexity of ECM functionality, implementation would likely be phased.

D.3 Manage Content as Records

The Region's social media content, website content at durham.ca, and Intranet (The Insider) content need to be managed as records.

As described below, several objectives must be met to achieve the goal of managing content as records.

D.3.1 Manage Social Media Content as a Record

Social Media Policy (policy # 2.11) recognizes Records management and retention (s. 7): "Social media posts can be deemed to be a record of The Regional Municipality of Durham, requiring their retention pursuant to the Records Retention By-law. All staff designated to use social media will be responsible for maintaining records for their program area's social media activities. For clarification, staff can reference the Records Retention By-law."

The Region's social media content (and any responses to that content such as 'comments') is stored on the servers of the social media platform providers (e.g. Facebook), meaning the Region cannot control how its content is displayed, how long it remains available, or how long it is retained by the platform provider. Similar to content on the Region's public website, it may be

necessary for legal or other purposes to be able to demonstrate what content was – and was not – communicated on the Region’s social media channels on a certain date.

The protocols do not require that a record be kept of any content which has been removed; however, the Corporate Communications Office typically captures a screenshot of a negative post prior to ‘hiding’ or deleting the content from the respective platform. Health Department staff determine whether to respond to or remove comments or questions that relate to controversial or sensitive topics on the department’s social media channels. The department may decide to keep a copy of the removed content.

Because the Region does not have the technology⁵⁶ to capture its social media content as it appeared on a social media channel, the Region must rely on continued access to its social media accounts (access is at the discretion of the social media channel provider) and is subject to any retention periods which a social media channel provider may arbitrarily establish or change over time.

It is recommended that the Region implement technology to capture, store, and manage the retention of its social media records. Implementation of this technology would allow social media records to be captured, securely preserved in a searchable/accessible format, and retained as per the Region’s approved retention periods. An additional benefit would be eliminating the need to rely on the currency of a social media platform or attempting to gain access to a platform provider’s back-ups to respond to a question or challenge about the Region’s past social media content.

D.3.2 Manage Website Content as Records

As stated above, some of the content on the website is original, existing only on the website. Other content is extracted from or distilled from existing documents. Some content is the publication of a document which resides in a department (e.g. Council minutes maintained by CS-LS). Each page on the new website has an expiry date to ensure content is periodically reviewed and either refreshed or deleted; however, it is not known whether there is any connection between the expiry dates and the retention periods in the RRS. Removed content is ‘hidden’ or ‘unpublished’; however, authorized individuals can access the removed content from the back-ups.

The Region does not capture screenshots of the website; therefore, the Region would be unable to reproduce an exact image of specific content as it appeared on the site on a specific day unless the requested content had been captured by the third-party Internet Archive Wayback machine (for example, it saved content at durham.ca 446 times from December 23, 2007 to December 15, 2017). It may be necessary for legal or other purposes for the Region to be able to demonstrate what content was – and was not – on its website on a certain date.

⁵⁶ The Health Departments uses Sprout Social to develop, implement, and measure its social media presence; however, that product does not capture the department’s social media content as it appeared on a social media channel.

It is recommended that the Region implement technology to capture, store, and manage the retention and disposition of its website content.

D.3.3 Manage Intranet Content as Records

The Intranet is a home-grown solution which does not have a content management system (CMS).

Ergo did not receive any documentation describing the Intranet's purpose or the types of information to be posted on the site; however, it appears that the Intranet is primarily an information sharing tool (e.g. provide information about Region events), a place to access Region information of common interest (e.g. the corporate policies, forms, and job postings), and a gateway to various applications (e.g. Works Department employees access a time reporting tool through the Intranet). It is also home to the very popular swap shop.

There is no policy for the retention of information/records on the Intranet. Removed content (except PDF files) is 'hidden' or 'unpublished'; however, authorized individuals can access removed content from the back-ups.

It is recommended that the Region implement technology to capture, store, and manage the retention of its Intranet content.

D.4 Monitor and Evaluate Technology from an Information Governance Perspective

In any organization, there is a risk that a business unit - provided it has the necessary funds - will purchase technology outside of the organization's standard procurement process, that a technology purchase will be positioned as the sole responsibility of IT given that functional area's responsibility for implementing and maintaining technology, and that the legal, privacy, and RIM implications of new/upgraded technology will not be considered.

The introduction of e-mail systems is a good example of the latter risk. When those systems were introduced, the focus was on the communications benefits they would provide. Very few organizations had the foresight to plan to manage the large volume of records that would be generated by and stored in those systems. The resulting accumulation of hundreds of thousands (or millions) of messages which are organized in *ad hoc* ways and indefinitely retained present IG challenges on several fronts (e.g. the application of retention periods).

As described below, several objectives must be met to achieve the goal of monitoring and evaluating technology from an information governance perspective.

D.4.1 Monitor the Information Governance Implications of Emerging Technology

It would be beneficial if the Region monitored emerging technology (e.g. open data⁵⁷, blockchain, etc.) and updated software applications from an information governance

⁵⁷ Information Technology – Cloud Computing Review and Update report to the Finance and Administration Committee (report # 2016-A-11) discusses, among other things, the benefits and risks of cloud computing. MFIPPA

perspective. This proactive action would equip the Region with an understanding of the IT, legal, privacy and security, and RIM implications of the technology/updated software applications.

The Region's move to Microsoft Exchange Online is an example of updated software with IG implications. It will allow significantly larger mailboxes (100 GB is possible); therefore, it is imperative for employees to become disciplined in identifying and deleting transitory and personal messages to help minimize account size, ensure only messages of value to the Region are archived, and facilitate speedy and efficient searches of e-mails.

D.4.2 Consider Information Governance when Evaluating Proposed Technology

By developing, implementing, and sustaining an information governance culture, the Region would be well-positioned to evaluate proposed technology from an information governance perspective, thus ensuring that any proposed technology would meet business needs but also satisfy the requirements of the other IG stakeholders. This approach would also ensure that IG was 'baked in' and not addressed (if addressed at all) as a post-implementation afterthought.

The Region's future cloud computing plans are a case in point. A policy/protocols are required to address IM requirements (i.e. storing, retaining, and disposing of data/information/documents/records in cloud computing applications). In particular, the policy/protocols would require the adequacy of the IM provisions in a cloud computing agreement to be assessed, resulting in either the satisfactory renegotiation of any provisions the Region deemed insufficient (assuming renegotiation was possible) or the selection of a different provider who is capable of executing the Region's requirements. This process is required because, while the Region-generated data/information/documents/records in third party applications are not in the Region's custody or direct control, they remain the Region's responsibility. Indeed, Ann Cavoukian, Ontario's previous Information and Privacy Commissioner, has stated: "the critical question for institutions which have outsourced their operations across provincial and international borders is whether they have taken reasonable steps to protect the privacy and security of the records in their custody and control. I have always taken the position that you can outsource services, but you cannot outsource accountability."⁵⁸

Note: The Business Systems Information Management Assessment Tool recently developed by RIM Program is a good starting point for evaluating the IM and privacy implications of proposed technology. The tool assesses the IM and privacy provisions of proposed systems which will process or capture Region records. It includes 22 assessment factors for any business system and 18 additional criteria for assessing a business system that would use cloud type services to

concerns are one of six risks identified in the report, specifically: unauthorized processing for secondary purposes, processing information requests, and covert surveillance. The report does not, however, mention any concern or risk regarding the retention of Region records in the cloud such as applying the RRS to those records or ensuring that the records will be accessible to the Region for the duration of an approved retention period.

⁵⁸ Office of the Information and Privacy Commissioner (Ontario), Privacy Investigation Report PC12-39, *Reviewing the Licensing Automation System of the Ministry of Natural Resources* [June 27, 2012] https://www.ipc.on.ca/images/Findings/2012-06-28-MNR_report.pdf

store or process Region records. The Region could expand that tool to include the requirements of IT, legal, and security to provide a comprehensive evaluation document.

4. EIM Strategy Action Plans

This section provides an action plan for the prioritized achievement of the objectives (and sub-objectives where applicable) of each EIM goal. To a significant extent, the prioritized order reflects the nature of the relationships between the goals (and their objectives) and an ordered approach to EIM Strategy implementation.

All objectives are important and their collective accomplishment will ensure the successful EIM Strategy implementation; however, it is helpful to assign a priority to each objective for planning purposes. Each objective has been assigned to one of four priority levels as described and colour-coded in Figure 11 below.

Figure 11 – Prioritization of EIM Strategy Objectives

| Colour | Priority | Definition |
|--------|------------------|--|
| | Low | An objective whose implementation can be deferred until later in the 5-year implementation timeline with no negative effect |
| | Medium | An objective which is not otherwise categorized |
| | High | An objective which should be completed first because it establishes (or assists in establishing) the foundation for successful EIM Strategy implementation |
| | Quick Win | An objective with low implementation effort and low cost and whose implementation will provide an immediate benefit |

Note: When more than one department/function/position is listed in the 'Responsibility' column of an action plan, the accountability for leading the objective rests with the first department/function/position listed.

A. Information Governance

Below is the action plan for implementing the goals and corresponding objectives for the Information Governance strategic priority.

| STRATEGIC PRIORITY: INFORMATION GOVERNANCE | | | | |
|---|---|-----------------------|---|---|
| GOAL #: A.1 | | | | |
| To develop, implement, and sustain an information governance culture | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| A.1.1 | Appoint Senior Management Oversight for Information Governance | | CAO – recommend appointment to Council by by-law Commissioner Corporate Services – execution | Senior management oversight has been appointed and is being executed |
| A.1.2 | Establish the IG Steering Committee (IGSC) | | Commissioner Corporate Services | Committee has been established and has begun to meet |
| A.1.3 | Establish IG Steering Committee Project Teams | A.1.2 | IGSC | Project teams have been established if/where required and have begun to meet |
| A.1.4 | Rename the RIM Program | | Director Legislative Services/Regional Clerk | Program and existing program documentation have been renamed Program name change will be reflected in Region policies when they are next revised Program name change will be reflected in JIQs for existing positions and the Manager job description when those documents are next revised |
| A.1.5 | Continue the IM Program Reporting Structure | | Director Legislative Services/Regional Clerk IM Manager | Current reporting structure is continued |

Regional Municipality of Durham
Enterprise Information Management (EIM) Strategy

| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
|-------------|---|-----------------------|--|---|
| A.1.6 | Rename and Renew the Records Liaison Role | | Commissioner Corporate Services IM Manager | Role is renamed and renewed, Liaisons are executing their responsibilities, and Liaison meetings are being held |
| A.1.7 | Appoint the IM Manager to Region Committees | | Commissioner of Corporate Services | IM Manager is appointed to Region committees and begins attending meetings |

| STRATEGIC PRIORITY: INFORMATION GOVERNANCE | | | | |
|--|--|---|--|---|
| GOAL #: A.2 | | | | |
| To develop, implement, and maintain IM policies | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| A.2.1 | Develop and implement an IM Policy | A.1.2 B.2.1 | IM Manager IGSC IM Analysts and Senior IM Analyst | IM Policy has been developed and implemented |
| A.2.2 | Develop and implement additional IM policies | A.1.2 B.2.1 | IM Manager IGSC IM Analysts and Senior IM Analyst | Additional IM policies have been developed and implemented |
| A.2.3 | Review and revise existing Region policies for IM consistency | A.1.2 A.1.3 | IM Manager Policy Owner IGSC Project Teams IGSC | Existing Region policies have been reviewed and revised if/as required for IM consistency |
| A.2.4 | Review and revise policies every two years | A.1.2 A.1.3 A.2.1 A.2.2 A.2.3 | IM Manager Policy Owner IGSC Project Teams IGSC | Policies are reviewed and revised if/as required every two years |

B. IM Program Services and Staffing

Below is the action plan for implementing the goals and corresponding objectives for the IM Program Services and Staffing strategic priority.

| STRATEGIC PRIORITY: IM PROGRAM SERVICES AND STAFFING | | | | |
|--|--|-----------------------|--|--|
| GOAL #: B.1 | | | | |
| To reprioritize IM Program services | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| B.1.1 | Improve the IM Implementation Project Methodology | A.1.6 B.2.1 | IM Manager IM Analysts and Senior IM Analyst IM Liaisons | IM Implementation Project methodology has been improved and is being used to complete new projects |
| B.1.2 | Promote Best Practices for Managing Electronic Records | B.2.1 | IM Manager IM Analysts and Senior IM Analyst | Best practices for managing electronic records are being promoted |
| B.1.3 | Prioritize the Delivery of IM Consulting Services | B.2.1 | IM Manager Senior IM Analyst | Delivery of IM consulting services has been prioritized and more IM consulting services are being provided |
| B.1.4 | Prioritize the Delivery of IM Training | B.2.1 | IM Manager Senior IM Analyst and IM Analysts | Delivery of IM training has been prioritized and expanded |

Regional Municipality of Durham
Enterprise Information Management (EIM) Strategy

| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
|----------------|--|-----------------------|--|---|
| B.1.5 | Prioritize the Delivery of IM Performance Measurement and Compliance Auditing | | | |
| B.1.5.1 | Develop, Approve, Implement, and Periodically Review IM Performance Measures | A.1.2 B.2.1 | IM Manager Senior IM Analyst IGSC IM Analysts | IM performance measures are developed, approved, implemented, and periodically reviewed |
| B.1.5.2 | Periodically Audit IM Compliance | B.2.1 | IM Manager Senior IM Analyst | IM compliance is periodically audited |

| STRATEGIC PRIORITY: IM PROGRAM SERVICES AND STAFFING | | | | |
|---|---|------------------------------|--|--|
| GOAL #: B.2 | | | | |
| To optimize IM Program staffing | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| B.2.1 | Create and Staff a Senior IM Analyst Position | | Director of Legislative Services/Regional Clerk IM Manager | A Senior IM Analyst position has been created and is staffed with a suitably qualified individual |
| B.2.2 | Accelerate the Reassignment of 1.5 Records Analyst Positions | | Director of Legislative Services/Regional Clerk | Reassignment of 1.5 Records Analyst positions from MFIPPA/PHIPA duties to the IM Program has been accelerated with 1 Analyst being reassigned immediately upon the Privacy Officer's hiring and the 0.5 Analyst being reassigned no later than January 2020 |
| B.2.3 | Create and Staff Temporary IM Implementation Project Technician Positions | | Director of Legislative Services/Regional Clerk IM Manager | Temporary IM Implementation Project Technician positions have been created and are staffed by suitably qualified individuals |
| B.2.4 | Participate in Master's Level Degree Program Co-op Placements and Practicums | | IM Manager | Participate in Master's level degree program co-op placements if/when suitable projects are identified and approved by the university, and when funding permits Participate in Master's level degree program practicums (unpaid) if/when suitable projects are identified, approved by the university, and selected by students |
| B.2.5 | Engage Consultants to Provide Additional Skills | | IM Manager | Consultants are engaged to provide additional skills if/when required and when funding permits |
| B.2.6 | Continue to Hire Temporary Employees and Summer Students | | IM Manager | Temporary employees and summer students continue to be hired if/when required and when funding permits |
| B.2.7 | Create/Revise JIQs and the IM Manager Job Description | | Director of Legislative Services/Regional Clerk IM Manager IM Analysts | |

Regional Municipality of Durham
Enterprise Information Management (EIM) Strategy

| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
|-------------|---|-----------------------|---------------------------|--|
| B.2.8 | Expand the Competency of IM Program Employees Through Education and Certification | | IM Manager IM Analysts | Competency of IM Program employees has been expanded through education and certification and certifications are being maintained |

C. IM Processes

Below is the action plan for implementing the goals and corresponding objectives for the IM Processes strategic priority.

| STRATEGIC PRIORITY: IM PROCESSES | | | | |
|---|--|-----------------------|---|---|
| GOAL #: C.1 | | | | |
| To improve information creation, capture, and declaration | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| C.1.1 | Review Records Creation, Capture, Declaration Provisions in Business Processes | B.2.1 | Departments IM Liaisons IM Manager IM Analysts and Senior IM Analyst | Business processes have been reviewed for records creation, capture, and declaration provisions and process documentation has been revised if/as required |
| C.1.2 | Train Employees to Identify 'Official' vs. 'Transitory' Records | B.2.1 | IM Manager Senior IM Analyst and IM Analysts | Employees have been trained to identify 'official' vs. 'transitory' records |

| STRATEGIC PRIORITY: IM PROCESSES | | | | |
|---|---|------------------------------|--|---|
| GOAL #: C.2 | | | | |
| To improve information classification, search, and retrieval | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| C.2.1 | Develop and Implement a Function-based Records Classification Scheme | A.1.2 A.1.3 | IM Manager IM Analysts Department Employees IGSC Project Team IGSC | A function-based Records Classification Scheme has been developed and implemented |
| C.2.2 | Train Employees in Electronic File Naming Conventions | B.2.1 | IM Manager Senior IM Analyst and IM Analysts | Employees have been trained to identify 'official' vs. 'transitory' records |

| STRATEGIC PRIORITY: IM PROCESSES | | | | |
|---|---|------------------------------|--|---|
| GOAL #: C.3 | | | | |
| To improve information storage | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| C.3.1 | Accelerate the Speed of Inactive Records Transfer and Destruction Processing | | IM Manager Clerk 3s IM Liaisons Department Employees | The speed of inactive records transfer and destruction processing has been accelerated |
| C.3.2 | Specify and Promote the Purposes of Electronic Records Storage Locations | A.1.2 A.1.3 | IM Manager IGSC Project Team IGSC | Purpose of electronic storage locations has been specified and promoted |
| C.3.3 | Plan and Complete IM Clean-up Projects | | IM Manager IM Analysts and Senior IM Analyst IM Liaisons IGSC | IM clean-up projects have been planned and completed |
| C.3.4 | Schedule Annual IM Clean-up Days | B.2.1 | IM Manager IM Analysts and Senior IM Analyst IM Liaisons IGSC | IM Clean-up Days have been scheduled |
| C.3.5 | Assess the Cost-Benefit of Continued Records Retention Centre Operations | | IM Manager | The cost-benefit of continued Records Retention Centre operations has been assessed with a) the existing hybrid model continuing or b) all inactive records being stored off-site at a commercial record centre after the RRC has been closed |

| STRATEGIC PRIORITY: IM PROCESSES | | | | |
|---|--|------------------------------|---|--|
| GOAL #: C.4 | | | | |
| To improve information security | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| C.4.1 | Finalize and Implement an Information Security Classification | A.1.2 A.1.3 | IM Manager IGSC Project Team IGSC | An Information Security Classification has been finalized and is being implemented |
| C.4.2 | Continue to Use Lockable Courier Bags to Transport Inactive Files | | IM Manager | Lockable courier bags continue to be used to transport inactive files |
| C.4.3 | Continue to Provide Locked Shred Bins | | IM Manager | Locked shred bins continue to be provided |

| STRATEGIC PRIORITY: IM PROCESSES | | | | |
|---|---|------------------------------|--|--|
| GOAL #: C.5 | | | | |
| To improve business continuity | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| C.5.1 | Identify and Protect All Vital Records | A.2.1 | IM Manager IM Analysts and Senior IM Analyst CS-IT | All vital records have been identified and are being protected |
| C.5.2 | Reduce the Retention of Annual Back-ups | | Chief Information Officer IM Manager | The retention of annual back-ups has been reduced |
| C.5.3 | Develop and Periodically Test a Disaster Recovery Plan for Records | A.1.2 A.1.3 | IM Manager IGSC Project Team IGSC | A Disaster Recovery Plan for records has been developed and is being periodically tested |

| STRATEGIC PRIORITY: IM PROCESSES | | | | |
|---|---|------------------------------|--|--|
| GOAL #: C.6 | | | | |
| To improve information retention and disposition | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| C.6.1 | Include Retention Periods in the Function-based Corporate Classification Scheme | C.2.1 | IM Manager IM Analysts and Senior IM Analyst | Retention periods are included in the function-based CCS |
| C.6.2 | Improve the User-friendliness of the Citation Tables | | IM Manager IM Analysts | The user-friendliness of the Citation Tables has been improved |
| C.6.3 | Prepare Annual, Comprehensive Citation Table Revisions | | IM Manager IM Analysts Legal | Annual, comprehensive Citation Table revisions are being prepared |
| C.6.4 | Continue to Annually Prepare a Revised Records Retention Schedule for Council Approval | | IM Manager IM Analysts Legal | An annual RRS revision continues to be prepared for Council approval |
| C.6.5 | Develop and Implement a Documented Records Hold Process | | Legal IM Manager | A documented Records Hold Process has been developed and is implemented if/when required |
| C.6.6 | Reduce the Retention of Archived E-mail Messages | | Chief Information Officer IM Manager | The retention of archived e-mail messages has been reduced |
| C.6.7 | Promote Greater Records Retention Schedule Compliance | | IM Manager IM Analysts and Senior IM Analyst IM Liaisons | Greater RRS compliance is being promoted |
| C.6.8 | Ensure Employee Offboarding Processes Include IM Requirements | | IM Manager HR | IM requirements are included in employee offboarding processes |

| STRATEGIC PRIORITY: IM PROCESSES | | | | |
|--|---|------------------------------|--|---|
| GOAL #: C.7 | | | | |
| To improve the management of archival records and artefacts | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| C.7.1 | Comprehensively Identify, Preserve, and Make Accessible Archival Records and Artefacts | | | |
| C.7.1.1 | Develop and Approve an Archives Strategy | | IM Manager Consulting Archivist CS-IT IGSC Department Heads and/or Council | An Archives Strategy has been developed and approved |
| C.7.1.2 | Implement the Archives Strategy | C.7.1.1 | IM Manager Consulting Archivist if/as required IM Analysts | The Archives Strategy is being implemented |
| C.7.2 | Preserve Digital Information | | | |
| C.7.2.1 | Develop and Approve a Digital Preservation Strategy | | IM Manager Consulting Archivist CS-IT IGSC Department Heads and/or Council | A Digital Preservation Strategy has been developed and approved |
| C.7.2.2 | Implement the Digital Preservation Strategy | C.7.2.1 | IM Manager Consulting Archivist if/as required CS-IT | The Digital Preservation Strategy is being implemented |

D. Technology

Below is the action plan for implementing the goals and corresponding objectives for the Technology strategic priority.

| STRATEGIC PRIORITY: TECHNOLOGY | | | | |
|---|---|---|---|--|
| GOAL #: D.1 | | | | |
| To build the Business Case for an Enterprise Content Management (ECM) system | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| D.1.1 | Research ECM Systems | A.1.3 | IM Manager IGSC Project Team | ECM systems have been researched |
| D.1.2 | Promote the Interim Use of Shared Network Drives for Document Collaboration | A.2.1 | IM Manager Senior IM Analyst and IM Analysts | Interim use of shared network drives for document collaboration has been promoted and employees are using shared drives more frequently for document collaboration |
| D.1.3 | Document the Region's ECM Requirements | A.1.2 A.1.3 D.1.1 | IM Manager ECM Consultant IGSC | Region's ECM requirements have been documented and prioritized |
| D.1.4 | Assess the Region's Readiness to Implement ECM | A.1.2 A.1.3 D.1.2 | IM Manager ECM Consultant IGSC | Region's readiness to implement ECM has been assessed |
| D.1.5 | Prepare and Approve an ECM Business Case | A.1.2 A.1.3 D.1.1 D.1.3 D.1.4 | IM Manager ECM Consultant IGSC Department Heads/ Council - approval | ECM Business Case has been prepared and approved |

| STRATEGIC PRIORITY: TECHNOLOGY | | | | |
|---------------------------------------|---|------------------------------|---|---|
| GOAL #: D.2 | | | | |
| To implement an ECM system | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| D.2.1 | Conduct a Competitive Procurement Process | A.1.2 | Procurement IM Manager ECM Consultant IGSC | Business processes have been reviewed for records creation, capture, and declaration provisions and process documentation has been revised if/as required |
| D.2.2 | Develop an ECM Implementation Plan | A.1.2 | IM Manager ECM Consultant IGSC | Employees have been trained to identify 'official' vs. 'transitory' records |
| D.2.3 | Implement the ECM | A.1.2 A.1.6 | IM Manager ECM Consultant IM Liaisons IGSC | |

| STRATEGIC PRIORITY: TECHNOLOGY | | | | |
|---------------------------------------|--|-----------------------|---|---|
| GOAL #: D.3 | | | | |
| To manage content as records | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| D.3.1 | Manage Social Media Content as Records | A.1.2 | IM Manager Corporate Communications Office IGSC | Social media content is being managed as a record |
| D.3.2 | Manage Website Content as Records | A.1.2 | IM Manager Corporate Communications Office IGSC | Website content is being managed as a record |
| D.3.3 | Manage Intranet Content as Records | A.1.2 | IM Manager Corporate Communications Office IGSC | Intranet content is being managed as a record |

| STRATEGIC PRIORITY: TECHNOLOGY | | | | |
|--|--|------------------------------|---|--|
| GOAL #: D.4 | | | | |
| To monitor and evaluate technology from an information governance perspective | | | | |
| Objective # | Objective | Dependencies (if any) | Responsibility | Key Performance Indicator(s) |
| D.4.1 | Monitor the Information Governance Implications of Emerging Technology | A.1.2 A.1.3 | IM Manager IGSC Project Team IGSC | Information governance implications of emerging technology are being monitored |
| D.4.2 | Consider Information Governance when Evaluating Proposed Technology | A.1.2 A.1.3 | IM Manager IGSC Project Team IGSC | Information governance is considered when proposed technology is being evaluated |

5. EIM Strategy Implementation Timeline

This section provides a high-level timeline for the prioritized and phased implementation of the EIM Strategy (Figure 12). The timeline illustrates durations, some of which will be elapsed.

Some activities objectives would be completed on an ongoing basis. For example:

- While some policy development work would occur early in the timeline, other policies would be developed in later years as additional areas of IM work were completed as in the case of the Archives Policy which would be prepared following completion and approval of the Archives Strategy.
- Activities such as promoting best practices for managing electronic records would be ongoing.
- Once a new/revised policy or process has been implemented or a new/updated technology has been introduced, administration/maintenance work would be ongoing.

The proposed timeline assumes the Region would implement the proposed expanded IM Program model and engage consultants to provide additional expertise when needed. The proposed timeline also assumes the availability and active participation of Region employees and the timely approval of new/revised policies, processes, business cases, and other documents.

Note: Year 1 in the implementation timeline begins on January 1, 2019.

Figure 12 – EIM Strategy Implementation Timeline

Year Column Legend

X = Develop

X = Implement (implementation would continue in the timeline after the first instance of implementation)

X = Review (or test, in the case of the disaster recovery plan)

| Objective # | Objective | Dependency (if any) | Year | | | | |
|-------------|---|---|--------|--------|--------|--------|--------|
| | | | 1 | 2 | 3 | 4 | 5 |
| A.1.1 | Appoint Senior Management Oversight for Information Governance | | X | | | | |
| A.1.2 | Establish IG Steering Committee (IGSC) | | X | | | | |
| A.1.3 | Establish IG Steering Committee Project Teams | A.1.2 | X | | | | |
| A.1.4 | Rename the RIM Program | | X | | | | |
| A.1.5 | Continue the IM Program Reporting Structure | | X | | | | |
| A.1.6 | Rename and Renew the Records Liaison Role | | X | | | | |
| A.1.7 | Appoint the IM Manager to Region Committees | | X | | | | |
| A.2.1 | Develop and implement an IM Policy | A.1.2 B.2.1 | X X | | | | |
| A.2.2 | Develop and implement additional IM policies | A.1.2 B.2.1 | X X | X X | X X | X X | X X |
| A.2.3 | Review and revise existing Region policies for IM consistency | A.1.2 A.1.3 | X X | X | | | |
| A.2.4 | Review and revise policies every two years | A.1.2 A.1.3 A.2.1 A.2.2 A.2.3 | | | X X | X X | |
| B.1.1 | Improve the IM Implementation Project Methodology | A.1.6 B.2.1 | X X | | | | |
| B.1.2 | Promote Best Practices for Managing Electronic Records | B.2.1 | X | | | | |
| B.1.3 | Prioritize the Delivery of IM Consulting Services | B.2.1 | X | | | | |
| B.1.4 | Prioritize the Delivery of IM Training | B.2.1 | X | | | | |
| B.1.5 | Prioritize the Delivery of IM Performance Measurement and Compliance Auditing | | | | | | |
| B.1.5.1 | Develop, Approve, Implement, and Periodically Review IM Performance Measures | A.1.2 | | X | X | X | X |

| Objective # | Objective | Dependency (if any) | Year | | | | | |
|-------------|--|---------------------|------|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | |
| | | B.2.1 | | X | X | X | X | X |
| B.1.5.2 | Periodically Audit IM Compliance | B.2.1 | | | X | X | X | X |
| B.2.1 | Create and Staff a Senior IM Analyst Position | | X | X | X | X | X | X |
| B.2.2 | Accelerate the Reassignment of 1.5 Records Analyst Positions | | X | X | | | | |
| B.2.3 | Create and Staff Temporary IM Implementation Project Technician Positions | | X | X | X | X | X | X |
| B.2.4 | Participate in Master's Level Degree Program Co-op Placements and Practicum | | X | X | X | X | X | X |
| B.2.5 | Engage Consultants to Provide Additional Skills | | X | X | X | X | X | X |
| B.2.6 | Continue to Hire Temporary Employees and Summer Students | | X | X | X | X | X | X |
| B.2.7 | Create/Revise JIQs and the IM Manager Job Description | | X | X | | | | |
| B.2.8 | Expand the Competency of IM Program Employees Through Education and Certification | | X | X | | | | |
| C.1.1 | Review Records Creation, Capture, Declaration Provisions in Business Processes | B.2.1 | X | X | X | | | |
| C.1.2 | Train Employees to Identify 'Official' vs. 'Transitory' Records | B.2.1 | X | X | X | X | X | X |
| C.2.1 | Develop and Implement a Function-based Records Classification Scheme | A.1.2 A.1.3 | X | X | X | X | X | X |
| C.2.2 | Train Employees in Electronic File Naming Conventions | B.2.1 | X | X | X | X | X | X |
| C.3.1 | Accelerate the Speed of Inactive Records Transfer and Destruction Processing | | | | | | | |
| C.3.2 | Specify and Promote the Purposes of Electronic Records Storage Locations | A.1.2 A.1.3 | X | X | X | X | X | X |
| C.3.3 | Plan and Complete IM Clean-up Projects | | X | X | X | X | X | X |
| C.3.4 | Schedule Annual IM Clean-up Days | B.2.1 | X | X | X | X | X | X |
| C.3.5 | Assess the Cost-Benefit of Continued Records Retention Centre Operations | | | | | | | X |
| C.4.1 | Finalize and Implement an Information Security Classification | A.1.2 A.1.3 | | | X | X | X | |
| C.4.2 | Continue to Use Lockable Courier Bags to Transport Inactive Files | | X | X | X | X | X | X |
| C.4.3 | Continue to Provide Locked Shred Bins | | X | X | X | X | X | X |
| C.5.1 | Identify and Protect All Vital Records | A.2.1 | | | | X | X | |
| C.5.2 | Reduce the Retention of Annual Back-ups | | X | X | X | X | X | X |
| C.5.3 | Develop and Periodically Test a Disaster Recovery Plan for Records | A.1.2 A.1.3 | | | | X | X | |
| C.6.1 | Include Retention Periods in the Function-based Corporate Classification Scheme | C.2.1 | X | X | X | X | X | X |
| C.6.2 | Improve the User-friendliness of the Citation Tables | | X | X | X | X | X | X |
| C.6.3 | Prepare Annual, Comprehensive Citation Table Revisions | | X | X | X | X | X | X |
| C.6.4 | Continue to Annually Prepare a Revised Records Retention Schedule for Council Approval | | X | X | X | X | X | X |
| C.6.5 | Develop and Implement a Documented Records Hold Process | | X | X | X | X | X | X |

| Objective # | Objective | Dependency (if any) | Year | | | | |
|-------------|--|---|------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| C.6.6 | Reduce the Retention of Archived E-mail Messages | | X | X | X | X | X |
| C.6.7 | Promote Greater Records Retention Schedule Compliance | | X | X | X | X | X |
| C.6.8 | Ensure Employee Offboarding Processes Include IM Requirements | | X | X | X | X | X |
| C.7.1 | Comprehensively Identify, Preserve, and Make Accessible Archival Records and Artefacts | | | | | | |
| C.7.1.1 | Develop and Approve an Archives Strategy | | | | | | X |
| C.7.1.2 | Implement the Archives Strategy | C.7.1.1 | | | | | X |
| C.7.2 | Preserve Digital Information | | | | | | |
| C.7.2.1 | Develop and Approve a Digital Preservation Strategy | | | | | | X |
| C.7.2.2 | Implement the Digital Preservation Strategy | C.7.2.1 | | | | | X |
| D.1.1 | Research ECM Systems | A.1.3 | X | X | | | |
| D.1.2 | Promote the Interim Use of Shared Network Drives for Document Collaboration | A.2.1 | X | X | X | | |
| D.1.3 | Document the Region's ECM Requirements | A.1.2 A.1.3 D.1.1 | X | X | | | |
| D.1.4 | Assess the Region's Readiness to Implement ECM | A.1.2 A.1.3 D.1.3 | | X | | | |
| D.1.5 | Prepare and Approve an ECM Business Case | A.1.2 A.1.3 D.1.1 D.1.3 D.1.4 | | X | | | |
| D.2.1 | Conduct a Competitive Procurement Process | A.1.2 D.1.5 | | | X | | |
| D.2.2 | Develop an ECM Implementation Plan | A.1.2 | | | X | | |
| D.2.3 | Implement the ECM | A.1.2 A.1.6 D.2.1 D.2.2 | | | | X | X |
| D.3.1 | Manage Social Media Content as Records | A.1.2 | X | X | | | |
| D.3.2 | Manage Website Content as Records | A.1.2 | X | X | | | |
| D.3.3 | Manage Intranet Content as Records | A.1.2 | X | X | | | |
| D.4.1 | Monitor the Information Governance Implications of Emerging Technology | A.1.2 A.1.3 | X | X | X | X | X |
| D.4.2 | Consider Information Governance when Evaluating Proposed Technology | A.1.2 | X | X | X | X | X |

Regional Municipality of Durham
Enterprise Information Management (EIM) Strategy

| Objective # | Objective | Dependency (if any) | Year | | | | |
|-------------|-----------|---------------------|------|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| | | A.1.3 | | | | | |

6. EIM Strategy Implementation Costs

Staff time comprises a significant, but unquantifiable, cost for implementing many of the EIM Strategy objectives (and sub-objectives).

A significant amount of work must be completed by current and proposed new IM Program employees. The EIM Strategy (and the estimated implementation costs in this section) are predicated on the following staffing model.

- Retain the Manager, RIM position (to be renamed IM Manager) and the existing complement of eight unionized RIM Program positions (RIM Program to be renamed IM Program)⁵⁹.
- Accelerate the reassignment of 1.5 Records Analysts (to be renamed IM Analysts) to the IM Program.
- Create and staff a Senior IM Analyst position.
- Create and staff temporary IM Implementation Project Technician positions.
- Participate in unpaid Master's level degree program practicums where feasible.
- Engage consultants to provide additional skills (e.g. Consultant Archivist).

If that staffing model is not fully realized, successful EIM Strategy implementation would be at risk. The risk could be mitigated by hiring additional temporary employees and consultants (assuming funds permitted) and/or extending the duration of the EIM Strategy implementation timeline. It is recognized, however, that implementation costs would be significantly higher if consultants were engaged to complete the work that would be assigned to the proposed new IM Program positions.

Some Region employees would be appointed (or reappointed) to the renewed IM Liaison role while others would be invited to sit on IGSC Project Teams. Several employees would be appointed to the IGSC and the Commissioner of Corporate Services would be appointed to the IG oversight role.

IM Program customers (i.e. all Region employees) will be asked to do some new tasks (e.g. attend IM training, perform IM clean-ups, etc.). They will also be asked to do some existing tasks in a different way (e.g. use the standard date convention of YYYY-MM-DD when including a date in the name of an electronic file instead of whatever convention they use currently). No monetary compensation is anticipated for the performance of new or modified tasks. The allocation of employee time to new tasks or from inefficient, *ad hoc* IM efforts to deliberate, targeted, and Region-wide IM initiatives should increase overall productivity.

There are potential back-fill costs in various departments for individuals who may be seconded to support the ECM initiative, particularly to achieve Goal D.2 (Implement an ECM).

Figure 13 lists the objectives for which the Region would likely incur some costs during EIM Strategy implementation. In many cases, the implementation of an objective depends on

⁵⁹ The existing unionized RIM Program positions are Records Analyst (4), Records Analyst - FOI (1), Clerk 3 (2), and Clerk-Steno (1).

information that is not presently known (e.g. volumes). Some objectives require the completion of a detailed analysis of requirements and options prior to deciding if/how to proceed. Consequently, until a detailed business case is prepared, the cost to implement those objectives cannot be reliably estimated.

Following the initial implementation of the EIM Strategy, many activities would continue perpetually (e.g. IM training, IM performance measurement and compliance auditing, etc.). Figure 13 does not include the costs, if any, for those perpetual activities.

Note:

- 1. It is anticipated that the current IM Program budget would fund printing expenses (e.g. IM training materials, posters, etc.).*
- 2. It is assumed that charge-backs would not be levied for the use of Region meeting space (e.g. for IGSC meetings, etc.).*
- 3. 'TBD' in Figure 13 stands for 'To be determined'.*
- 4. The implementation of objective C.5.2 - Reduce the Retention of Annual Back-ups should result in cost-savings because fewer back-up tapes would require replacement over time and a smaller number of back-ups would be stored with an off-site vendor for a shorter period than at present.*

Figure 13 – Summary of Estimated EIM Strategy Implementation Costs

| Objective # | Objective | Cost Item(s) | Estimated Cost |
|-------------|--|--|---|
| B.1.4 | Prioritize the Delivery of IM Training | Technology to record IM training webinars/podcasts | TBD depending on the technology requirements, volume of webinars/podcasts, and vendor's pricing |
| B.2.1 | Create and Staff a Senior IM Analyst Position | Salary and benefits for a position that would be compensated at a higher rate than the Records Analyst position (annual salary currently \$61,838 to \$68,705) and lower than the Manager, RIM position (annual salary currently \$77,368 to \$96,710) | TBD by Region's compensation rating system |
| | | Work space (desk, chair, computer, telephone) | TBD by Region's Facilities Management Program |
| | | Professional development (education, conferences, memberships) | Modest increase to the existing line item(s) in the IM Program budget |
| | | Versatile Enterprise license | TBD (if any) depending on Region's licensing agreement and license pricing |
| B.2.3 | Create and Staff Temporary IM Implementation Technician Positions | Salary and benefits (if any) | TBD by Region's compensation rating system |
| | | Work space (desk, chair, computer, telephone) | TBD by Region's Facilities Management Program |
| | | Versatile Enterprise license | TBD (if any) depending on Region's licensing agreement and license pricing |
| B.2.4 | Participate in Master's Level Degree Program Co-op Placements and Practicums | Co-op placements: Salary (and benefits, if any) Practicums: Unpaid | Co-op placement salary TBD by Region's compensation rating system and the total amount of salary paid TBD depending on placement duration |
| | | Work space (desk, chair, computer, telephone) | TBD by Region's Facilities Management Program |
| | | Versatile Enterprise license (if applicable) | TBD (if any) depending on Region's licensing agreement and license pricing |
| B.2.5 | Engage Consultants to Provide Additional Skills | Fees and expenses (if any) for the scope of work which would be determined in the future | TBD by a competitive procurement process |
| B.2.6 | Continue to Hire Temporary Employees and Summer Students | Salary and benefits (if any) | Salary TBD by Region's compensation rating system and the total amount of salary paid TBD depending on employment duration |
| | | Work space (desk, chair, computer, telephone) | TBD by Region's Facilities Management |

| Objective # | Objective | Cost Item(s) | Estimated Cost |
|--------------|---|---|--|
| | | | Program |
| | | Versatile Enterprise license (if applicable) | TBD (if any) depending on Region's licensing agreement and license pricing |
| C.2.7 | Create/Revise JIQs and the IM Manager Job Descriptions | Potential for existing positions to be rated higher when the revised JIQs are assessed | Salary change (if any) TBD by Region's compensation rating system |
| B.2.8 | Expand the Competency of IM Program Employees Through Education and Certification | Registration fees and travel expenses (if any) to attend education programs | TBD by vendor's fee schedule (private classes at the Region's office would be more economical for some of the courses if at least 5 employees were to be trained at the same time) |
| | | Exam and certification maintenance fees for certifications | TBD by vendor's fee schedule |
| C.3.1 | Accelerate the Speed of Inactive Records Transfer and Destruction Processing | <ul style="list-style-type: none"> a) Increased number of shipments of paper records to off-site storage at a commercial record centre b) Increased number of visits by shredding service to collect paper records to be destroyed | TBD depending on volume and vendor's fee schedule |
| C.3.3 | Plan and Complete IM Clean-up Projects | <ul style="list-style-type: none"> a) Increased number of boxes to house paper records transfers and destructions b) Increased amount of inactive records to be moved to off-site storage at a commercial record centre due to RRC space constraints c) Increased amount of paper records that have met/exceeded their retention periods to be destroyed (shredding) | TBD depending on volume and vendor's fee schedule |
| C.3.4 | Schedule Annual IM Clean-up Days | <ul style="list-style-type: none"> a) Increased number of boxes to house paper records transfers and destructions b) Increased amount of inactive records to be moved to off-site storage at a commercial record centre due to RRC space constraints c) Increased amount of paper records that have met/exceeded their retention periods | TBD depending on volume and vendor's fee schedule |

Regional Municipality of Durham
Enterprise Information Management (EIM) Strategy

| Objective # | Objective | Cost Item(s) | Estimated Cost |
|-------------|--|--|--|
| | | to be destroyed (shredding) | |
| C.3.5 | Assess the Cost-Benefit of Continued Records Retention Centre Operations | Future funding requirements would be unknown until the cost-benefit analysis had been completed | TBD |
| C.4.2 | Continue to Use Lockable Courier Bags to Transport Inactive Files | Replacement of lost/ damaged bags | TBD depending on quantity and vendor's pricing |
| C.4.3 | Continue to Provide Locked Shred Bins | Cost to continue servicing the existing shred bins | TBD depending on vendor's pricing |
| | | Cost to provide any additional bins which may be required (e.g. a new Region office) | TBD depending on volume and vendor's pricing |
| C.5.1 | Identify and Protect All Vital Records | Cost to implement protection methods for vital records in paper format (e.g. fire-resistant file cabinets) | TBD depending on volume of records, protection method, and vendor's pricing |
| C.6.6 | Reduce the Retention of Archived E-mail Messages | | |
| C.7.1.1 | Develop and Approve an Archives Strategy | Fees and expenses (if any) for the scope of work which would be determined in the future | TBD by a competitive procurement process (fees would likely exceed \$20,000 + HST) |
| C.7.1.2 | Implement the Archives Strategy | Additional staffing (if any) and goods and/or services required for implementation would be determined by the strategy (negotiating loan/donation agreements with another institution to house and manage the Region's archives and artefacts would be significantly less expensive than the cost to develop, equip, and staff a formal Archives Program at the Region) | TBD depending on the archives option selected |
| C.7.2.1 | Develop and Approve a Digital Preservation Strategy | Fees and expenses (if any) for the scope of work which would be determined in the future | TBD by a competitive procurement process (fees would likely exceed \$20,000 + HST) |
| C.7.2.2 | Implement the Digital Preservation Strategy | Additional staffing (if any) and goods and/or services required for implementation would be determined by the strategy | TBD depending on the requirements of the strategy |
| D.1.1 | Research ECM Systems | Purchase of analyst reports/evaluations | \$3,500 |

Regional Municipality of Durham
Enterprise Information Management (EIM) Strategy

| Objective # | Objective | Cost Item(s) | Estimated Cost |
|-------------|--|--|--|
| D.1.3 | Document the Region's ECM Requirements | Fees and expenses (if any) for ECM Consultant for the scope of work which would be determined in the future | TBD by a competitive procurement process |
| D.1.4 | Assess the Region's Readiness to Implement ECM | Fees and expenses (if any) for ECM Consultant for the scope of work which would be determined in the future | TBD by a competitive procurement process |
| D.1.5 | Prepare an ECM Business Case | Fees and expenses (if any) for ECM Consultant for the scope of work which would be determined in the future | TBD by a competitive procurement process |
| D.2.1 | Conduct a Competitive Procurement Process | Fees and expenses (if any) for ECM Consultant for the scope of work which would be determined in the future | TBD by a competitive procurement process |
| D.2.2 | Develop an ECM Implementation Plan | Fees and expenses (if any) for ECM Consultant for the scope of work which would be determined in the future | TBD by a competitive procurement process |
| D.2.3 | Implement the ECM | Fees and expenses (if any) for ECM Consultant for the scope of work which would be determined in the future | TBD by a competitive procurement process |
| | | Salary and benefits (if any) for any temporary employee(s) hired for the ECM implementation (e.g. Project Manager) | Salary TBD by Region's compensation rating system and the total amount of salary paid TBD depending on number of positions and employment duration |
| | | Work space (desk, chair, computer, telephone) for any temporary employee(s) hired for the ECM implementation | TBD by Region's Facilities Management Program |
| | | Purchase of ECM system | TBD by a competitive procurement process |
| | | Purchase of hardware | TBD by a competitive procurement process |
| | | Purchase of professional services from the ECM vendor (e.g. training) | TBD by a competitive procurement process |
| | | Purchase of annual ECM system maintenance beyond Year 1 | TBD by vendor's fee schedule |
| D.3.1 | Manage Social Media Content as Records | Purchase of technology and professional services from vendor (if any) | TBD by a competitive procurement process |
| D.3.2 | Manage Website Content | Purchase of technology and professional | TBD by a competitive procurement process |

Regional Municipality of Durham
Enterprise Information Management (EIM) Strategy

| Objective # | Objective | Cost Item(s) | Estimated Cost |
|--------------|---------------------------------------|--|--|
| | as Records | services from vendor (if any) | |
| D.3.3 | Manage Intranet Content as Records | Purchase of technology and professional services from vendor (if any) | TBD by a competitive procurement process |

Appendix 1: Terms, Acronyms, and Abbreviations

The following terms, acronyms, and abbreviations are used in the EIM Strategy.

Figure 14 – Terms, Acronyms, and Abbreviations

| Acronym | Full Name |
|--------------------|---|
| CAO | Chief Administrative Officer |
| CCS | Corporate Classification Scheme for the classification of records, as provided in Schedule A of By-law # 65-2017 |
| CS-IT | Corporate Services – Information Technology Division |
| CS-LS | Corporate Services – Legislative Services Division |
| EIM | Enterprise information management |
| FOI | Freedom of information |
| HR | Corporate Services – Human Resources Division |
| IG | Information governance |
| IGSC | Information Governance Steering Committee |
| IM | Information management |
| IM Program | Information Management Program (proposed new name for the Region's RIM Program) |
| IT | Information technology in the context of using computers, storage, networking and other physical devices, infrastructure and processes to create, process, store, secure and exchange all forms of electronic data |
| MFIPPA | Municipal Freedom of Information and Protection of Privacy Act |
| PHIPA | Personal Health Information Protection Act |
| RRC | Records Retention Centre, a facility in the basement of Regional HQ for the storage of inactive and archival records |
| RRS | The Records Retention Schedule specifying how long records in a series shall be kept, as provided by information in the 'Active Retention', 'Inactive Retention', 'Total Retention', and 'Copy Retention' columns of the Corporate Classification Scheme (Schedule A of By-law # 65-2017) |
| Region | a) The Regional Municipality of Durham b) Region of Durham |
| Regional HQ | The Region's headquarters at 605 Rossland Rd. E. in Whitby |
| RIM | Records and information management |
| RIM Program | Corporate Services – Legislative Services Division – Records and Information Management |

Appendix 2: Key Findings

This appendix provides the key findings in the Records & Information Management (RIM) Program and Enterprise Information Management (EIM) Practices Assessment Report.

Note: 'Report Section Number' and 'Report Section Name' in Figure 15 refer to the section numbers and names in the Assessment Report.

Figure 15 – Key Findings

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|---|
| 4.1 | RIM Program Governance | <ul style="list-style-type: none"> • Confusion or uncertainty may arise in the absence of clearly stated RIM/EIM responsibilities in the ‘RIM Program Definition – Responsibilities’ section of the RIM Manual. • The RIM Program reports to the Regional Clerk/Director of Legislative Services, a reporting structure which is not documented in Region policy, but which presumably evolved from the Clerk’s responsibilities under the Municipal Act, 2001 for managing and providing access to specific Council/Council-related records under his/her control. • A Council by-law designated the Regional Chair as Head of the Institution for MFIPPA and, in turn, the Regional Chair designated the Regional Clerk as the Region’s MFIPPA Coordinator. • The Manager, RIM is responsible for the RIM Program’s day-to-day operations. • The Region does not have a RIM/EIM advisory, steering, or oversight committee. |
| 4.2 | RIM Program Vision and Mission | <ul style="list-style-type: none"> • The RIM Program vision is aspirational: “A dedicated team of professionals leading the way in Information Management (IM) governance, best practices and service excellence.” • The RIM Program mission strives to illustrate the relationship between best practices for managing information and the Region’s operations, specifically informed decision making: “To promote and provide Information Management (IM) best practices to our customers for informed business decision making.” |
| 4.3.1 | RIM Program Policy | <ul style="list-style-type: none"> • The Region does not have an approved policy to establish the corporate RIM Program, define the Region’s requirements for managing recorded information throughout the lifecycle, assign RIM accountabilities and responsibilities, specify requirements for auditing RIM compliance, and provide penalties for non-compliance. • ‘RIM Program Definition – Policy Statement’ section of the RIM Manual lists RIM Program services, not policy statements. • The RIM Program is responsible for 2 Region policies: a) the Corporate Classification Scheme (CCS) approved by Council as by-law # 65-2017 and b) the Personal Information Privacy Policy which is pending revision. • In most cases, the Manager, RIM is not consulted during the development of policies for which other departments are responsible and which contain direction on or references to managing records. This has resulted in definition inconsistencies and conflicts with the CCS and RIM best practices. • The Manager, RIM has also found it challenging to secure RIM-related revisions to existing policies or procedures for which other departments are responsible. • Some terms are inconsistently defined in RIM Program documents and the definitions of some RIM terms in policies and other documents for which other departments are responsible sometimes conflict with definitions used by the RIM Program. |
| 4.3.2 | RIM Program Procedures and Manuals | <ul style="list-style-type: none"> • The RIM Program has developed 3 procedures or manuals, none of which were mentioned by the focus group participants or survey respondents. They are a) the RIM Manual, b) the Directory of Records and Personal Information Banks, and c) the draft Access and Privacy Manual. • A Records Analyst develops a departmental RIM policy and procedures document during each RIM |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|-------------------------------|---|
| | | <p>Improvement Project.</p> <ul style="list-style-type: none"> • Several focus group participants provided copies of written procedures or processes for managing documents/information/records in their departments/divisions/programs, some of which were developed by a Records Analyst during a RIM Improvement Project. • 29% of survey respondents reported the development of procedures for naming electronic records at the department/division/program level (e.g. a process for identifying a final/approved electronic record) and 72% of those respondents said they (and their co-workers) consistently use the procedures. |
| 4.3.3 | RIM Program Guidelines | <ul style="list-style-type: none"> • The RIM Program has developed 6 guidelines, none of which were mentioned by the focus group participants or survey respondents. The guidelines address e-mail management, the management of electronic records (e.g. recommending adoption of the ISO standard YYYY-MM-DD date format), the identification and management of 'official' and 'transitory' records, a records security classification for classifying a record into one of eight categories to reflect the level of confidentiality required, and guidance on scanning and uploading client documentation to Caseworks in compliance with national and international scanning standards⁶⁰. • The guidelines do not appear to be widely known or used, with many focus group participants and survey respondents requesting assistance with tasks addressed in the guidelines (e.g. naming conventions for electronic records). |
| 4.4 | RIM Program Staffing | <ul style="list-style-type: none"> • The RIM Program staff complement of 1 full-time Manager and 8 full-time employees has not changed since the 1990's. • No requests for additional RIM Program positions were included in final departmental budget submissions since 2013. • Temporary employees and summer students are hired for special projects if/when funding is available. • From 1991 – 2010, 1 Records Analyst was allocated full-time to MFIPPA/PHIPA duties (primarily MFIPPA/PHIPA requests processing excluding PHIPA requests for the Health Department). Due to the increased volume and complexity of requests, 1 full-time Records Analyst and 1 part-time Records Analyst have been dedicated to those duties from 2010 to date except for 2016 in which 1 additional full-time Records Analysts was allocated. • The 2018 establishment of the Corporate Privacy Office with 1 Manager and 1 Privacy Officer will – at least in the short-term – not result in any additional Records Analyst time becoming available for the delivery of RIM Program services because 1 full-time Records Analyst will be required to assist in processing requests and a second Records Analyst will provide back-up for that Analyst until the second Privacy Officer is hired (hopefully in 2019). • Due to the ongoing challenges in filling Records Analyst vacancies and the dedication of Records Analysts to MFIPPA/PHIPA duties, the RIM Program has been running (and will continue to run for the foreseeable future) with 3 full-time Records Analysts, each of whom is assigned to multiple departments. |

⁶⁰ Although developed for Family Services, the best practices in the guide are applicable to any Region department/division/program which scans paper documents.

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|--|
| | | <ul style="list-style-type: none"> • Opportunities for promotion within the RIM Program are limited in the absence of a Supervisor position and the existence of only one level of Records Analyst position. • Draft revised job information questionnaires (JIQs) for the unionized positions and a draft revised job description for the Manager, RIM position are pending review and approval within CS-LS/Corporate Services prior to their submission to HR. • The challenges in filling Records Analyst vacancies (particularly salary as compared to comparable positions at the Region of Peel or the Region of York) may also arise when the Manager, RIM position is next advertised. |
| 4.5 | Records Liaisons and Departmental Coordinators | <ul style="list-style-type: none"> • 1 Records Liaison has been appointed for each department. This is a liaison role, not a reporting relationship to the Manager, RIM. • The 'RIM Program Definition – Responsibilities' section of the RIM Manual lists 14 Records Liaison responsibilities, most of which pertain to CCS use and maintenance, the identification and processing of inactive records, and the disposition of records. Today, a Records Liaison's primary duty is to receive and co-ordinate the distribution of Records Destruction Lists. Occasionally, they are asked to distribute RIM Program-supplied information to co-workers. • 1 Departmental Coordinator has been appointed for each department. Again, this is a liaison role and not a reporting relationship to the Manager, RIM. • Departmental Coordinators assist in processing MFIPPA/PHIPA requests (excluding PHIPA requests for Health Department). |
| 4.6 | RIM Program Services | <ul style="list-style-type: none"> • The RIM Program provides 10 services: a) Archives, b) CCS Maintenance, c) Inactive Records Management, d) MFIPPA and PHIPA Administration, e) RIM Auditing, f) RIM Consulting Services, g) RIM Implementation Projects, h) RIM Program Communications, i) Training (RIM awareness and best practices, privacy⁶¹, and j) Versatile Enterprise Administration. • RIM Implementation Projects constitute a significant, time-consuming activity for the Records Analysts and several challenges are experienced in delivering these projects which give minimal attention to improving the management of electronic records. • The amount of time the Records Analysts spend on RIM Implementation Projects, the long-term vacancies which often result from the challenges in filing vacant Analyst positions, and the dedication of Analysts to MFIPPA/PHIPA requests processing (excluding PHIPA requests for Health Department) prevents the delivery of some RIM Program services (e.g. auditing) and results in the infrequent delivery of other services (e.g. RIM awareness training). • As per Finance Department policy, no department/division charge-backs are levied for any RIM Program services. |
| 5.1 | Information Creation, | <ul style="list-style-type: none"> • 3 policies/other documents for which CS-IT is responsible assert the Region's ownership of the recorded information created/received by employees during their work. That assertion is not stated in any RIM Program |

⁶¹ The Manager, Information, Privacy and Security trains the Health Department employees.

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|--|---|
| | Capture, and Declaration | <p>document.</p> <ul style="list-style-type: none"> • Various Region policies require records to be created. • The 'E-mail Etiquette' section of the Electronic Communications Systems – Policy Standards and Guidelines developed by CS-IT provides guidance in the composition of e-mails and recommendations for making it easy for a recipient to read and respond to an e-mail. The 'Messaging System Usage Guidelines' section in Email (policy # 14.13) for which CS-IT is responsible provides 8 guidelines to observe when composing or responding to messages. • Use of e-mail services such as Hotmail, Yahoo, or Gmail to conduct Region business is prohibited by Email (policy # 14.13); however, some survey respondents and focus group participants use personal e-mail accounts as a workaround for sending/receiving attachments which are too large for transmission by the Region's e-mail system. • Some focus group participants said it is not always clearly understood which records should be created or who is responsible for ensuring their addition to the Region's filing systems. Knowing who is responsible for capturing a record is particularly challenging for project teams and collaborative work involving several employees. • Some focus group participants routinely print and file a copy of an electronic document they create or receive because they believe the Region's official records are kept in paper/hard copy. For some, that belief stems from the fact that Versatile Enterprise only manages paper records. |
| 5.2.1 | The Corporate Classification Scheme | <ul style="list-style-type: none"> • The CCS is based on the subject-based alpha-numeric TOMRMS classification scheme. Many record series have been revised to reflect new and discontinued services/programs, the realignment of services, the renaming of departments, and other organizational elements. The CCS is usually updated once per year. • Departments are expected to arrange files logically within a series to meet their specific needs and assign the secondary heading/file titles; however, Records Analysts provide file arrangement guidance upon request or during a RIM Improvement Project. • The CCS provides a subject-based superstructure for classifying records by aggregating related records into series. Although helpful from a records retention perspective (a Record Series Code determines the records' retention period), there are disadvantages to this method of classification. • The CCS' user-friendliness would be greatly enhanced by providing a hyperlinked index in which record series and the record types therein classified were listed alphabetically by name. • While by-law # 65-2017 does not explicitly state that employees must use the CCS to classify records, that inference can be deduced from the statement "The Corporate Classification Scheme as set forth on "Schedule A" attached to this by-law is hereby approved as the classification scheme for the records as described therein." • CCS awareness is low among survey respondents with 63% being unaware of its existence. Of the 37% of respondents who are aware, 58% use it to organize some (or all) of the records for which they are responsible. It is predominantly used to classify paper records. • Most survey respondents who use the CCS agree it is easy to use and that it includes the records they need to |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|--|
| | | <p>classify. Only 59% of those respondents said they received adequate training in its use.</p> <ul style="list-style-type: none"> • Of the survey respondents who do not use the CCS, not knowing how to use it and not being responsible for classifying records were the two most commonly given reasons for non-use. • The RIM Program does not audit the use of or the accuracy in using the CCS to classify records in electronic format or paper records not tracked in Versatile Enterprise. • Any audit of a department/division/program's use of or accuracy in using the CCS to classify active records would only be completed once at the end of a RIM Implementation Project. • RRC staff perform random spot checks to assess the classification accuracy of inactive paper records being transferred to storage. |
| 5.2.2 | Information Classification, Search, and Retrieval: Paper Records Challenges | <ul style="list-style-type: none"> • 53% of survey respondents reported past difficulty when trying to locate a paper document/record, with not knowing where a document/record was stored being the most frequently reported difficulty (69% of respondents experienced that difficulty 'occasionally' or 'often') followed by being unable to locate the most current version of a document record (67%) and not finding the document/record in the anticipated storage location (61%). • Classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of paper records with 82% of the respondents who experienced such challenges ranking the retrieval of records as their # 1 or # 2 challenge followed by duplication (73%) and version control (72%). • The RIM Program's requirement to retroactively implement a record series amalgamation (2 or more series are combined) or split (one series is split into two or more series) before transferring those records to the RRC places a burden on departments/divisions due to staff constraints and the volume of records which may need to be processed; however, day-forward implementation is recognized as problematic. |
| 5.2.3 | Information Classification, Search, and Retrieval: Electronic Records Challenges | <ul style="list-style-type: none"> • 57% of survey respondents reported past difficulty when trying to locate an electronic record in a shared directory/drive to which they have access, with not remembering (or not knowing) the name of an electronic file/record being the most frequently reported difficulty (76% of respondents experienced that difficulty 'occasionally' or 'often') followed by not remembering (or not knowing) where the file/record was kept (73%) and being unable to locate the most current version of the file/record (67%). • Classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of electronic records with 78% of the respondents who experienced such challenges ranking inconsistent naming practices and the retrieval of records (tied) as their # 1 or # 2 challenge followed by version control (63%) and duplication (62.5%). • The ever-increasing volume of electronic records, the multiplicity of electronic storage locations, duplication, and the need to rely on humans to identify and retrieve records pose challenges when searching for records to respond to MFIPPA/PHIPA requests, litigation, or regulatory investigation. |
| 5.2.4 | Information Classification, | <ul style="list-style-type: none"> • 56% of survey respondents reported past difficulty when trying to locate an e-mail message in the Region's e-mail system, with not remembering (or not knowing) the information needed to locate a message being the most |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|---|
| | Search, and Retrieval: E-mail Challenges | <p>frequently reported difficulty (58% of respondents experienced that difficulty ‘occasionally’ or ‘often’) followed by there being too many e-mails to search through (55%).</p> <ul style="list-style-type: none"> • Classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of e-mails with 70% of the respondents who experienced such challenges ranking message retrieval as their # 1 or # 2 challenge followed by organizing messages (65%) and duplication (59%). |
| 5.2.5 | Time Spent Searching for Information | <ul style="list-style-type: none"> • Most survey respondents spend 15 minutes or less each work day – on average – searching for records/information. |
| 5.3 | Information Collaboration, Workflow, and Sharing | <ul style="list-style-type: none"> • Many focus group participants collaborate with other employees to prepare documents such as agreements, briefing notes, letters, and reports. • Distributing a document as an e-mail attachment and receiving revised versions by return e-mail is the most common method of collaboration; however, that very inefficient method usually results in multiple copies of a version being circulated and kept. • Other collaboration methods include printing a copy of an e-mail attachment and submitting a marked-up paper copy to the collaboration leader, listing proposed revisions and/or providing additional content in the body of an e-mail message, or sending an e-mail containing a hyperlink to a document in a shared drive to which all collaborators have access on the understanding that each collaborator will incorporate his/her proposed revisions or additional content using tracked changes. • Many focus group participants participate in manual workflows, i.e. a paper document such as an invoice, agreement, or report is circulated via internal mail or hand-delivery (‘sneaker mail’) to a series of employees for review and approval. • Access to the secure, cloud-based file transfer service for sharing “confidential, Personal Health Information and other critical files” with external parties is restricted, due to licensing costs, to selected employees in each department. • 8.75% of survey respondents use cloud-based file storage or sharing applications for work-related purposes, with Dropbox being used most often. • Cloud-based file storage or sharing applications are most often used to distribute a file which is too large to transmit via the Region’s e-mail system or to collaborate on documents with an external party. |
| 5.4.1 | Information Storage: Paper Records | <ul style="list-style-type: none"> • Active paper records are kept in departments/divisions/programs. The RIM Manual describes the standard types of filing equipment and supplies (e.g. file folders) to be used and procedures for their procurement. • Insufficient storage space figures prominently in the top 3 challenges experienced by survey respondents in their management of paper records with 82.5% of the respondents who experienced such challenges ranking insufficient storage space as their # 1 or # 2 challenge. |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|--|---|
| | | <ul style="list-style-type: none"> • The RRC on the lower level of Regional HQ provides secure storage for inactive records. Each year, RRC staff retrieve approximately 5,000 files/boxes, accept and process for storage approximately 2,000 boxes of records, and co-ordinate the secure shredding of approximately 1,400 boxes. • Records retrieval requests are generally filled within 24 hours of receipt and requested records are delivered to the Mailroom within 36 hours of receipt. 'Rush' requests may be collected in-person from the RRC upon prior arrangement. • The lack of swing space in the RRC (e.g. to store incoming transfers to be processed) reduces the amount of records storage space. • Departments are encouraged to review records at least once per year to identify the records that should be transferred to the RRC or destroyed as per the RRS; however, several focus group participants reported that RRC space shortages sometimes delay the transfer of boxed records for several weeks or months resulting in operational constraints and unsafe accumulations of boxes in office areas. • 800 boxes of records were damaged by a flood from an overflowing toilet on the floor above the RRC. Many recovered records are water marked and brittle. Storm and sanitary drains in the RRC pose a continual danger to the records. • Due to RRC space constraints, approximately 4,000 boxes of infrequently accessed records subject to longer retention periods are kept off-site at a commercial record centre. Commercial record centre storage and retrieval costs will increase in the future because the volume of annual transfers to the RRC exceeds the amount of storage space freed up by annual destructions. • Every box (and every file within a box) in the RRC and at the commercial record centre is tracked in Versatile Enterprise. For security reasons, only full boxes are retrieved from off-site storage. |
| 5.4.2 | Information Storage: Electronic Records | <ul style="list-style-type: none"> • Several Region policies for which CS-IT is responsible (e.g. Removable Media policy # 14.12) specify requirements for electronic records storage. • 56% of survey respondents store the electronic records they create in a shared network drive/directory. • 84% of survey respondents who experienced challenges in managing e-mails ranked insufficient storage space as their # 1 or # 2 challenge. • The amount of e-mails an employee can store in his/her e-mail Inbox is limited by his/her position (500 MB default for employees⁶² and a 1 GB default for management employees). Once the limit is reached, an employee cannot send or receive messages until s/he reduces the volume of stored messages. Ad hoc and frantic deletions of e-mails likely occur when the limit is reached. • Statistics from the October 20, 2017 Data Inventory Report <ul style="list-style-type: none"> ○ Unstructured data volume of 25.34 TB consisting of more than 22 M unstructured data items. ○ 7,128 user accounts, of which more than 3,00 are inactive or disabled accounts containing |

⁶² CS-IT will increase this limit to 1 GB upon receipt of an approved request.

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|----------------------------------|--|
| | | <p>records/information.</p> <ul style="list-style-type: none"> ○ 'Documents' constitute the largest amount of item types stored followed by 'images' and 'other'. ○ Most data 'last accessed' 1-2 years ago (43.5%) and almost 39% 'last accessed' 2+ years ago. ○ Most data 'last modified' 2-5 years ago (31.5%). ○ Many of the top 10 departments by storage consumption create/receive and store very large files such as plans and drawings. <ul style="list-style-type: none"> ● There is a multiplicity of storage locations for electronic records and a lack of rules governing the type of information to be kept in each location (e.g. in a personal vs. a shared drive, on the Intranet, etc.). |
| 5.5 | Information Security | <ul style="list-style-type: none"> ● The Region places considerable emphasis on information security. ● Information security is addressed in several Region policies for which other departments are responsible. ● The RRC uses custom-made, lockable, blue canvas courier bags to securely transport requested files through interoffice mail, thus ensuring their contents are not tampered with or disclosed to unauthorized individuals. Departments are to return requested files to the RRC in sealed manila envelopes unless the department has its own locking courier bags. ● Locked shred bins are provided for the secure disposal of confidential or sensitive transitory materials that cannot go into regular recycling. ● Employees cannot comply with the Data Protection policy's prohibition against the duplication (photocopying or scanning) of confidential/restricted information "on devices that will retain an imprint of the original" because a multi-function device stores a copy of each document which is duplicated. |
| 5.6.1 | MFIPPA/PHIPA Requests Processing | <ul style="list-style-type: none"> ● The Regional Chair designated the Regional Clerk as the Region's MFIPPA Coordinator. The Regional Clerk is also responsible for the administration of PHIPA access requests (excluding PHIPA requests for the Health Department). ● The Records Analyst – FOI and a designated Records Analyst as back-up managed the Region's response to 927 formal MFIPPA/PHIPA access requests (excluding PHIPA requests for the Health Department) from 2006 to December 31, 2017, 72% of which were processed since 2013 and only 8 (or 0.90%) of which were PHIPA requests. Social Services accounted for highest total number of access requests in each of the last 5.75 years since the Privacy Officer began tracking requests by department. ● Departmental Coordinators assist in processing the requests. For each request, a Departmental Coordinator signs a Records Holding Statement attesting that – to the best of his/her knowledge – the records being provided to the Records Analyst – FOI comprise "all information holdings (paper and computer based)" within his/her department relative to the request and that the Index of Records "is an accurate account of all records exempted in full or part and the number of pages of each record." ● When searching for records it is often necessary to search multiple paper and electronic repositories and weed out duplication. There is also the risk that a record was not created, was not kept, or cannot be found because of how it was named or where it was stored. |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---------------------------------------|--|
| | | <ul style="list-style-type: none"> From 2006 to December 31, 2017, the Region dealt with 13 privacy complaints and 17 privacy breaches and the IPC issued 16 orders (all but 4 of which were issued under MFIPPA) to the Region. No orders were issued in several years during that period. |
| 5.6.2 | Corporate Privacy Office | <ul style="list-style-type: none"> The volume and complexity of MFIPA/PHIPA requests (excluding PHIPA requests for the Health Department) has resulted in the delivery of minimal corporate privacy training. A Corporate Privacy Office with an initial staff complement of 1 Manager and 1 Privacy Officer will be established in 2018 to “foster a culture of privacy within the organization” and “handle the creation and implementation of a comprehensive privacy management program”. Report # 2016-COW-42 regarding the establishment of the Corporate Privacy Office incorrectly states that the Corporate Privacy Office will be responsible for “providing leadership on information management policies and strategies, supporting Regional programs in their information management practices and ensuring appropriate public access to Regional records and information.” That statement should be qualified to limit the leadership and support responsibilities to information management as it relates to access to information and privacy in order to eliminate conflicting responsibilities between this new office and the existing RIM Program. |
| 5.7 | Business Continuity | <ul style="list-style-type: none"> The Records Management Procedures (Schedule D of by-law # 65-2017) require the Manager, RIM to “Ensure that reasonable measures are implemented to protect the Region’s records from inadvertent destruction or damage, taking into account the nature of the record to be protected, including the creation of new classification codes and retention periods pending Council approval.” Most of the Region’s vital records are identified in the CCS. Vital records in electronic format are captured on back-ups; however, vital records in paper format are not protected. CS-IT is responsible for the backup and recovery of the Region’s electronic records. Generally, incremental back-ups are run daily and full back-ups are performed weekly, monthly, quarterly, and annually. Back-ups are stored on a storage area network (SAN) and then run through a de-duplication process and written to tape. The tapes are stored off-site at a commercial record centre. Generally, daily and weekly back-ups are kept for a month, monthly back-ups are kept for one year, and annual back-ups are kept for 7 years. The 7-year retention of annual back-ups conflicts with the RRS because many of the records that are kept for 7 years should have been disposed of much sooner. The Region does not have a disaster recovery plan for records. |
| 5.8.1 | The Records Retention Schedule | <ul style="list-style-type: none"> Records retention periods are included in the CCS, thus providing one document for determining both the classification and retention of a record. The Official Record Holder is responsible for implementing the retention period (as listed in the ‘Active Retention’, ‘Inactive Retention’, and ‘Total Retention’ columns of the RRS) while any department/division which keeps a copy of the records may use the suggested ‘Copy Retention’ period. While by-law # 65-2017 does not explicitly state that employees must keep records according the CCS, that |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|-------------------------------------|--|
| | | <p>inference can be deduced from the statement “The Corporate Classification Scheme as set forth on “Schedule A” attached to this by-law is hereby approved as the schedule establishing the retention periods and destruction schedule for the records as described therein.”</p> <ul style="list-style-type: none"> • Although it is RIM best practice for a RRS to be used to manage the retention of records in any media/format, the definitions of ‘active retention’ and ‘inactive retention’ in RIM Program training materials are appropriate only for paper records. • Staffing constraints have prevented a review of the complete citation table against the CCS for several years. The citation table requires revision to correct the noted deficiencies and the user-friendliness of the citation table should be improved. • A revised RRS is submitted for Council approval once per year (approximately); however, Council approval is not required for any revision which does not affect the retention of a record. • The RIM Program does not audit the use of or compliance with the RRS to manage the retention and disposition of records in electronic format or paper records not tracked in Versatile Enterprise. • Any audit of a department/division/program’s use of or compliance with the RRS to manage the retention of active records would only be completed once at the end of a RIM Implementation Project. • RRC staff run Versatile Enterprise reports to identify and monitor inactive paper records which have exceeded their retention period due to a legal hold or other reason. |
| 5.8.2 | Records Retention Challenges | <ul style="list-style-type: none"> • Of the 80% of survey respondents who are aware that the CCS specifies how long records should be kept, 70% said they use the retention periods to determine if/when they can destroy/delete some (or all) of the records for which they are responsible. It is predominantly used to determine the retention of paper records. • Most survey respondents who use the CCS to determine retention periods agree it is easy to use. 58% of those respondents agree that they don’t always know if/when the specified event occurred when an event is required before calculating retention. Only 45% of those respondents said they received adequate training in using the CCS to determine when to destroy/delete a record. • Of the survey respondents who do not keep records according to the RRS, the most commonly given reasons for non-use were ‘other’ (e.g. not the employee’s responsibility to determine when to delete/ destroy records) and believing that the records they create/receive aren’t listed in the RRS (tied at 29% each) followed by not knowing how to use the CCS to determine retention periods (28%). • Survey respondents who aren’t aware that the CCS specifies how long to keep records or who don’t use the retention periods reported using various methods to determine if/when to destroy/delete some (or all) records for which they’re responsible. The most commonly cited methods are destroying/deleting records that they don’t expect to need in the future (36%) followed by the following 3 methods, tied at 29% each: following retention rules established by their department/division/section/program, never destroying/deleting records for which they’re responsible, and ‘other’ (e.g. let management decide). • Knowing how long to keep records is a challenge experienced by many survey respondents with respondents |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|---|
| | | <p>who experienced challenges in managing records ranking retention as their # 1 or # 2 challenge for paper records (68%), as their # 1 or # 2 challenge for e-mails (67%), and as their # 1 or # 2 challenge for electronic records (65%).</p> <ul style="list-style-type: none"> • E-mail messages are automatically kept in the archive for 2,465 days (7 years less 90 days from active mailbox). E-mail policy # 14.13 directs employees to determine “which messages require a longer retention period to meet legal or other obligations and take the appropriate steps to protect such content (e.g. print or save outside the Email System).” Printing and filing copies of e-mails is inefficient and saving e-mails outside the e-mail system breaks a message’s audit trail. Further, the arbitrary default 2,465-day retention period conflicts with the RRS. • E-mails moved to the trash (deleted items) folder are automatically deleted on the 91st day unless they are deleted sooner by the user. Items deleted or emptied from the trash are non-recoverable. • Electronic Communications Systems (policy # 14.10) requires CS-IT to delete upon management request “dormant accounts when authorized users are no longer employed or conduct business with the Region”; however, it does not appear that management often makes these requests given the sizeable number of inactive user accounts (2,443 disabled accounts as of October 20, 2017). • Data Protection (policy # 14.20) which applies to “all electronically stored information owned and/or entrusted to the Region” is deficient with respect to the retention and disposition of data. • The following requirement in Data Protection (policy # 14.20) is neither enforceable nor feasible in the absence of a secure, controlled repository for managing electronically stored information: “Written management approval must be obtained for confidential and/or restricted information due for deletion or destruction”. |
| 5.8.3 | Records Transfer and Disposition | <ul style="list-style-type: none"> • A department/division/program which uses Versatile Enterprise is required to complete records transfer and disposition activities at least once per year, typically at the end of a calendar year or at the beginning of the next calendar year. Those activities are: a) hold release review and approval, b) box destruction review and approval, c) file destruction review and approval, and d) records transfer. • A department cannot transfer records until its prior year’s destruction reports have been approved. |
| 5.9 | Archival Records and Artefacts | <ul style="list-style-type: none"> • The Regional Archives includes both records and artefacts (e.g. the Durham County Council of England coat of arms presented to Regional Chairman Walter Beath in 1978). • The RIM Program has not developed an archives collection development or acquisition policy. • The RIM Program does not have an Archivist on staff and has not retained the services of a professional Archivist to identify the Region’s archival records. Records Analysts – in consultation with the Manager, RIM – identify records with archival value when proposing retention periods. • Records with archival value are identified as ‘Archival’ in the CCS. • Precautions are taken in the storage and handling of the archival records and artefacts kept in a designated area of the RRC. • The RIM Program has not been involved in the identification, collection, or storage of any artefacts (e.g. plaques from former Region buildings) which may be kept in a Works Department storage facility. |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|--|--|
| | | <ul style="list-style-type: none"> • Donations to the Regional Archives are encouraged. It is not known whether the Region has a donation agreement. • The Regional Archives houses approximately 4,000 files/artefacts and 400 boxes of archival records. • 9 archival research requests were received from 2015 to date. |
| 6.1 | Business Systems Information Management Assessment Tool | <ul style="list-style-type: none"> • The RIM Program recently developed this tool to assess the RIM and privacy provisions of proposed systems which will process or capture Region records. • It includes 22 assessment factors for any business system and 18 additional criteria for assessing a business system that would use cloud type services to store or process Region records. • The Manager, RIM hopes that completion of the tool will become a mandatory step in the evaluation of proposed software/systems which will process or capture Region records. |
| 6.2 | Cloud Computing | <ul style="list-style-type: none"> • Information Technology – Cloud Computing Review and Update (report # 2016-A-11) recommended the adoption of a ‘cloud-first’ strategy for all new and replacement IT initiatives (i.e. “if everything else is equal as between a cloud based solution and on-premises solution, then a cloud based solution would be preferred”). • The Region plans to establish a Cloud Strategy Review Committee. Ergo recommends the Manager, RIM (and the Manager of the Corporate Privacy Office once that position has been filled) be appointed to the committee. |
| 6.3 | Document Imaging | <ul style="list-style-type: none"> • Employees can image (scan) a paper document using a multi-function device, some departments/divisions/programs have standalone scanners, and a few engage an external service provider to scan paper documents. • The RIM Program developed Best Practices for Document Imaging (Using Outside Scanning Vendor) to assist departments/divisions to plan for electronic document imaging using an outside scanning vendor, particularly where electronic images are intended to replace the paper source documents as the Region’s official record; however, RIM Program staff are concerned that documents are being imaged without their guidance and without internally-developed procedures that comply with national and international standards. • Focus group participants reported that scanning is performed to improve the ease and speed of accessing documents and that paper documents are often kept after scanning is completed (e.g. because the paper document has a signature). |
| 6.4 | E-mail Archive | <ul style="list-style-type: none"> • E-mail messages are automatically moved to the archive after 90 days. • A user cannot delete a message or attachment from the archive. • All messages and attachments are automatically deleted after 2,465 days (7 days less 90 days from active mailbox). • The contents of the e-mail archive are indexed and searchable. • Email (policy # 14.13) cautions that “messages in the archive may be made public as part of internal audits, judicial or other public disclosure proceedings.” • 40 survey respondents requested improvements to the e-mail archive and 6 respondents recommended its |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|----------------------------------|--|
| | | <p>discontinuation.</p> <ul style="list-style-type: none"> The e-mail archive will be discontinued when Microsoft Exchange Online is implemented. All messages in the archive at that time will be moved to the new environment. |
| 6.5 | Instant Messaging | <ul style="list-style-type: none"> Email (policy # 14.13) prohibits the use of instant messaging for Region business except in emergency situations. The Region's use of instant messaging is "not subject to message content filtering or message retention". |
| 6.6 | Intranet (The Insider) | <ul style="list-style-type: none"> The Region's home-grown Intranet is not user-friendly from an administration perspective and does not have a content management system (CMS). CS-IT posts new and updated content, ensures information is findable by providing links to content, and removes content when applicable. The Health Department performs those tasks for its content. There is no policy for the retention of information/records on the Intranet. Removed content (except PDF files) is 'hidden' or 'unpublished'; however, authorized individuals can access removed content from the back-ups. Ergo did not receive any documentation describing the Intranet's purpose or the types of information to be posted on the site. It appears that the Intranet is primarily an information sharing tool (e.g. provide information about Region events), a place to access Region information of common interest (e.g. the corporate policies, forms, and job postings), and a gateway to various applications (e.g. Works Department employees access a time reporting tool through the Intranet). It is also home to the very popular swap shop. The Intranet receives hundreds of daily 'hits' because it is the default Internet homepage on every Region computer; however, the hits don't necessarily indicate use because many employees may be using the Intranet simply as a springboard to the public Internet. |
| 6.7 | Microsoft Exchange Online | <ul style="list-style-type: none"> The Region plans to migrate to the hosted Microsoft Exchange Online application. Employees will continue to have access to e-mail, calendar, contacts, and tasks. Microsoft Exchange Online allows significantly larger mailboxes (100 GB is possible). It may allow larger attachments to be sent or received (the current limit is 10 MB externally and 15 MB internally), although the ability of an external party to receive a large attachment from the Region will depend on the functionality of that party's e-mail software. |
| 6.8 | Microsoft SharePoint | <ul style="list-style-type: none"> The Region's use of Microsoft SharePoint is limited to 3 departments/divisions/programs (CS-IT, Finance Department, and Planning and Economic Development) and its use is not being expanded to additional areas at this time. Microsoft SharePoint is the basis of 2 Region applications, one for immigration and another for transit. A couple of focus group participants use it and two survey respondents suggested its implementation as a RIM/EIM improvement. |
| 6.9 | Open Data | <ul style="list-style-type: none"> The Region has an open data policy. |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|-----------------------------|---|
| | | <ul style="list-style-type: none"> • The Regional Clerk/Director of Legislative Services and the CIO (or their delegates) are the corporate leads for open data awareness, training, and issue resolution. • Department Heads are responsible for providing final approval of the release of datasets for publication and for ensuring the preservation of and access to all datasets. • An Open Data Team is being established. The Manager, RIM is a member of the team. |
| 6.10 | Social Media Content | <ul style="list-style-type: none"> • Corporate Communications Office uses Facebook, Twitter, and LinkedIn and sometimes posts videos to YouTube. Health Department uses Facebook, Twitter, and YouTube plus Instagram and Pinterest. • Most, if not all, of the content that the Region posts to its social media channels originates from news releases, public service announcements, or content posted on durham.ca and the Region links back to originating content where possible. • During an emergency or an emerging issue (e.g. a watermain break affecting a major intersection), as-it-happens updates approved for sharing by program staff are posted (usually to Facebook and Twitter). • Social Media Policy (policy # 2.11) applies to all departments. Departments not serviced by the Corporate Communications Office are authorized to develop their own protocols for using social media within their program areas provided those protocols are consistent with the policy. • The policy recognizes that “Social media posts can be deemed to be a record of The Regional Municipality of Durham, requiring their retention pursuant to the Records Retention By-law” and directs Social Media Coordinators and Social Media Program Moderators to keep “appropriate records”. • The protocols do not require that a record be kept of any content which has been removed • The Region does not have the technology to capture its social media content as it appeared on a social media channel; therefore, the Region must rely on continued access to its social media accounts (access is at the discretion of the social media channel provider) and is subject to any retention periods which a social media channel provider may arbitrarily establish or change over time. |
| 6.11 | Versatile Enterprise | <ul style="list-style-type: none"> • The RIM Program uses Versatile Enterprise to manage the Region’s paper records from creation to final disposition and to manage inactive records (transfer, charge-out, and destruction) in the RRC or at a commercial record centre. • It is used by 9 departments and 41 divisions to track 15,950 boxes of records and 746,563 files (both active and inactive files). • There are 339 active users and 34 additional users of Versatile Web Enterprise (a web application for users who only need to search for and request the retrieval of inactive records). • Pre-populated pick lists are programmed for each department/division/program to enable staff to more quickly access the Record Series Codes for which the area is responsible. • Some departments/divisions/programs log files into Versatile Enterprise immediately prior to transferring the files to inactive storage, citing a lack of staff time to do so at the time of file creation. This is a specious explanation for not using Versatile Enterprise from the beginning of a file’s lifecycle because a department/division/program |

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|--|---|
| | | <p>presumably expends staff time to otherwise set-up and label the files (e.g. create and affix word-processed file folder labels) at file creation.</p> <ul style="list-style-type: none"> The RIM Program has not purchased any of the additional Versatile Enterprise modules. |
| 6.12 | Website Content (durham.ca) | <ul style="list-style-type: none"> The new website has approximately 460 pages (down from 4,000+ pages), each of which has an expiry date to ensure content is periodically reviewed and either refreshed or deleted. It is not known whether there is any connection between the expiry dates and the retention periods in the RRS. Designated department/division employees post draft content (except for the Health Department) for review and approval by the Corporate Communications Office prior to its publication. The Health Department reviews, approves, and posts its own content. Some of the Region's website content is original, existing only on the website. Other content is extracted from or distilled from existing documents. Some content is the publication of a document which resides in a department (e.g. Council minutes maintained by CS-LS). Removed content is 'hidden' or 'unpublished'; however, authorized individuals can access the removed content from the back-ups. The Region does not capture screenshots of the website; therefore, the Region would be unable to reproduce an exact image of specific content as it appeared on the site on a specific day unless the requested content had been captured by the third-party Internet Archive Wayback machine (it saved content at durham.ca 446 times from December 23, 2007 to December 15, 2017). |
| 6.13 | ZyIMAGE | <ul style="list-style-type: none"> ZyIMAGE is a text search and retrieval software application available through the Region's Intranet. It is used to search for and retrieve by-laws, Council and committee reports and minutes, and official plan amendments. Documents can be searched by folders, words, or fields. Several survey respondents and focus group participants said the system is difficult to search. There is an online user manual and 'how to' tutorials, and a Records Analyst provides training on an as needed basis. |
| 6.14 | Technologies Not Used by the Region | <p>The Region does not currently use the following technologies which facilitate or support recordkeeping:</p> <ul style="list-style-type: none"> Document Collaboration. Electronic (Digital) Signatures. Enterprise Content Management (ECM). Workflow. |

Appendix 3: RIM/EIM Linkages to the Region’s Strategic Plan

The RIM/EIM linkages to the Region’s Strategic Plan are reprinted below from the Records & Information Management (RIM) Program and Enterprise Information Management (EIM) Practices Assessment Report.

Ergo’s review illustrated that investment in RIM Program/EIM improvements would support the Region’s 2015 – 2019 Strategic Plan. As listed in Figure 16, there are several linkages between the topics in the Assessment Report and the Region’s Strategic Plan and key strategic directions.

Figure 16 – RIM/EIM Linkages to the Region’s Strategic Plan

| Goal in the 2015 – 2019 Durham Region Strategic Plan ⁶³ | RIM/EIM Linkage |
|--|--|
| B.7: Celebrate cultural diversity, heritage, the arts and our unique histories to strengthen local neighbourhoods and community cohesion | The RIM Program has completed some work to identify and preserve the Region’s archival records |
| D.1: Deliver Regional services in a financially prudent and sustainable manner | Eliminating inefficiencies and duplicated efforts in managing information would support the achievement of this goal |
| D.2: Foster awareness of Regional programs and services | Increased communications and training would expand awareness (and use) of RIM Program services |
| D.3: Improve communications and collaboration across the region and in particular with local municipalities | The implementation of technology for real-time, electronic collaboration (e.g. several employees contributing to the writing of a report) would facilitate and expedite collaboration within and across Region departments |
| D.5: Demonstrate accountability and transparency by measuring performance and reporting on results | The introduction of performance metrics would allow the Region to begin measuring and reporting on EIM performance |
| D.6: Invest in the organization by attracting and retaining a skilled and diverse workforce | Overcoming the challenge of attracting suitably skilled and experienced Records Analysts would support the achievement of this goal |
| D.7: Focus resources on continuous improvement and innovation | The implementation of RIM/EIM improvements would support the achievement of this goal |

⁶³ As excerpted from the Region’s 2015 – 2019 Strategic Plan <https://www.durham.ca/en/regional-government/resources/Documents/Region-of-Durham-Strategic-Plan.pdf>

Appendix 4: Legislated/Regulatory Requirements for Managing Information

The Legislated/Regulatory Requirements for Managing Information section in the Records & Information Management (RIM) Program and Enterprise Information Management (EIM) Practices Assessment Report is reprinted below.

Various laws govern the Region's delivery of services/programs. Many of those laws (or their regulations) also specify requirements for creating and managing records of those services/programs. For example, the Region – as a licensee of long-term care homes – is required under s. 6(1) of the Long-Term Care Homes Act, 2007 (S.O. 2007, c. 8) to “ensure that there is a written plan of care for each resident that sets out, (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident.” In addition, three acts specify over-arching requirements for managing the records in the Region's custody or control, as summarized below.

Municipal Act, 2001 (S.O. 2001, c. 25)

The Municipal Act, 2001 defines a ‘record’ as “information however recorded or stored, whether in printed form, on film, by electronic means or otherwise, and includes documents, financial statements, minutes, accounts, correspondence, memoranda, plans, maps, drawings, photographs and films; (“document”)" (s. 1(1)). Therefore, the requirements for managing records apply not only to records in paper/hard copy format and more traditional electronic formats such as word-processed documents and e-mails but also to records in newer electronic formats such as website content and social media content (e.g. tweets, YouTube videos, Facebook posts, etc.).

A municipality is required to manage its records as follows:

1. Allow, subject to MFIPPA and at all reasonable times, inspection of the records⁶⁴ under the control of the clerk (s. 253(1)).
2. Provide within a reasonable time, and upon request and payment of the applicable fee, a certified copy under the municipality's seal of any record referred to in subsection 253(1) above (s. 253(2)).
3. Retain and preserve the records of the municipality (and its local boards) in a secure and accessible manner (s. 254(1)).
4. May destroy a record if a retention period for the record has been established and the retention period has expired, or the record is a copy of the original record (s. 255(2)).

⁶⁴ Those records are: “(a) by-laws and resolutions of the municipality and of its local boards; (b) minutes and proceedings of regular, special or committee meetings of the council or local board, whether the minutes and proceedings have been adopted or not; (c) records considered at a meeting, except those records considered during that part of a meeting that was closed to the public; (d) the records of the council; and (e) statements of remuneration and expenses prepared under section 284.” (s. 253(1))

5. May establish retention periods during which the municipality's records (and those of its local boards) must be retained and preserved in accordance with section 254 (s. 255(3))⁶⁵.

A municipality may also enter into an agreement for archival services with respect to the records it is required to retain and preserve (s. 254(3)). Any records transferred under such an agreement remain – for the purposes of MFIPPA – under the municipality's ownership and control (s. 254(4)) while s. 254(6) requires the municipality to ensure the transferred records are kept and preserved "in a secure and accessible manner" (s. 254(5)).⁶⁶

The Municipal Act, 2001 also sets out requirements for the accountability and transparency of a municipality and its operations. Therefore, the records management, accountability, and transparency requirements in that Act, coupled with complaints processes, ombudsman oversight, and MFIPPA and PHIPA requirements (as discussed below), result in an environment in which both regulation and public expectation requires the Region to be able to locate and provide information in a timely fashion subject to any allowable exemptions such as those under MFIPPA regarding the release of specified types of information.

Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990, c. M.56)

Like the Municipal Act, 2001, the definition of a 'record' in MFIPPA is media-independent. MFIPPA defines a 'record' as:

"any record of information however recorded, whether in printed form, on film, by electronic means or otherwise, and includes, (a) correspondence, a memorandum, a book, a plan, a map, a drawing, a diagram, a pictorial or graphic work, a photograph, a film, a microfilm, a sound recording, a videotape, a machine readable record, any other documentary material, regardless of physical form or characteristics, and any copy thereof, and (b) subject to the regulations, any record that is capable of being produced from a machine readable record under the control of an institution by means of computer hardware and software or any other information storage equipment and technical expertise normally used by the institution; ("document")".
(s. 2(1))

The Region's draft Access and Privacy Manual expands on this definition as follows: "The definition of record is very broad and includes virtually every form of information held by the

⁶⁵ Until May 30, 2017, s. 255(3) read as follows (bold, italicized, and underlined text has been added for emphasis): "A municipality may, **subject to the approval of the municipal auditor**, establish retention periods during which the records of the municipality and local boards of the municipality must be retained and preserved in accordance with section 254." Although the municipal auditor's approval is no longer required, Region by-law # 65-2017 which was read and passed by Council on November 8, 2017 states the following: "WHEREAS in accordance with Subsection 255(3) a municipality may, subject to the approval of the municipal auditor, establish retention periods during which the records of the municipality and local boards of the municipality must be retained and preserved in accordance with section 254. 2001, c. 25, s. 255 (3)." The auditor did not, however, sign the by-law.

⁶⁶ As stated in s. 254(9), "the requirement to retain and preserve records in an accessible manner means that the records can be retrieved within a reasonable time and that the records are in a format that allows the content of the records to be readily ascertained by a person inspecting the records."

Region. The definition is not restricted to actual physical documents, but can include email, voicemail messages, text messages, social media posts, etc. Handwritten notes or other notations on records form a part of the record. Working copies and drafts of reports and letters are also records and all are subject to the Act if they exist . . . if the Region places its records in an archive, either its own archive or the archive of another institution, these records are subject to the Act.”

Part I of MFIPPA addresses freedom of information (access to records, exemptions, access procedures, and information to be published or available), Part II governs the protection of personal privacy (collection, use, disclosure, and retention of personal information as well as personal information banks and the rights of access and correction), Part III describes the appeal process, and Part IV covers general matters such as fees and the Commissioner’s powers and duties. Subject to s. 48(2), every person who contravenes s. 48(1) of the Act is guilty of an offence and liable, on conviction, to a fine not exceeding \$5,000.

There is a correlation between good RIM practices and meeting access to information obligations. In the words of Dr. Ann Cavoukian, Ontario’s previous Information and Privacy Commissioner:

“poor records management can impede the public’s right to access important government-held information. In particular, a failure by government institutions to adhere to proper records management practices can have an adverse effect on the ability of individuals to scrutinize the activities of public bodies and to obtain information that is crucial to exercising their fundamental rights”⁶⁷

“Good records management is an essential pillar that supports the FOI process in Ontario. The public’s statutory right to access government-held information cannot be fulfilled unless public servants properly document government programs and activities and maintain records in a well-organized manner.”⁶⁸

The following recent amendments strengthened that relationship by requiring the preservation of records and expanding the list of offences under MFIPPA to include the alteration, concealment, or destruction of records.

- a) “Every head of an institution shall ensure that reasonable measures respecting the records in the custody or under the control of the institution are developed, documented and put into place to preserve the records in accordance with any recordkeeping or records retention requirements, rules or policies, whether established under an Act or otherwise, that apply to the institution.” (s. 4.1)
- b) “No person shall . . . alter, conceal or destroy a record, or cause any other person to do so, with the intention of denying a right under this Act to access the record or the information contained in the record”. (s. 48(1)(c.1))

⁶⁷ Information and Privacy Commissioner/Ontario (2003), *Electronic Records and Document Management Systems: A New Tool for Enhancing the Public’s Right to Access Government-Held Information?*, p. 1.

⁶⁸ *Ibid.*, p. 2.

Personal Health Information Protection Act, 2004 (S.O. 2004, c. 3)

The purposes of the Personal Health Information Protection Act, 2004 (PHIPA) are:

- a) “to establish rules for the collection, use and disclosure of personal health information about individuals that protect the confidentiality of that information and the privacy of individuals with respect to that information, while facilitating the effective provision of health care;
- b) to provide individuals with a right of access to personal health information about themselves, subject to limited and specific exceptions set out in this Act;
- c) to provide individuals with a right to require the correction or amendment of personal health information about themselves, subject to limited and specific exceptions set out in this Act;
- d) to provide for independent review and resolution of complaints with respect to personal health information; and
- e) to provide effective remedies for contraventions of this Act.” (s. 1)

S. 2 of the act defines a ‘record’ as “a record of information in any form or in any medium, whether in written, printed, photographic or electronic form or otherwise, but does not include a computer program or other mechanism that can produce a record”. S. 4(1) defines ‘personal health information’, subject to subsections (3) and (4), as “identifying information about an individual in oral or recorded form, if the information,

- a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual’s family,
- b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,
- c) is a plan of service within the meaning of the *Home Care and Community Services Act, 1994* for the individual,
- d) relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual,
- e) relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
- f) is the individual’s health number, or
- g) identifies an individual’s substitute decision-maker.”

Part II of PHIPA addresses practices to protect personal health information such as accuracy and the handling of records, Part III deals with consent concerning personal information, Part IV specifies general limitations and requirements for the collection, use, and disclosure of personal information, and Part V deals with access to and correction of records of personal health information. Part V.1 – which will come into effect on a day to be named by proclamation of the Lieutenant Governor – addresses electronic health records. Part VI deals with the Act’s administration and enforcement, including complaints, reviews, inspections, and the

Commissioner's powers. Under s. 72(2), a person guilty of an offence under s. 72(1) of the Act is liable, on conviction, to a fine of not more than \$100,00 (if the person is a natural person) or to a fine of not more than \$500,000 (if the person is not a natural person).

DELIVERABLE

Regional Municipality of Durham

**Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment
Report**

January 22, 2018

Ergo Information Management Consulting

(a Division of The Ergo Group Inc.)

162 Guelph St., Suite 272
Georgetown, ON L7G 5X7
(905) 702 8756 or (877) 857-7111

www.eimc.ca

TABLE OF CONTENTS

| | |
|---|-----------|
| 1. EXECUTIVE SUMMARY | 1 |
| 2. SCOPE AND METHODOLOGY | 25 |
| 3. ORGANIZATIONAL FACTORS | 27 |
| 3.1 The Region's Vision, Mission, and Corporate Values | 27 |
| 3.2 The Region's Strategic Plan..... | 29 |
| 3.3 Legislated/Regulatory Requirements for Managing Information | 30 |
| 4. THE RIM PROGRAM..... | 35 |
| 4.1 RIM Program Governance | 35 |
| 4.2 RIM Program Vision and Mission | 36 |
| 4.3 RIM Program Policy, Procedures, Manuals, and Guidelines | 36 |
| 4.3.1 RIM Program Policy | 36 |
| 4.3.2 RIM Program Procedures and Manuals | 39 |
| 4.3.3 RIM Program Guidelines..... | 41 |
| 4.4 RIM Program Staffing | 42 |
| 4.5 Records Liaisons and Departmental Coordinators | 48 |
| 4.6 RIM Program Services..... | 49 |
| 5. ENTERPRISE INFORMATION MANAGEMENT PRACTICES | 52 |
| 5.1 Information Creation, Capture, and Declaration | 52 |
| 5.2 Information Classification, Search, and Retrieval | 54 |
| 5.2.1 The Corporate Classification Scheme | 54 |
| 5.2.2 Paper Records Challenges | 59 |
| 5.2.3 Electronic Records Challenges | 61 |
| 5.2.4 E-mail Challenges..... | 62 |
| 5.2.5 Time Spent Searching for Information..... | 63 |
| 5.3 Information Collaboration, Workflow, and Sharing..... | 64 |
| 5.4 Information Storage | 67 |
| 5.4.1 Paper Records Storage | 67 |
| 5.4.2 Electronic Records Storage | 70 |
| 5.5 Information Security | 75 |
| 5.6 Access to Information and Privacy | 78 |
| 5.6.1 MFIPPA/PHIPA Requests Processing | 78 |
| 5.6.2 Corporate Privacy Office..... | 80 |
| 5.7 Business Continuity | 82 |

| | | |
|-----------|--|------------|
| 5.8 | Information Retention and Disposition..... | 83 |
| 5.8.1 | The Records Retention Schedule | 83 |
| 5.8.2 | Records Retention Challenges | 92 |
| 5.8.3 | Records Transfer and Disposition | 94 |
| 5.9 | Archival Records and Artefacts | 95 |
| 6. | RIM, EIM AND TECHNOLOGY | 97 |
| 6.1 | Business Systems Information Management Assessment Tool | 97 |
| 6.2 | Cloud Computing | 98 |
| 6.3 | Document Imaging..... | 99 |
| 6.4 | E-mail Archive..... | 100 |
| 6.5 | Instant Messaging..... | 101 |
| 6.6 | Intranet (The Insider) | 101 |
| 6.7 | Microsoft Exchange Online | 102 |
| 6.8 | Microsoft SharePoint..... | 103 |
| 6.9 | Open Data | 103 |
| 6.10 | Social Media Content..... | 105 |
| 6.11 | Versatile Enterprise..... | 107 |
| 6.12 | Website Content (durham.ca) | 109 |
| 6.13 | ZyIMAGE | 110 |
| 6.14 | Technologies Not Used by the Region | 110 |
| 6.14.1 | Document Collaboration | 110 |
| 6.14.2 | Electronic (Digital) Signatures..... | 111 |
| 6.14.3 | Enterprise Content Management (ECM) | 111 |
| 6.14.4 | Workflow..... | 112 |
| 7. | SWOT ANALYSIS | 112 |
| 8. | BENCHMARKING THE RIM PROGRAM AND EIM PRACTICES | 115 |
| 8.1 | Generally Accepted Recordkeeping Principles®..... | 115 |
| 8.2 | Information Governance Maturity Model (Maturity Model) | 115 |
| 8.3 | Benchmarking Results | 116 |
| | APPENDIX 1: TERMS, ACRONYMS, AND ABBREVIATIONS..... | 118 |
| | APPENDIX 2: DEFINITIONS | 119 |
| | APPENDIX 3: DATA COLLECTION PARTICIPANTS..... | 129 |
| | APPENDIX 4: REGION DOCUMENTATION/DATA REVIEWED BY ERGO | 135 |
| | APPENDIX 5: MATURITY MODEL BENCHMARKING | 138 |
| | APPENDIX 6: TOP 3 RECORDKEEPING CHALLENGES..... | 148 |
| | APPENDIX 7: EMPLOYEE SUGGESTIONS FOR RIM/EIM IMPROVEMENT..... | 150 |

| | | |
|--|---|------------|
| 7.1 | Suggestions Made by Survey Respondents..... | 150 |
| 7.2 | Suggestions Made by Focus Group Participants..... | 157 |
| APPENDIX 8: FILE FOLDER IDENTIFICATION TEMPLATES..... | | 159 |
| 8.1 | End/Side Tab Folders | 159 |
| 8.2 | Top Tab Folders | 160 |
| APPENDIX 9: VERSION CONTROL LOG | | 161 |

1. Executive Summary

A detailed review of the RIM Program and the Region's enterprise information management (EIM) practices was recently conducted by Ergo Information Management Consulting (Ergo). This report provides the results of Ergo's review and assessment.

An EIM Strategy will be developed, outlining the recommendations and deliverables necessary for managing the Region's corporate information. The strategy will also provide a prioritized 5-year work plan for addressing the deficiencies and risks noted in this assessment report.

The EIM Strategy will build on the Region's RIM Program/EIM strengths such as internal RIM subject matter expertise and employee interest in the introduction of new technologies to improve recordkeeping efficiencies and capitalize on its RIM Program/EIM opportunities such as the implementation of procedures/processes to improve information classification and retrieval, particularly for electronic records, increase access to information, reduce employee frustration and inefficiencies, and facilitate the implementation of retention periods.

SWOT Analysis

Ergo analyzed the strengths, weaknesses, opportunities, and threats (SWOT analysis) of the RIM Program and current EIM practices. It is recognized that this analysis may not list all strengths, weaknesses, opportunities, and threats; however, the key factors are included in Figure 1.

Figure 1 – SWOT Analysis

| <u>Strengths</u> | <u>Weaknesses</u> |
|---|--|
| <ul style="list-style-type: none">• Internal RIM subject matter expertise.• Interest by RIM Program employees and stakeholders (including some department/division employees) in moving to a less paper organization in which electronic records are recognized as the Region's official records.• Current RIM practices (particularly retention and particularly for electronic records) are conservative so – in theory – it is possible to find most records/information that you need if you look long and hard enough or know the 'go to' person who can find the records/information for you.• Most departments/programs are well-defined and stable with respect to the types of records being produced.• Employee interest in the introduction of new technologies (e.g. e-signatures, etc.) to improve recordkeeping efficiencies. | <ul style="list-style-type: none">• Records Analyst position vacancies are challenging to fill.• <i>Ad hoc</i> practices in some departments/divisions which do not manage the lifecycle of all records/information in accordance with internal policies and RIM best practices.• Many RIM Program guidelines and other resources are not well-known (and so not used) by Region employees.• Lack of Records Retention Schedule compliance (particularly for electronic records) results in valueless records being kept and that practice could pose a legal risk in the future.• Frequent challenges in searching for/retrieving information.• A culture of creating independent and somewhat overlapping silos/systems of information (e.g. personal drives, shared drives, e-mail system, Intranet, etc.) rather than considering information holistically.• Lack of understanding across the organization of the importance and benefits of RIM, the legislated requirements for 'good' RIM, and the risks of poor RIM practices. |

Opportunities

- Implement procedures/processes to improve information classification and retrieval, particularly for electronic records, to increase access to information, reduce employee frustration and inefficiencies, and facilitate the implementation of retention periods.
- Significantly reduce records storage volumes and storage costs by eliminating duplicated recordkeeping and enforcing RRS compliance, particularly for electronic records.
- Possibility of introducing effective and efficient document collaboration functionality to overcome the challenges now encountered.
- Provide employees with more (and preferably online) RIM training opportunities, including training during the employee onboarding process and training specific to the operations of individual departments/programs.
- Motivate and engage employees by giving them new skills and technologies for dealing with information in the 21st century.
- Ability to more easily and efficiently respond to future records requests under MFIPPA/PHIPA or in response to litigation or regulatory investigation.
- Promote RIM more to help anchor the desired culture and habit changes.
- Streamline the RIM Implementation Projects methodology to allow for 'quick wins' and reduced project durations.
- Opportunity to introduce RIM/EIM governance prior to the implementation of new systems to ensure they comply with the Region's RIM/EIM policies and RIM/EIM best practices.

Threats

- Limited resources (financial and human) and competing work priorities for effecting RIM/EIM improvements.
- The siloed culture and independence of Department Heads may be a barrier to the development, adoption, and/or enforcement of corporate RIM standards and best practices.
- Risk of a costly, time-consuming discovery process in the event of litigation, audit or investigation if the *status quo* continues.
- Increasing likelihood that a department will 'go it alone' and introduce recordkeeping technology in the absence of a viable plan for introducing that technology in the near-term at the corporate level.
- Potential that the extent of RIM/EIM changes will be viewed as overwhelming, causing employees to perceive the EIM Strategy as unachievable.
- RIM Program expansion and achievement of high rates of RIM Program compliance will fail unless there is a sustainable and enforced RIM governance structure and a compelling vision that employees can embrace.
- Damage to reputation by not having accurate, complete, and well-managed information.
- Potential for even more siloed information as employees continue to implement *ad hoc* RIM processes (particularly for electronic records) in the absence of a holistic, all-media, corporate RIM Program.
- Maintaining the *status quo* is not an option given the continuous, exponential increase in records volume and the availability of beneficial technologies.

Benchmarking the RIM Program and EIM Practices

Ergo assessed the RIM Program and EIM practices against the best practices in the Information Governance Maturity Model, an internationally recognized RIM/EIM benchmarking tool. Ergo’s ratings are set out in Figure 2 along with a proposed target level for each principle to help the Region identify its RIM/EIM priorities. (The rationale for each rating is provided in Appendix 5 of this report). As summarized in Figure 2, the Region scored a 1.8 average maturity score out of 5 across the eight principles.

The proposed Level 3 targets are the minimum level according to ARMA International, the world-wide professional association which developed the Generally Accepted Recordkeeping Principles® measured by the Maturity Model.

Figure 2 – The Principles® Benchmarking Ratings

| Principle | Definition¹ | Region’s Current Level | Region’s Target Level |
|-----------------------|---|-------------------------------|------------------------------|
| Accountability | “A senior executive (or a person of comparable authority) shall oversee the information governance program and delegate responsibility for information management to appropriate individuals.” | 2 | 3 |
| Transparency | “An organization’s business processes and activities, including its information governance program, shall be documented in an open and verifiable manner, and that documentation shall be available to all personnel and appropriate, interested parties.” | 2 | 3 |
| Integrity | “An information governance program shall be constructed so the information assets generated by or managed for the organization have a reasonable guarantee of authenticity and reliability.” | 1.5 | 3 |
| Protection | “An information governance program shall be constructed to ensure an appropriate level of protection to information assets that are private, confidential, privileged, secret, classified, essential to business continuity, or that otherwise require protection.” | 2 | 3 |
| Compliance | “An information governance program shall be constructed to comply with applicable laws, other binding authorities, and the organization’s policies.” | 1.5 | 3 |
| Availability | “An organization shall maintain its information assets in a manner that ensures their timely, efficient, and accurate retrieval.” | 1.75 | 3 |
| Retention | “An organization shall maintain its information assets for an appropriate amount of time, taking into account its legal, regulatory, fiscal, operational, and historical requirements.” | 2 | 3 |

¹ http://c.ymcdn.com/sites/www.arma.org/resource/resmgr/files/Learn/2017_Generally_Accepted_Reco.pdf

| Principle | Definition ¹ | Region's Current Level | Region's Target Level |
|--------------------|---|------------------------|-----------------------|
| Disposition | "An organization shall provide secure and appropriate disposition of information assets no longer required to be maintained, in compliance with applicable laws and the organization's policies." | 2 | 3 |

The above ratings are illustrative, but should not overly alarm the Region. These scores should be considered opportunities to target and prioritize key areas for improvement. Indeed, many organizations with which Ergo has worked started with comparable scores and are either working toward or have succeeded in attaining the Level 3 targets.

Scope of the Assessment

The assessment examined all stages in the information lifecycle (from creation/receipt to disposition) and all activities/processes necessary for managing recorded information (e.g. organization/classification, storage, security, retention and disposition, etc.). It included the recorded information in paper and electronic formats (excluding structured data) created/received and maintained by Region departments (CAO's Office, Corporate Services, Finance, Health, Planning and Economic Development, Social Services, Transit, and Works)². The findings represent the results of an extensive data collection process:

- The review of Region-supplied documentation/data about the Region, the RIM Program, and EIM practices (more than 80 documents, as listed in Appendix 4).
- An employee survey to capture high-level data about EIM practices and RIM awareness and to identify any unmet RIM needs (786 surveys were submitted for a response rate of approximately 17.6%).
- Consultations with 50 stakeholders (as listed in Appendix 3):
 - 8 subject matter experts (SMEs) from IT, legal, privacy, RIM, corporate policy and strategy, and the administration of the Internet, Intranet, and the Region's social media channels.
 - 5 of the RIM Program employees to discuss RIM Program services, identify any challenges, constraints or risks in RIM Program operations, and obtain their perspective on the Region's EIM practices.
 - 37 employees selected by Department Heads who participated in focus groups to identify departmental challenges, constraints, or risks in managing the in-scope information.

² For clarity, this engagement did not include the recorded information created or received and kept by Region agencies, boards, or commissions or Durham Regional Police Service.

Findings Overview

Figure 4 summarizes the key findings of this assessment. The noted challenges and risks are not uncommon among the public, private, and not-for-profit sector organizations with which Ergo has worked. Our experience has demonstrated that significant improvements can be made with appropriate governance and organizational support, the development/enhancement and implementation of tools for EIM best practices, an emphasis on training, and the strategic use of supportive technologies.

The assessment also illustrated that investment in RIM Program/EIM improvements would support the Region’s 2015 – 2019 Strategic Plan. As listed in Figure 3, there are several linkages between the topics addressed in this report and the Region’s Strategic Plan and key strategic directions.

Figure 3 – RIM/EIM Linkages to the Region’s Strategic Plan

| Goal in the 2015 – 2019 Durham Region Strategic Plan | RIM/EIM Linkage |
|--|---|
| B.7: “Celebrate cultural diversity, heritage, the arts and our unique histories to strengthen local neighbourhoods and community cohesion” | The RIM Program has completed some work to identify and preserve the Region’s archival records. See Section 5.9 of this report for more information. |
| D.1: “Deliver Regional services in a financially prudent and sustainable manner” | Eliminating inefficiencies and duplicated efforts in managing information would support the achievement of this goal. |
| D.2: “Foster awareness of Regional programs and services” | Increased communications and training would expand awareness (and use) of RIM Program services. |
| D.3: “Improve communications and collaboration across the region and in particular with local municipalities” | The implementation of technology for real-time, electronic collaboration (e.g. several employees contributing to the writing of a report) would facilitate and expedite collaboration within and across Region departments. |
| D.5: “Demonstrate accountability and transparency by measuring performance and reporting on results” | The introduction of performance metrics would allow the Region to begin measuring and reporting on EIM performance. |
| D.6: “Invest in the organization by attracting and retaining a skilled and diverse workforce” | Overcoming the challenge of attracting suitably skilled and experienced Records Analysts would support the achievement of this goal. |
| D.7: “Focus resources on continuous improvement and innovation” | The implementation of RIM/EIM improvements would support the achievement of this goal. |

Figure 4 – Key Findings

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---------------------------------------|--|
| 4.1 | RIM Program Governance | <ul style="list-style-type: none"> • Confusion or uncertainty may arise in the absence of clearly stated RIM/EIM responsibilities in the 'RIM Program Definition – Responsibilities' section of the RIM Manual. • The RIM Program reports to the Regional Clerk/Director of Legislative Services, a reporting structure which is not documented in Region policy, but which presumably evolved from the Clerk's responsibilities under the Municipal Act, 2001 for managing and providing access to specific Council/Council-related records under his/her control. • A Council by-law designated the Regional Chair as Head of the Institution for MFIPPA and, in turn, the Regional Chair designated the Regional Clerk as the Region's MFIPPA Coordinator. • The Manager, RIM is responsible for the RIM Program's day-to-day operations. • The Region does not have a RIM/EIM advisory, steering, or oversight committee. |
| 4.2 | RIM Program Vision and Mission | <ul style="list-style-type: none"> • The RIM Program vision is aspirational: "A dedicated team of professionals leading the way in Information Management (IM) governance, best practices and service excellence." • The RIM Program mission strives to illustrate the relationship between best practices for managing information and the Region's operations, specifically informed decision making: "To promote and provide Information Management (IM) best practices to our customers for informed business decision making." |
| 4.3.1 | RIM Program Policy | <ul style="list-style-type: none"> • The Region does not have an approved policy to establish the corporate RIM Program, define the Region's requirements for managing recorded information throughout the lifecycle, assign RIM accountabilities and responsibilities, specify requirements for auditing RIM compliance, and provide penalties for non-compliance. • 'RIM Program Definition – Policy Statement' section of the RIM Manual lists RIM Program services, not policy statements. • The RIM Program is responsible for 2 Region policies: a) the Corporate Classification Scheme (CCS) approved by Council as by-law # 65-2017 and b) the Personal Information Privacy Policy which is pending revision. • In most cases, the Manager, RIM is not consulted during the development of policies for which other departments are responsible and which contain direction on or references to managing records. This has resulted in definition inconsistencies and conflicts with the CCS and RIM best practices. • The Manager, RIM has also found it challenging to secure RIM-related revisions to existing policies or procedures for which other departments are responsible. • Some terms are inconsistently defined in RIM Program documents and the definitions of some RIM terms in policies and other documents for which other departments are responsible sometimes conflict with definitions |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|--|
| | | used by the RIM Program. |
| 4.3.2 | RIM Program Procedures and Manuals | <ul style="list-style-type: none"> • The RIM Program has developed 3 procedures or manuals, none of which were mentioned by the focus group participants or survey respondents. They are a) the RIM Manual, b) the Directory of Records and Personal Information Banks, and c) the draft Access and Privacy Manual. • A Records Analyst develops a departmental RIM policy and procedures document during each RIM Improvement Project. • Several focus group participants provided copies of written procedures or processes for managing documents/information/records in their departments/divisions/programs, some of which were developed by a Records Analyst during a RIM Improvement Project. • 29% of survey respondents reported the development of procedures for naming electronic records at the department/division/program level (e.g. a process for identifying a final/approved electronic record) and 72% of those respondents said they (and their co-workers) consistently use the procedures. |
| 4.3.3 | RIM Program Guidelines | <ul style="list-style-type: none"> • The RIM Program has developed 6 guidelines, none of which were mentioned by the focus group participants or survey respondents. The guidelines address e-mail management, the management of electronic records (e.g. recommending adoption of the ISO standard YYYY-MM-DD date format), the identification and management of 'official' and 'transitory' records, a records security classification for classifying a record into one of eight categories to reflect the level of confidentiality required, and guidance on scanning and uploading client documentation to Caseworks in compliance with national and international scanning standards³. • The guidelines do not appear to be widely known or used, with many focus group participants and survey respondents requesting assistance with tasks addressed in the guidelines (e.g. naming conventions for electronic records). |
| 4.4 | RIM Program Staffing | <ul style="list-style-type: none"> • The RIM Program staff complement of 1 full-time Manager and 8 full-time employees has not changed since the 1990's. • No requests for additional RIM Program positions were included in final departmental budget submissions since 2013. • Temporary employees and summer students are hired for special projects if/when funding is available. • From 1991 – 2010, 1 Records Analyst was allocated full-time to MFIPPA/PHIPA duties (primarily MFIPPA/PHIPA requests processing excluding PHIPA requests for the Health Department). Due to the increased volume and |

³ Although developed for Family Services, the best practices in the guide are applicable to any Region department/division/program which scans paper documents.

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|---|
| | | <p>complexity of requests, 1 full-time Records Analyst and 1 part-time Records Analyst have been dedicated to those duties from 2010 to date except for 2016 in which 1 additional full-time Records Analysts was allocated.</p> <ul style="list-style-type: none"> • The 2018 establishment of the Corporate Privacy Office with 1 Manager and 1 Privacy Officer will – at least in the short-term – not result in any additional Records Analyst time becoming available for the delivery of RIM Program services because 1 full-time Records Analyst will be required to assist in processing requests and a second Records Analyst will provide back-up for that Analyst until the second Privacy Officer is hired (hopefully in 2019). • Due to the ongoing challenges in filling Records Analyst vacancies and the dedication of Records Analysts to MFIPPA/PHIPA duties, the RIM Program has been running (and will continue to run for the foreseeable future) with 3 full-time Records Analysts, each of whom is assigned to multiple departments. • Opportunities for promotion within the RIM Program are limited in the absence of a Supervisor position and the existence of only one level of Records Analyst position. • Draft revised job information questionnaires (JIQs) for the unionized positions and a draft revised job description for the Manager, RIM position are pending review and approval within CS-LS/Corporate Services prior to their submission to HR. • The challenges in filling Records Analyst vacancies (particularly salary as compared to comparable positions at the Region of Peel or the Region of York) may also arise when the Manager, RIM position is next advertised. |
| 4.5 | Records Liaisons and Departmental Coordinators | <ul style="list-style-type: none"> • 1 Records Liaison has been appointed for each department. This is a liaison role, not a reporting relationship to the Manager, RIM. • The 'RIM Program Definition – Responsibilities' section of the RIM Manual lists 14 Records Liaison responsibilities, most of which pertain to CCS use and maintenance, the identification and processing of inactive records, and the disposition of records. Today, a Records Liaison's primary duty is to receive and co-ordinate the distribution of Records Destruction Lists. Occasionally, they are asked to distribute RIM Program-supplied information to co-workers. • 1 Departmental Coordinator has been appointed for each department. Again, this is a liaison role and not a reporting relationship to the Manager, RIM. • Departmental Coordinators assist in processing MFIPPA/PHIPA requests (excluding PHIPA requests for Health Department). |
| 4.6 | RIM Program Services | <ul style="list-style-type: none"> • The RIM Program provides 10 services: a) Archives, b) CCS Maintenance, c) Inactive Records Management, d) |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|---|
| | | <p>MFIPPA and PHIPA Administration, e) RIM Auditing, f) RIM Consulting Services, g) RIM Implementation Projects, h) RIM Program Communications, i) Training (RIM awareness and best practices, privacy⁴, and j) Versatile Enterprise Administration.</p> <ul style="list-style-type: none"> • RIM Implementation Projects constitute a significant, time-consuming activity for the Records Analysts and several challenges are experienced in delivering these projects which give minimal attention to improving the management of electronic records. • The amount of time the Records Analysts spend on RIM Implementation Projects, the long-term vacancies which often result from the challenges in filling vacant Analyst positions, and the dedication of Analysts to MFIPPA/PHIPA requests processing (excluding PHIPA requests for Health Department) prevents the delivery of some RIM Program services (e.g. auditing) and results in the infrequent delivery of other services (e.g. RIM awareness training). • As per Finance Department policy, no department/division charge-backs are levied for any RIM Program services. |
| 5.1 | Information Creation, Capture, and Declaration | <ul style="list-style-type: none"> • 3 policies/other documents for which CS-IT is responsible assert the Region's ownership of the recorded information created/received by employees during their work. That assertion is not stated in any RIM Program document. • Various Region policies require records to be created. • The 'E-mail Etiquette' section of the Electronic Communications Systems – Policy Standards and Guidelines developed by CS-IT provides guidance in the composition of e-mails and recommendations for making it easy for a recipient to read and respond to an e-mail. The 'Messaging System Usage Guidelines' section in Email (policy # 14.13) for which CS-IT is responsible provides 8 guidelines to observe when composing or responding to messages. • Use of e-mail services such as Hotmail, Yahoo, or Gmail to conduct Region business is prohibited by Email (policy # 14.13); however, some survey respondents and focus group participants use personal e-mail accounts as a workaround for sending/receiving attachments which are too large for transmission by the Region's e-mail system. • Some focus group participants said it is not always clearly understood which records should be created or who is responsible for ensuring their addition to the Region's filing systems. Knowing who is responsible for capturing a record is particularly challenging for project teams and collaborative work involving several employees. • Some focus group participants routinely print and file a copy of an electronic document they create or receive |

⁴ The Manager, Information, Privacy and Security trains the Health Department employees.

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|--|--|
| | | because they believe the Region’s official records are kept in paper/hard copy. For some, that belief stems from the fact that Versatile Enterprise only manages paper records. |
| 5.2.1 | The Corporate Classification Scheme | <ul style="list-style-type: none"> • The CCS is based on the subject-based alpha-numeric TOMRMS classification scheme. Many record series have been revised to reflect new and discontinued services/programs, the realignment of services, the renaming of departments, and other organizational elements. The CCS is usually updated once per year. • Departments are expected to arrange files logically within a series to meet their specific needs and assign the secondary heading/file titles; however, Records Analysts provide file arrangement guidance upon request or during a RIM Improvement Project. • The CCS provides a subject-based superstructure for classifying records by aggregating related records into series. Although helpful from a records retention perspective (a Record Series Code determines the records’ retention period), there are disadvantages to this method of classification. • The CCS’ user-friendliness would be greatly enhanced by providing a hyperlinked index in which record series and the record types therein classified were listed alphabetically by name. • While by-law # 65-2017 does not explicitly state that employees must use the CCS to classify records, that inference can be deduced from the statement “The Corporate Classification Scheme as set forth on “Schedule A” attached to this by-law is hereby approved as the classification scheme for the records as described therein.” • CCS awareness is low among survey respondents with 63% being unaware of its existence. Of the 37% of respondents who are aware, 58% use it to organize some (or all) of the records for which they are responsible. It is predominantly used to classify paper records. • Most survey respondents who use the CCS agree it is easy to use and that it includes the records they need to classify. Only 59% of those respondents said they received adequate training in its use. • Of the survey respondents who do not use the CCS, not knowing how to use it and not being responsible for classifying records were the two most commonly given reasons for non-use. • The RIM Program does not audit the use of or the accuracy in using the CCS to classify records in electronic format or paper records not tracked in Versatile Enterprise. • Any audit of a department/division/program’s use of or accuracy in using the CCS to classify active records would only be completed once at the end of a RIM Implementation Project. • RRC staff perform random spot checks to assess the classification accuracy of inactive paper records being transferred to storage. |
| 5.2.2 | Information | <ul style="list-style-type: none"> • 53% of survey respondents reported past difficulty when trying to locate a paper document/record, with not |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|--|
| | Classification, Search, and Retrieval: Paper Records Challenges | <p>knowing where a document/record was stored being the most frequently reported difficulty (69% of respondents experienced that difficulty 'occasionally' or 'often') followed by being unable to locate the most current version of a document record (67%) and not finding the document/record in the anticipated storage location (61%).</p> <ul style="list-style-type: none"> • Classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of paper records with 82% of the respondents who experienced such challenges ranking the retrieval of records as their # 1 or # 2 challenge followed by duplication (73%) and version control (72%). • The RIM Program's requirement to retroactively implement a record series amalgamation (2 or more series are combined) or split (one series is split into two or more series) before transferring those records to the RRC places a burden on departments/divisions due to staff constraints and the volume of records which may need to be processed; however, day-forward implementation is recognized as problematic. |
| 5.2.3 | Information Classification, Search, and Retrieval: Electronic Records Challenges | <ul style="list-style-type: none"> • 57% of survey respondents reported past difficulty when trying to locate an electronic record in a shared directory/drive to which they have access, with not remembering (or not knowing) the name of an electronic file/record being the most frequently reported difficulty (76% of respondents experienced that difficulty 'occasionally' or 'often') followed by not remembering (or not knowing) where the file/record was kept (73%) and being unable to locate the most current version of the file/record (67%). • Classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of electronic records with 78% of the respondents who experienced such challenges ranking inconsistent naming practices and the retrieval of records (tied) as their # 1 or # 2 challenge followed by version control (63%) and duplication (62.5%). • The ever-increasing volume of electronic records, the multiplicity of electronic storage locations, duplication, and the need to rely on humans to identify and retrieve records pose challenges when searching for records to respond to MFIPPA/PHIPA requests, litigation, or regulatory investigation. |
| 5.2.4 | Information Classification, Search, and Retrieval: E-mail Challenges | <ul style="list-style-type: none"> • 56% of survey respondents reported past difficulty when trying to locate an e-mail message in the Region's e-mail system, with not remembering (or not knowing) the information needed to locate a message being the most frequently reported difficulty (58% of respondents experienced that difficulty 'occasionally' or 'often') followed by there being too many e-mails to search through (55%). • Classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of e-mails with 70% of the respondents who experienced such challenges ranking message retrieval as their # 1 or # 2 challenge followed by organizing messages (65%) and duplication |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|---|
| | | (59%). |
| 5.2.5 | Time Spent Searching for Information | <ul style="list-style-type: none"> Most survey respondents spend 15 minutes or less each work day – on average – searching for records/information. |
| 5.3 | Information Collaboration, Workflow, and Sharing | <ul style="list-style-type: none"> Many focus group participants collaborate with other employees to prepare documents such as agreements, briefing notes, letters, and reports. Distributing a document as an e-mail attachment and receiving revised versions by return e-mail is the most common method of collaboration; however, that very inefficient method usually results in multiple copies of a version being circulated and kept. Other collaboration methods include printing a copy of an e-mail attachment and submitting a marked-up paper copy to the collaboration leader, listing proposed revisions and/or providing additional content in the body of an e-mail message, or sending an e-mail containing a hyperlink to a document in a shared drive to which all collaborators have access on the understanding that each collaborator will incorporate his/her proposed revisions or additional content using tracked changes. Many focus group participants participate in manual workflows, i.e. a paper document such as an invoice, agreement, or report is circulated via internal mail or hand-delivery ('sneaker mail') to a series of employees for review and approval. Access to the secure, cloud-based file transfer service for sharing "confidential, Personal Health Information and other critical files" with external parties is restricted, due to licensing costs, to selected employees in each department. 8.75% of survey respondents use cloud-based file storage or sharing applications for work-related purposes, with Dropbox being used most often. Cloud-based file storage or sharing applications are most often used to distribute a file which is too large to transmit via the Region's e-mail system or to collaborate on documents with an external party. |
| 5.4.1 | Information Storage: Paper Records | <ul style="list-style-type: none"> Active paper records are kept in departments/divisions/programs. The RIM Manual describes the standard types of filing equipment and supplies (e.g. file folders) to be used and procedures for their procurement. Insufficient storage space figures prominently in the top 3 challenges experienced by survey respondents in their management of paper records with 82.5% of the respondents who experienced such challenges ranking insufficient storage space as their # 1 or # 2 challenge. The RRC on the lower level of Regional HQ provides secure storage for inactive records. Each year, RRC staff |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|--|--|
| | | <p>retrieve approximately 5,000 files/boxes, accept and process for storage approximately 2,000 boxes of records, and co-ordinate the secure shredding of approximately 1,400 boxes.</p> <ul style="list-style-type: none"> • Records retrieval requests are generally filled within 24 hours of receipt and requested records are delivered to the Mailroom within 36 hours of receipt. 'Rush' requests may be collected in-person from the RRC upon prior arrangement. • The lack of swing space in the RRC (e.g. to store incoming transfers to be processed) reduces the amount of records storage space. • Departments are encouraged to review records at least once per year to identify the records that should be transferred to the RRC or destroyed as per the RRS; however, several focus group participants reported that RRC space shortages sometimes delay the transfer of boxed records for several weeks or months resulting in operational constraints and unsafe accumulations of boxes in office areas. • 800 boxes of records were damaged by a flood from an overflowing toilet on the floor above the RRC. Many recovered records are water marked and brittle. Storm and sanitary drains in the RRC pose a continual danger to the records. • Due to RRC space constraints, approximately 4,000 boxes of infrequently accessed records subject to longer retention periods are kept off-site at a commercial record centre. Commercial record centre storage and retrieval costs will increase in the future because the volume of annual transfers to the RRC exceeds the amount of storage space freed up by annual destructions. • Every box (and every file within a box) in the RRC and at the commercial record centre is tracked in Versatile Enterprise. For security reasons, only full boxes are retrieved from off-site storage. |
| 5.4.2 | Information Storage: Electronic Records | <ul style="list-style-type: none"> • Several Region policies for which CS-IT is responsible (e.g. Removable Media policy # 14.12) specify requirements for electronic records storage. • 56% of survey respondents store the electronic records they create in a shared network drive/directory. • 84% of survey respondents who experienced challenges in managing e-mails ranked insufficient storage space as their # 1 or # 2 challenge. • The amount of e-mails an employee can store in his/her e-mail Inbox is limited by his/her position (500 MB default for employees⁵ and a 1 GB default for management employees). Once the limit is reached, an employee cannot send or receive messages until s/he reduces the volume of stored messages. Ad hoc and frantic deletions of e-mails likely occur when the limit is reached. |

⁵ CS-IT will increase this limit to 1 GB upon receipt of an approved request.

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|---|
| | | <ul style="list-style-type: none"> • Statistics from the October 20, 2017 Data Inventory Report <ul style="list-style-type: none"> ○ Unstructured data volume of 25.34 TB consisting of more than 22 M unstructured data items. ○ 7,128 user accounts, of which more than 3,00 are inactive or disabled accounts containing records/information. ○ 'Documents' constitute the largest amount of item types stored followed by 'images' and 'other'. ○ Most data 'last accessed' 1-2 years ago (43.5%) and almost 39% 'last accessed' 2+ years ago. ○ Most data 'last modified' 2-5 years ago (31.5%). ○ Many of the top 10 departments by storage consumption create/receive and store very large files such as plans and drawings. • There is a multiplicity of storage locations for electronic records and a lack of rules governing the type of information to be kept in each location (e.g. in a personal vs. a shared drive, on the Intranet, etc.). |
| 5.5 | Information Security | <ul style="list-style-type: none"> • The Region places considerable emphasis on information security. • Information security is addressed in several Region policies for which other departments are responsible. • The RRC uses custom-made, lockable, blue canvas courier bags to securely transport requested files through interoffice mail, thus ensuring their contents are not tampered with or disclosed to unauthorized individuals. Departments are to return requested files to the RRC in sealed manila envelopes unless the department has its own locking courier bags. • Locked shred bins are provided for the secure disposal of confidential or sensitive transitory materials that cannot go into regular recycling. • Employees cannot comply with the Data Protection policy's prohibition against the duplication (photocopying or scanning) of confidential/restricted information "on devices that will retain an imprint of the original" because a multi-function device stores a copy of each document which is duplicated. |
| 5.6.1 | MFIPPA/PHIPA Requests Processing | <ul style="list-style-type: none"> • The Regional Chair designated the Regional Clerk as the Region's MFIPPA Coordinator. The Regional Clerk is also responsible for the administration of PHIPA access requests (excluding PHIPA requests for the Health Department). • The Records Analyst – FOI and a designated Records Analyst as back-up managed the Region's response to 927 formal MFIPPA/PHIPA access requests (excluding PHIPA requests for the Health Department) from 2006 to December 31, 2017, 72% of which were processed since 2013 and only 8 (or 0.90%) of which were PHIPA requests. Social Services accounted for highest total number of access requests in each of the last 5.75 years since the Privacy Officer began tracking requests by department. |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---------------------------------|---|
| | | <ul style="list-style-type: none"> • Departmental Coordinators assist in processing the requests. For each request, a Departmental Coordinator signs a Records Holding Statement attesting that – to the best of his/her knowledge – the records being provided to the Records Analyst – FOI comprise "all information holdings (paper and computer based)" within his/her department relative to the request and that the Index of Records "is an accurate account of all records exempted in full or part and the number of pages of each record." • When searching for records it is often necessary to search multiple paper and electronic repositories and weed out duplication. There is also the risk that a record was not created, was not kept, or cannot be found because of how it was named or where it was stored. • From 2006 to December 31, 2017, the Region dealt with 13 privacy complaints and 17 privacy breaches and the IPC issued 16 orders (all but 4 of which were issued under MFIPPA) to the Region. No orders were issued in several years during that period. |
| 5.6.2 | Corporate Privacy Office | <ul style="list-style-type: none"> • The volume and complexity of MFIPA/PHIPA requests (excluding PHIPA requests for the Health Department) has resulted in the delivery of minimal corporate privacy training. • A Corporate Privacy Office with an initial staff complement of 1 Manager and 1 Privacy Officer will be established in 2018 to "foster a culture of privacy within the organization" and "handle the creation and implementation of a comprehensive privacy management program". • Report # 2016-COW-42 regarding the establishment of the Corporate Privacy Office incorrectly states that the Corporate Privacy Office will be responsible for "providing leadership on information management policies and strategies, supporting Regional programs in their information management practices and ensuring appropriate public access to Regional records and information." That statement should be qualified to limit the leadership and support responsibilities to information management as it relates to access to information and privacy in order to eliminate conflicting responsibilities between this new office and the existing RIM Program. |
| 5.7 | Business Continuity | <ul style="list-style-type: none"> • The Records Management Procedures (Schedule D of by-law # 65-2017) require the Manager, RIM to "Ensure that reasonable measures are implemented to protect the Region's records from inadvertent destruction or damage, taking into account the nature of the record to be protected, including the creation of new classification codes and retention periods pending Council approval." • Most of the Region's vital records are identified in the CCS. • Vital records in electronic format are captured on back-ups; however, vital records in paper format are not protected. • CS-IT is responsible for the backup and recovery of the Region's electronic records. |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---------------------------------------|---|
| | | <ul style="list-style-type: none"> • Generally, incremental back-ups are run daily and full back-ups are performed weekly, monthly, quarterly, and annually. Back-ups are stored on a storage area network (SAN) and then run through a de-duplication process and written to tape. The tapes are stored off-site at a commercial record centre. • Generally, daily and weekly back-ups are kept for a month, monthly back-ups are kept for one year, and annual back-ups are kept for 7 years. The 7-year retention of annual back-ups conflicts with the RRS because many of the records that are kept for 7 years should have been disposed of much sooner. • The Region does not have a disaster recovery plan for records. |
| 5.8.1 | The Records Retention Schedule | <ul style="list-style-type: none"> • Records retention periods are included in the CCS, thus providing one document for determining both the classification and retention of a record. • The Official Record Holder is responsible for implementing the retention period (as listed in the 'Active Retention', 'Inactive Retention', and 'Total Retention' columns of the RRS) while any department/division which keeps a copy of the records may use the suggested 'Copy Retention' period. • While by-law # 65-2017 does not explicitly state that employees must keep records according the CCS, that inference can be deduced from the statement "The Corporate Classification Scheme as set forth on "Schedule A" attached to this by-law is hereby approved as the schedule establishing the retention periods and destruction schedule for the records as described therein." • Although it is RIM best practice for a RRS to be used to manage the retention of records in any media/format, the definitions of 'active retention' and 'inactive retention' in RIM Program training materials are appropriate only for paper records. • Staffing constraints have prevented a review of the complete citation table against the CCS for several years. The citation table requires revision to correct the noted deficiencies and the user-friendliness of the citation table should be improved. • A revised RRS is submitted for Council approval once per year (approximately); however, Council approval is not required for any revision which does not affect the retention of a record. • The RIM Program does not audit the use of or compliance with the RRS to manage the retention and disposition of records in electronic format or paper records not tracked in Versatile Enterprise. • Any audit of a department/division/program's use of or compliance with the RRS to manage the retention of active records would only be completed once at the end of a RIM Implementation Project. • RRC staff run Versatile Enterprise reports to identify and monitor inactive paper records which have exceeded their retention period due to a legal hold or other reason. |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|-------------------------------------|---|
| 5.8.2 | Records Retention Challenges | <ul style="list-style-type: none"> • Of the 80% of survey respondents who are aware that the CCS specifies how long records should be kept, 70% said they use the retention periods to determine if/when they can destroy/delete some (or all) of the records for which they are responsible. It is predominantly used to determine the retention of paper records. • Most survey respondents who use the CCS to determine retention periods agree it is easy to use. 58% of those respondents agree that they don't always know if/when the specified event occurred when an event is required before calculating retention. Only 45% of those respondents said they received adequate training in using the CCS to determine when to destroy/delete a record. • Of the survey respondents who do not keep records according to the RRS, the most commonly given reasons for non-use were 'other' (e.g. not the employee's responsibility to determine when to delete/ destroy records) and believing that the records they create/receive aren't listed in the RRS (tied at 29% each) followed by not knowing how to use the CCS to determine retention periods (28%). • Survey respondents who aren't aware that the CCS specifies how long to keep records or who don't use the retention periods reported using various methods to determine if/when to destroy/delete some (or all) records for which they're responsible. The most commonly cited methods are destroying/deleting records that they don't expect to need in the future (36%) followed by the following 3 methods, tied at 29% each: following retention rules established by their department/division/section/program, never destroying/deleting records for which they're responsible, and 'other' (e.g. let management decide). • Knowing how long to keep records is a challenge experienced by many survey respondents with respondents who experienced challenges in managing records ranking retention as their # 1 or # 2 challenge for paper records (68%), as their # 1 or # 2 challenge for e-mails (67%), and as their # 1 or # 2 challenge for electronic records (65%). • E-mail messages are automatically kept in the archive for 2,465 days (7 years less 90 days from active mailbox). E-mail policy # 14.13 directs employees to determine "which messages require a longer retention period to meet legal or other obligations and take the appropriate steps to protect such content (e.g. print or save outside the Email System)." Printing and filing copies of e-mails is inefficient and saving e-mails outside the e-mail system breaks a message's audit trail. Further, the arbitrary default 2,465-day retention period conflicts with the RRS. • E-mails moved to the trash (deleted items) folder are automatically deleted on the 91st day unless they are deleted sooner by the user. Items deleted or emptied from the trash are non-recoverable. • Electronic Communications Systems (policy # 14.10) requires CS-IT to delete upon management request "dormant accounts when authorized users are no longer employed or conduct business with the Region"; |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|---|--|
| | | <p>however, it does not appear that management often makes these requests given the sizeable number of inactive user accounts (2,443 disabled accounts as of October 20, 2017).</p> <ul style="list-style-type: none"> • Data Protection (policy # 14.20) which applies to “all electronically stored information owned and/or entrusted to the Region” is deficient with respect to the retention and disposition of data. • The following requirement in Data Protection (policy # 14.20) is neither enforceable nor feasible in the absence of a secure, controlled repository for managing electronically stored information: “Written management approval must be obtained for confidential and/or restricted information due for deletion or destruction”. |
| 5.8.3 | Records Transfer and Disposition | <ul style="list-style-type: none"> • A department/division/program which uses Versatile Enterprise is required to complete records transfer and disposition activities at least once per year, typically at the end of a calendar year or at the beginning of the next calendar year. Those activities are: a) hold release review and approval, b) box destruction review and approval, c) file destruction review and approval, and d) records transfer. • A department cannot transfer records until its prior year’s destruction reports have been approved. |
| 5.9 | Archival Records and Artefacts | <ul style="list-style-type: none"> • The Regional Archives includes both records and artefacts (e.g. the Durham County Council of England coat of arms presented to Regional Chairman Walter Beath in 1978). • The RIM Program has not developed an archives collection development or acquisition policy. • The RIM Program does not have an Archivist on staff and has not retained the services of a professional Archivist to identify the Region’s archival records. Records Analysts – in consultation with the Manager, RIM – identify records with archival value when proposing retention periods. • Records with archival value are identified as ‘Archival’ in the CCS. • Precautions are taken in the storage and handling of the archival records and artefacts kept in a designated area of the RRC. • The RIM Program has not been involved in the identification, collection, or storage of any artefacts (e.g. plaques from former Region buildings) which may be kept in a Works Department storage facility. • Donations to the Regional Archives are encouraged. It is not known whether the Region has a donation agreement. • The Regional Archives houses approximately 4,000 files/artefacts and 400 boxes of archival records. • 9 archival research requests were received from 2015 to date. |
| 6.1 | Business Systems Information | <ul style="list-style-type: none"> • The RIM Program recently developed this tool to assess the RIM and privacy provisions of proposed systems which will process or capture Region records. • It includes 22 assessment factors for any business system and 18 additional criteria for assessing a business |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|-----------------------------------|--|
| | Management Assessment Tool | <p>system that would use cloud type services to store or process Region records.</p> <ul style="list-style-type: none"> The Manager, RIM hopes that completion of the tool will become a mandatory step in the evaluation of proposed software/systems which will process or capture Region records. |
| 6.2 | Cloud Computing | <ul style="list-style-type: none"> Information Technology – Cloud Computing Review and Update (report # 2016-A-11) recommended the adoption of a ‘cloud-first’ strategy for all new and replacement IT initiatives (i.e. “if everything else is equal as between a cloud based solution and on-premises solution, then a cloud based solution would be preferred”). The Region plans to establish a Cloud Strategy Review Committee. Ergo recommends the Manager, RIM (and the Manager of the Corporate Privacy Office once that position has been filled) be appointed to the committee. |
| 6.3 | Document Imaging | <ul style="list-style-type: none"> Employees can image (scan) a paper document using a multi-function device, some departments/divisions/programs have standalone scanners, and a few engage an external service provider to scan paper documents. The RIM Program developed Best Practices for Document Imaging (Using Outside Scanning Vendor) to assist departments/divisions to plan for electronic document imaging using an outside scanning vendor, particularly where electronic images are intended to replace the paper source documents as the Region’s official record; however, RIM Program staff are concerned that documents are being imaged without their guidance and without internally-developed procedures that comply with national and international standards. Focus group participants reported that scanning is performed to improve the ease and speed of accessing documents and that paper documents are often kept after scanning is completed (e.g. because the paper document has a signature). |
| 6.4 | E-mail Archive | <ul style="list-style-type: none"> E-mail messages are automatically moved to the archive after 90 days. A user cannot delete a message or attachment from the archive. All messages and attachments are automatically deleted after 2,465 days (7 days less 90 days from active mailbox). The contents of the e-mail archive are indexed and searchable. Email (policy # 14.13) cautions that “messages in the archive may be made public as part of internal audits, judicial or other public disclosure proceedings.” 40 survey respondents requested improvements to the e-mail archive and 6 respondents recommended its discontinuation. The e-mail archive will be discontinued when Microsoft Exchange Online is implemented. All messages in the archive at that time will be moved to the new environment. |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|----------------------------------|--|
| 6.5 | Instant Messaging | <ul style="list-style-type: none"> • Email (policy # 14.13) prohibits the use of instant messaging for Region business except in emergency situations. • The Region's use of instant messaging is "not subject to message content filtering or message retention". |
| 6.6 | Intranet (The Insider) | <ul style="list-style-type: none"> • The Region's home-grown Intranet is not user-friendly from an administration perspective and does not have a content management system (CMS). • CS-IT posts new and updated content, ensures information is findable by providing links to content, and removes content when applicable. The Health Department performs those tasks for its content. • There is no policy for the retention of information/records on the Intranet. • Removed content (except PDF files) is 'hidden' or 'unpublished'; however, authorized individuals can access removed content from the back-ups. • Ergo did not receive any documentation describing the Intranet's purpose or the types of information to be posted on the site. • It appears that the Intranet is primarily an information sharing tool (e.g. provide information about Region events), a place to access Region information of common interest (e.g. the corporate policies, forms, and job postings), and a gateway to various applications (e.g. Works Department employees access a time reporting tool through the Intranet). It is also home to the very popular swap shop. • The Intranet receives hundreds of daily 'hits' because it is the default Internet homepage on every Region computer; however, the hits don't necessarily indicate use because many employees may be using the Intranet simply as a springboard to the public Internet. |
| 6.7 | Microsoft Exchange Online | <ul style="list-style-type: none"> • The Region plans to migrate to the hosted Microsoft Exchange Online application. Employees will continue to have access to e-mail, calendar, contacts, and tasks. • Microsoft Exchange Online allows significantly larger mailboxes (100 GB is possible). • It may allow larger attachments to be sent or received (the current limit is 10 MB externally and 15 MB internally), although the ability of an external party to receive a large attachment from the Region will depend on the functionality of that party's e-mail software. |
| 6.8 | Microsoft SharePoint | <ul style="list-style-type: none"> • The Region's use of Microsoft SharePoint is limited to 3 departments/divisions/programs (CS-IT, Finance Department, and Planning and Economic Development) and its use is not being expanded to additional areas at this time. • Microsoft SharePoint is the basis of 2 Region applications, one for immigration and another for transit. • A couple of focus group participants use it and two survey respondents suggested its implementation as a RIM/EIM improvement. |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|----------------------|---|
| 6.9 | Open Data | <ul style="list-style-type: none"> • The Region has an open data policy. • The Regional Clerk/Director of Legislative Services and the CIO (or their delegates) are the corporate leads for open data awareness, training, and issue resolution. • Department Heads are responsible for providing final approval of the release of datasets for publication and for ensuring the preservation of and access to all datasets. • An Open Data Team is being established. The Manager, RIM is a member of the team. |
| 6.10 | Social Media Content | <ul style="list-style-type: none"> • Corporate Communications Office uses Facebook, Twitter, and LinkedIn and sometimes posts videos to YouTube. Health Department uses Facebook, Twitter, and YouTube plus Instagram and Pinterest. • Most, if not all, of the content that the Region posts to its social media channels originates from news releases, public service announcements, or content posted on durham.ca and the Region links back to originating content where possible. • During an emergency or an emerging issue (e.g. a watermain break affecting a major intersection), as-it-happens updates approved for sharing by program staff are posted (usually to Facebook and Twitter). • Social Media Policy (policy # 2.11) applies to all departments. Departments not serviced by the Corporate Communications Office are authorized to develop their own protocols for using social media within their program areas provided those protocols are consistent with the policy. • The policy recognizes that “Social media posts can be deemed to be a record of The Regional Municipality of Durham, requiring their retention pursuant to the Records Retention By-law” and directs Social Media Coordinators and Social Media Program Moderators to keep “appropriate records”. • The protocols do not require that a record be kept of any content which has been removed • The Region does not have the technology to capture its social media content as it appeared on a social media channel; therefore, the Region must rely on continued access to its social media accounts (access is at the discretion of the social media channel provider) and is subject to any retention periods which a social media channel provider may arbitrarily establish or change over time. |
| 6.11 | Versatile Enterprise | <ul style="list-style-type: none"> • The RIM Program uses Versatile Enterprise to manage the Region’s paper records from creation to final disposition and to manage inactive records (transfer, charge-out, and destruction) in the RRC or at a commercial record centre. • It is used by 9 departments and 41 divisions to track 15,950 boxes of records and 746,563 files (both active and inactive files). • There are 339 active users and 34 additional users of Versatile Web Enterprise (a web application for users who |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|--|---|
| | | <p>only need to search for and request the retrieval of inactive records).</p> <ul style="list-style-type: none"> • Pre-populated pick lists are programmed for each department/division/program to enable staff to more quickly access the Record Series Codes for which the area is responsible. • Some departments/divisions/programs log files into Versatile Enterprise immediately prior to transferring the files to inactive storage, citing a lack of staff time to do so at the time of file creation. This is a specious explanation for not using Versatile Enterprise from the beginning of a file's lifecycle because a department/division/program presumably expends staff time to otherwise set-up and label the files (e.g. create and affix word-processed file folder labels) at file creation. • The RIM Program has not purchased any of the additional Versatile Enterprise modules. |
| 6.12 | Website Content durham.ca | <ul style="list-style-type: none"> • The new website has approximately 460 pages (down from 4,000+ pages), each of which has an expiry date to ensure content is periodically reviewed and either refreshed or deleted. It is not known whether there is any connection between the expiry dates and the retention periods in the RRS. • Designated department/division employees post draft content (except for the Health Department) for review and approval by the Corporate Communications Office prior to its publication. The Health Department reviews, approves, and posts its own content. • Some of the Region's website content is original, existing only on the website. Other content is extracted from or distilled from existing documents. Some content is the publication of a document which resides in a department (e.g. Council minutes maintained by CS-LS). • Removed content is 'hidden' or 'unpublished'; however, authorized individuals can access the removed content from the back-ups. • The Region does not capture screenshots of the website; therefore, the Region would be unable to reproduce an exact image of specific content as it appeared on the site on a specific day unless the requested content had been captured by the third-party Internet Archive Wayback machine (it saved content at durham.ca 446 times from December 23, 2007 to December 15, 2017). |
| 6.13 | ZyIMAGE | <ul style="list-style-type: none"> • ZyIMAGE is a text search and retrieval software application available through the Region's Intranet. • It is used to search for and retrieve by-laws, Council and committee reports and minutes, and official plan amendments. Documents can be searched by folders, words, or fields. • Several survey respondents and focus group participants said the system is difficult to search. • There is an online user manual and 'how to' tutorials, and a Records Analyst provides training on an as needed basis. |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Report Section Number | Report Section Name | Key Findings |
|-----------------------|--|---|
| 6.14 | Technologies Not Used by the Region | The Region does not currently use the following technologies which facilitate or support recordkeeping: <ul style="list-style-type: none">• Document Collaboration.• Electronic (Digital) Signatures.• Enterprise Content Management (ECM).• Workflow. |

2. Scope and Methodology

Ergo Information Management Consulting (Ergo) was engaged to a) review and assess the Region's Records & Information Management (RIM) Program and its enterprise information management⁶ (EIM) practices and b) develop a EIM strategy which will outline recommendations and deliverables necessary for managing the Region's corporate information. The Region intends to introduce the EIM Strategy over 5 years.

This engagement included the lifecycle⁷ management of the recorded information created/received and maintained by Region departments (CAO's Office, Corporate Services, Finance, Health, Planning and Economic Development, Social Services, Transit, and Works)⁸. The following formats of recorded information were in scope.

- a) Paper
 - Active records at desks/in offices at the Region's facilities.
 - Inactive records in the on-site Records Retention Centre (RRC) or the off-site commercial record centre.
 - Archival (historical) records in the RRC.
- b) Unstructured electronic files (e.g. word-processed documents, spreadsheets, PDFs, etc.) in the following locations:
 - Personal network drives.
 - Shared network drives.
 - Portable electronic storage such as USBs, CDs, etc.
 - Intranet (the Insider).
 - Stored on and/or accessed using mobile devices such as smartphones.
- c) E-mail messages and their attachments in the Region's e-mail system, including the e-mail archive.
- d) Public/external website content at durham.ca.
- e) Social media content.

Ergo completed the following activities to gather the data required to prepare the RIM Program and EIM Practices Assessment Report:

⁶ Information management (IM) is the field of management responsible for establishing and implementing policies, systems, and procedures to create/capture, distribute, access, use, store, secure, retrieve, and ensure disposition of an organization's records and information while meeting business needs and in compliance with applicable legislated/regulatory requirements.

⁷ The lifecycle runs from the time records/information are created or received by the Region until they are disposed of. The lifecycle includes all activities/processes necessary for managing the records/information (e.g. organization/classification/file naming, storage, security, retention and disposition, etc.).

⁸ For clarity, this engagement did not include the recorded information created or received and kept by Region agencies, boards, or commissions or Durham Regional Police Service.

- a) Reviewed Region-supplied documentation/data about the Region, the RIM Program, and EIM practices.
- b) Interviewed 8 subject matter experts (SMEs) from IT, legal, privacy, RIM, corporate policy and strategy, and the administration of the Internet, Intranet, and the Region's social media channels.
- c) Conducted a focus group with 5 of the RIM Program employees to discuss RIM Program services, identify any challenges, constraints or risks in RIM Program operations, and obtain their perspective on the Region's EIM practices.
- d) Conducted focus groups with 37 employees selected by Department Heads to identify departmental challenges, constraints, or risks in managing the in-scope information.
- e) Conducted an online survey to capture high-level data about EIM practices and RIM awareness and to identify any unmet RIM needs.

See Appendix 4 for a list of the Region-supplied documentation/data reviewed by Ergo. See Appendix 3 for the interview objectives and a list of the SMEs and focus group participants. See also Appendix 3 for the survey distribution methods and respondent demographics.

The RIM Program and EIM Practices Assessment Report documents Ergo's findings and provides an assessment of the Region's RIM Program and EIM practices. It also benchmarks the Region's RIM Program against the Generally Accepted Recordkeeping Principles® and the Information Governance Maturity Model.

Ergo will prepare the EIM Strategy after the Region's Project Team has reviewed and validated this report. The Project Team members are:

- Don Beaton, Commissioner of Corporate Services
- Jason Hunt, Director of Legal Services
- Jackie Nielsen⁹, Manager, Records and Information Management
- Ralph Walton, Regional Clerk/Director of Legislative Services

⁹ Ms. Nielsen is also the Region's Project Manager for this engagement.

3. Organizational Factors

An EIM Strategy should take into consideration an organization's vision, mission, values, and strategic plan and the legislated/regulatory requirements that apply to the management of the organization's information. This section provides background information that will be considered when the EIM Strategy is developed. It also illustrates the connections between information management and the Region's Strategic Plan and several of the principles which support the Region's corporate values.

3.1 The Region's Vision, Mission, and Corporate Values

Below are the Region's vision, mission, and corporate values, as excerpted from the 2015 – 2019 Durham Region Strategic Plan.

Vision

“Durham Region will be a united group of vibrant and diverse communities recognized for their leadership, community spirit and exceptional quality of life.”

Mission

“Meeting the current and future needs of the Durham community through leadership, co-operation, innovation and service excellence.”

Corporate Values

“Ethical Leadership: We demonstrate integrity and vision, providing the organization with good governance and management.”

“Accountability: We respond to the changing needs of residents and other organizations by providing transparent government within a framework of financial stability.”

“Service Excellence: We encourage professional excellence through collaboration, partnerships and teamwork in an environment that fosters trust and respect.”

“Continuous Learning and Improvement: We support life-long learning and commitment to innovation, research, knowledge exchange and ongoing program evaluation.”

“Inclusion: We provide an accessible, inclusive environment that values the diversity of our staff and the community.”

As stated in the Employee Code of Conduct (no policy number), the Region has established 5 principles in support of the corporate values. Those principles are respect, integrity,

transparency, accountability, and health and safety. Some of the actions employees are to take (or not take) when adhering to three of those principles pertain to information or to a topic in this report. Those actions, as excerpted from the Employee Code of Conduct, are listed under the corresponding principle in Figure 5.

Figure 5 – RIM/EIM and Selected Principles in the Employee Code of Conduct

| Principle | Employees Must ... |
|------------------------------|--|
| Respect ¹⁰ | “Handle sensitive and confidential information with care and disclose only in accordance with the Municipal Freedom of Information and Protection of Privacy Act (“MFIPPA”) and the Personal Health Information Protection Act (“PHIPA”).” |
| | “Be honest, polite and courteous when interacting with members of the public, Council and co-workers, whether such interactions are in person, over the telephone or electronically.” |
| Integrity | “Safeguard Regional information that is proprietary, technical, business, financial, personal, or any other information that requires confidentiality.” |
| Transparency | “Abide by policies and collective agreements that apply to such things as records of Regional decisions, the retention of records and freedom of information.” |
| | “Understand that, over time, circumstances can change and we may be required to disclose applicable information again.” |
| | “Collect, use and disclose personal information in accordance with all requirements as set out in the Privacy Act.” |

The connection between the EIM Strategy and the Region’s Strategic Plan and corporate values is reinforced by the following statements in the CAO’s e-mail message to ‘AllRegionalStaff’ about the EIM survey:

“The Region of Durham is focused on fostering an open, transparent, accountable and participatory government founded on service excellence. To continue providing this to our clients, the Region is developing an Enterprise Information Management (EIM) Strategy, which will be rolled-out over the next five years. The EIM Strategy will outline recommendations for improvements to our current information management policies, practices and identify next steps to ensure we can effectively manage all corporate information.

The first objective of the Strategy is to assess the current Records and Information Management (RIM) program and determine departmental EIM awareness . . . I encourage staff to complete the survey, as your input will help us understand current EIM practices and awareness among our employees, and help us identify any unmet EIM needs within our business units. Your responses will be reviewed/considered throughout the development of the strategy.”

¹⁰ Employees are instructed to not engage in this activity: “Manipulate, falsify, alter or amend documents, information or records for fraudulent purposes.”

3.2 The Region's Strategic Plan

The 2015 – 2019 Durham Region Strategic Plan (Strategic Plan) describes itself as “a critical document used to set priorities, focus the efforts of staff, and strengthen our operations. The strategic plan provides direction to ensure that we, as the Region of Durham, are working towards a shared vision, mission, common goals, and intended results, while enabling our staff to assess and adjust our organization’s response to a changing environment. It identifies where we are going as a Region, how we will get there, and how we will measure success . . . Our long term success at the Region lies in our ability to think strategically, plan effectively and deliver results. The strategic plan provides a foundation for establishing Council priorities, the annual budget as well as program and operational plans.”

The Strategic Plan sets out goals based on four themes that include the programs and services delivered by the Region as shown in Figure 6.

Figure 6 – The Four Themes in the Region's Strategic Plan



An EIM Strategy has a greater likelihood of success if it builds upon and is aligned with an organization’s overall strategic goals. The Region’s Strategic Plan specifically calls out the need to align other Regional plans with the Strategic Plan: “As a key foundational document establishing long-term strategic direction for the Region, we will ensure that other Regional plans are closely aligned with the strategic plan, and we will look to establish these connections wherever possible.”

As listed in Figure 7, there are several linkages between the topics addressed in this report and the Region’s Strategic Plan and key strategic directions.

Figure 7 – RIM/EIM Linkages to the Region’s Strategic Plan

| Goal in the 2015 – 2019 Durham Region Strategic Plan | RIM/EIM Linkage |
|--|---|
| B.7: “Celebrate cultural diversity, heritage, the arts and our unique histories to strengthen local neighbourhoods and community cohesion” | The RIM Program has completed some work to identify and preserve the Region’s archival records. See Section 5.9 of this report for more information. |
| D.1: “Deliver Regional services in a financially prudent and sustainable manner” | Eliminating inefficiencies and duplicated efforts in managing information would support the achievement of this goal. |
| D.2: “Foster awareness of Regional programs and services” | Increased communications and training would expand awareness (and use) of RIM Program services. |
| D.3: “Improve communications and collaboration across the region and in particular with local municipalities” | The implementation of technology for real-time, electronic collaboration (e.g. several employees contributing to the writing of a report) would facilitate and expedite collaboration within and across Region departments. |
| D.5: “Demonstrate accountability and transparency by measuring performance and reporting on results” | The introduction of performance metrics would allow the Region to begin measuring and reporting on EIM performance. |
| D.6: “Invest in the organization by attracting and retaining a skilled and diverse workforce” | Overcoming the challenge of attracting suitably skilled and experienced Records Analysts would support the achievement of this goal. |
| D.7: “Focus resources on continuous improvement and innovation” | The implementation of RIM/EIM improvements would support the achievement of this goal. |

Beginning in 2018, the Region will begin a 1-year trial of a cloud-based software tool that will provide a dashboard for tracking and reporting on key performance indicators (KPIs) in the Strategic Plan. Should the pilot prove successful, it may be possible for the RIM Program to use that software to track KPIs for RIM/EIM.

3.3 Legislated/Regulatory Requirements for Managing Information

Various laws govern the Region’s delivery of services/programs. Many of those laws (or their regulations) also specify requirements for creating and managing records of those services/programs. For example, the Region – as a licensee of long-term care homes – is required under s. 6(1) of the Long-Term Care Homes Act, 2007 (S.O. 2007, c. 8) to “ensure that there is a written plan of care for each resident that sets out, (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident.” In addition, three acts specify over-arching requirements for managing the records in the Region’s custody or control, as summarized below.

Municipal Act, 2001 (S.O. 2001, c. 25)

The Municipal Act, 2001 defines a 'record' as "information however recorded or stored, whether in printed form, on film, by electronic means or otherwise, and includes documents, financial statements, minutes, accounts, correspondence, memoranda, plans, maps, drawings, photographs and films; ("document")" (s. 1(1)). Therefore, the requirements for managing records apply not only to records in paper/hard copy format and more traditional electronic formats such as word-processed documents and e-mails but also to records in newer electronic formats such as website content and social media content (e.g. tweets, YouTube videos, Facebook posts, etc.).

A municipality is required to manage its records as follows:

1. Allow, subject to MFIPPA and at all reasonable times, inspection of the records¹¹ under the control of the clerk (s. 253(1)).
2. Provide within a reasonable time, and upon request and payment of the applicable fee, a certified copy under the municipality's seal of any record referred to in subsection 253(1) above (s. 253(2)).
3. Retain and preserve the records of the municipality (and its local boards) in a secure and accessible manner (s. 254(1)).
4. May destroy a record if a retention period for the record has been established and the retention period has expired, or the record is a copy of the original record (s. 255(2)).
5. May establish retention periods during which the municipality's records (and those of its local boards) must be retained and preserved in accordance with section 254 (s. 255(3))¹².

A municipality may also enter into an agreement for archival services with respect to the records it is required to retain and preserve (s. 254(3)). Any records transferred under such an agreement remain – for the purposes of MFIPPA – under the municipality's ownership and control (s. 254(4)) while s. 254(6) requires the municipality to ensure the transferred records are kept and preserved "in a secure and accessible manner" (s. 254(5)).¹³

¹¹ Those records are: "(a) by-laws and resolutions of the municipality and of its local boards; (b) minutes and proceedings of regular, special or committee meetings of the council or local board, whether the minutes and proceedings have been adopted or not; (c) records considered at a meeting, except those records considered during that part of a meeting that was closed to the public; (d) the records of the council; and (e) statements of remuneration and expenses prepared under section 284." (s. 253(1))

¹² Until May 30, 2017, s. 255(3) read as follows (bold, italicized, and underlined text has been added for emphasis): "A municipality may, ***subject to the approval of the municipal auditor***, establish retention periods during which the records of the municipality and local boards of the municipality must be retained and preserved in accordance with section 254." Although the municipal auditor's approval is no longer required, Region by-law # 65-2017 which was read and passed by Council on November 8, 2017 states the following: "WHEREAS in accordance with Subsection 255(3) a municipality may, subject to the approval of the municipal auditor, establish retention periods during which the records of the municipality and local boards of the municipality must be retained and preserved in accordance with section 254. 2001, c. 25, s. 255 (3)." The auditor did not, however, sign the by-law.

¹³ As stated in s. 254(9), "the requirement to retain and preserve records in an accessible manner means that the records can be retrieved within a reasonable time and that the records are in a format that allows the content of the records to be readily ascertained by a person inspecting the records."

The Municipal Act, 2001 also sets out requirements for the accountability and transparency of a municipality and its operations. Therefore, the records management, accountability, and transparency requirements in that Act, coupled with complaints processes, ombudsman oversight, and MFIPPA and PHIPA requirements (as discussed below), result in an environment in which both regulation and public expectation requires the Region to be able to locate and provide information in a timely fashion subject to any allowable exemptions such as those under MFIPPA regarding the release of specified types of information.

Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990, c. M.56)

Like the Municipal Act, 2001, the definition of a 'record' in MFIPPA is media-independent. MFIPPA defines a 'record' as:

“any record of information however recorded, whether in printed form, on film, by electronic means or otherwise, and includes, (a) correspondence, a memorandum, a book, a plan, a map, a drawing, a diagram, a pictorial or graphic work, a photograph, a film, a microfilm, a sound recording, a videotape, a machine readable record, any other documentary material, regardless of physical form or characteristics, and any copy thereof, and (b) subject to the regulations, any record that is capable of being produced from a machine readable record under the control of an institution by means of computer hardware and software or any other information storage equipment and technical expertise normally used by the institution; (“document”).
(s. 2(1))

The Region's draft Access and Privacy Manual expands on this definition as follows: “The definition of record is very broad and includes virtually every form of information held by the Region. The definition is not restricted to actual physical documents, but can include email, voicemail messages, text messages, social media posts, etc. Handwritten notes or other notations on records form a part of the record. Working copies and drafts of reports and letters are also records and all are subject to the Act if they exist . . . if the Region places its records in an archive, either its own archive or the archive of another institution, these records are subject to the Act.”

Part I of MFIPPA addresses freedom of information (access to records, exemptions, access procedures, and information to be published or available), Part II governs the protection of personal privacy (collection, use, disclosure, and retention of personal information as well as personal information banks and the rights of access and correction), Part III describes the appeal process, and Part IV covers general matters such as fees and the Commissioner's powers and duties. Subject to s. 48(2), every person who contravenes s. 48(1) of the Act is guilty of an offence and liable, on conviction, to a fine not exceeding \$5,000.

There is a correlation between good RIM practices and meeting access to information obligations. In the words of Dr. Ann Cavoukian, Ontario's previous Information and Privacy Commissioner:

“poor records management can impede the public’s right to access important government-held information. In particular, a failure by government institutions to adhere to proper records management practices can have an adverse effect on the ability of individuals to scrutinize the activities of public bodies and to obtain information that is crucial to exercising their fundamental rights”¹⁴

“Good records management is an essential pillar that supports the FOI process in Ontario. The public’s statutory right to access government-held information cannot be fulfilled unless public servants properly document government programs and activities and maintain records in a well-organized manner.”¹⁵

The following recent amendments strengthened that relationship by requiring the preservation of records and expanding the list of offences under MFIPPA to include the alteration, concealment, or destruction of records.

- a) “Every head of an institution shall ensure that reasonable measures respecting the records in the custody or under the control of the institution are developed, documented and put into place to preserve the records in accordance with any recordkeeping or records retention requirements, rules or policies, whether established under an Act or otherwise, that apply to the institution.” (s. 4.1)
- b) “No person shall . . . alter, conceal or destroy a record, or cause any other person to do so, with the intention of denying a right under this Act to access the record or the information contained in the record”. (s. 48(1)(c.1))

Personal Health Information Protection Act, 2004 (S.O. 2004, c. 3)

The purposes of the Personal Health Information Protection Act, 2004 (PHIPA) are:

- a) “to establish rules for the collection, use and disclosure of personal health information about individuals that protect the confidentiality of that information and the privacy of individuals with respect to that information, while facilitating the effective provision of health care;
- b) to provide individuals with a right of access to personal health information about themselves, subject to limited and specific exceptions set out in this Act;
- c) to provide individuals with a right to require the correction or amendment of personal health information about themselves, subject to limited and specific exceptions set out in this Act;
- d) to provide for independent review and resolution of complaints with respect to personal health information; and
- e) to provide effective remedies for contraventions of this Act.” (s. 1)

¹⁴ Information and Privacy Commissioner/Ontario (2003), *Electronic Records and Document Management Systems: A New Tool for Enhancing the Public’s Right to Access Government-Held Information?*, p. 1.

¹⁵ *Ibid*, p. 2.

S. 2 of the act defines a 'record' as "a record of information in any form or in any medium, whether in written, printed, photographic or electronic form or otherwise, but does not include a computer program or other mechanism that can produce a record". S. 4(1) defines 'personal health information', subject to subsections (3) and (4), as "identifying information about an individual in oral or recorded form, if the information,

- a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
- b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,
- c) is a plan of service within the meaning of the *Home Care and Community Services Act, 1994* for the individual,
- d) relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual,
- e) relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
- f) is the individual's health number, or
- g) identifies an individual's substitute decision-maker."

Part II of PHIPA addresses practices to protect personal health information such as accuracy and the handling of records, Part III deals with consent concerning personal information, Part IV specifies general limitations and requirements for the collection, use, and disclosure of personal information, and Part V deals with access to and correction of records of personal health information. Part V.1 – which will come into effect on a day to be named by proclamation of the Lieutenant Governor – addresses electronic health records. Part VI deals with the Act's administration and enforcement, including complaints, reviews, inspections, and the Commissioner's powers. Under s. 72(2), a person guilty of an offence under s. 72(1) of the Act is liable, on conviction, to a fine of not more than \$100,00 (if the person is a natural person) or to a fine of not more than \$500,000 (if the person is not a natural person).

4. The RIM Program

This section describes the RIM Program's governance, vision and mission, policy, procedures, manuals, and guidelines. It also describes the RIM Program's staffing and services.

The RIM Program was established in 1995. The first Manager, RIM and the initial complement of Records Analysts were hired in 1996.

4.1 RIM Program Governance

The 'RIM Program Definition – Responsibilities' section of the RIM Manual refers to the Head (Regional Chair), Chief Administrative Officer, and Regional Clerk and directs the reader to "See the *Municipal Act, 2001 – Part VI, Practices and Procedures, Municipal Organization and Administration, Sections 224-229* for responsibilities" (s. 2.01). It is not user-friendly to require the reader to reference a separate document (in this case, a statute) and confusion or uncertainty may arise in the absence of clearly stated RIM/EIM responsibilities within the manual.

The RIM Program is part of the Legislative Services Division of the Corporate Services Department (CS-LS) and, as such, reports to the Regional Clerk/Director of Legislative Services. The tradition of a RIM Program reporting to a municipal Clerk evolved from the Clerk's responsibilities under s. 253(1) of the Municipal Act, 2001 for managing and providing access to specific records under his/her control (i.e. the by-laws and resolutions of the municipality and of its local boards; minutes and proceedings of regular, special or committee meetings of the council or local board; records considered at a meeting except for records considered during any part of a meeting that was closed to the public; the records of the council; and statements of remuneration and expenses prepared under s. 284 of the act). The Manager, RIM is responsible for the RIM Program's day-to-day operations.

As discussed in Section 5.6 of this report, the 'head' of an institution under MFIPPA is responsible for decisions made under MFIPPA by the institution and for overseeing the administration of that Act within the institution. At the Region, a Council by-law designated the Regional Chair as Head of the Institution. In turn, the Regional Chair has designated the Regional Clerk as the MFIPPA Coordinator to address all matters with respect to MFIPPA. An amendment to MFIPPA effective January 1, 2016 created a statutory obligation requiring the head of an institution to ensure that 'reasonable measures' respecting the records in the institution's custody or control are developed, documented, and put into place to preserve the records.

Unlike other Ontario municipalities, the Region has not established a RIM/EIM advisory, steering, or oversight committee.

4.2 RIM Program Vision and Mission

Below are the vision and mission of the RIM Program, as excerpted from the RIM Program brochure.

Vision

“A dedicated team of professionals leading the way in Information Management (IM) governance, best practices and service excellence.”

Mission

“To promote and provide Information Management (IM) best practices to our customers for informed business decision making.”

4.3 RIM Program Policy, Procedures, Manuals, and Guidelines

This section describes the RIM Program’s policy, procedures, manuals, and guidelines.

4.3.1 RIM Program Policy

Unlike most municipal governments or other organizations which have a RIM Program, the Region does not have an approved RIM policy¹⁶. A RIM policy typically establishes a corporate RIM Program, defines an organization’s requirements for managing recorded information throughout its lifecycle, assigns RIM accountabilities and responsibilities, and requires that employees be made aware of their role and responsibilities for managing information/records. The latter requirement is in keeping with several existing Region policies which have a RIM connection (e.g. Removable Media policy # 14.12, s. 5.02 requires management to ensure “their staff is aware of their role and responsibilities in the secure use of removable electronic media.”)

A RIM policy also typically requires all employees to be trained in the policy and in managing records. Such a requirement would be in keeping with similar requirements in existing Region policies such as the Electronic Communications policy # 14.10, s. 7.02 which requires HR to ensure “new employees are aware of the Policy and are provided with a policy overview as part of the on-boarding process” and s. 7.03 which requires management to ensure that “their authorized users are aware of and comply with the Policy and any other related policies”.

Requirements for auditing compliance and penalties for non-compliance are also typically included in a RIM policy. Establishing penalties for non-compliance with the RIM policy would be in keeping with the penalties for non-compliance in existing Region policies such as the Social Media policy # 2.11 which states “Regional employees who fail to comply with this policy

¹⁶ Ergo did not review the draft policy which the Manager, RIM developed after Ergo had completed its documentation review in fall 2017.

will be subject to discipline, up to and including termination of employment. Employees will also be subject to civil or criminal penalties depending on the violation of this policy, if applicable. Misuse of social media should be reported to Corporate Services – Human Resources” (s. 11). Similarly, the E-mail policy # 14.13 requires authorized users¹⁷ of the Region’s e-mail system to re-affirm “their understanding of this policy through online acceptance of a compliance statement included in the network pop-up message during the system login procedure complying with this policy and understanding that non-compliance may result in disciplinary action up to and including termination of employment, association, or contract” (s. 5.04).

The ‘RIM Program Definition – Policy Statement’ section of the RIM Manual states, “The RIM policy of the Region is to provide:

- a) Record keeping systems and services that efficiently maintain and retrieve information.
- b) Efficient and prompt disposal of records when their administrative, operational, and legal values have ceased and all requirements of the Region’s Records Retention By-law and Schedule A of the by-law which is our CCS (03-01-02)¹⁸ have been met, while preserving those records of enduring value to the Region.
- c) Efficient development and use of alternative storage media to provide (alternative) information technology solutions to assist departments in managing their information.
- d) RIM input into the planning and development of systems designed to enhance information management.
- e) Standard types of equipment and supplies utilized in the maintaining of records (04-01-02).
- f) Storage and retrieval of inactive records (07-01-04).
- g) Specific protection to confidential, vital and archival records (01-02-01).
- h) Ongoing training of staff involved in delivering and using the [RIM] program.
- i) The transfer of those records of enduring value (archival/historical/vital) to the RRC or to a secure location (07-01-03).” (s. 3.01)

It is incorrect to label this list as ‘policy’. Instead, it is a list of the services provided by the RIM Program. Similarly, as shown below, the statements under ‘File Management Policy’, ‘Operation of Inactive Record Storage Facility Policy’, and ‘Records Retention Schedule Policy’ in the section of the RIM Manual cited above are descriptions of services and not policy statements.

“The Files Management policy of the Region is to:

- a) Provide a logical and systematic classification scheme for the arrangement of active records in groups or categories.
- b) Provide methods of identification so that records can be retrieved quickly when needed.

¹⁷ An authorized user may be an employee, vendor, contractor, consultant, or external individual.

¹⁸ This (and similar instances in the list) is a reference to a section in the RIM Manual.

c) Design various types of file controls such as out cards and cross-referencing systems to ensure effective control and security over Regional records.” (s. 5.01)
“The Inactive Records Storage policy of the Region is to use a storage facility to provide low cost maintenance of inactive records.” (s. 6.01)

“The Records Retention Schedule policy of the Region is to use the CCS to purge inactive records from departments to inactive storage, and their subsequent destruction or transfer of archival records to a secure location.” (s. 7.01)

The RIM Program is responsible for two corporate policies:

1. The Corporate Classification Scheme (CCS) which has been approved by Council as by-law # 65-2017, a by-law to establish retention periods for the Region’s records. See Section 5.2.1 of this report for information on the records classification aspects of the CCS and Section 5.8.1 for information on its records retention aspects.
2. The Personal Information Privacy Policy¹⁹ informs Region employees and the public of their rights and obligations under MFIPPA and PHIPA. The policy “describes the when, how and the purposes for which The Regional Municipality of Durham routinely collects, uses, modifies, discloses, retains or disposes of personal information and personal health information and the administrative, technical and physical safeguards and practices that The Regional Municipality of Durham maintains with respect to this information.” (p. 1). Consequently, the policy “is intended to constitute the general information practices of The Regional Municipality of Durham and its health information custodians, subject to more specific policies and procedures which may be developed at the departmental or health information custodian level.” (p. 1) The policy includes a schedule which lists the Departmental Coordinators for MFIPPA and/or PHIPA and the Region’s Health Information Custodians under PHIPA. A second schedule lists the purposes for which the Region collects personal information.

As discussed elsewhere in this report, some Region policies for which other departments are responsible contain direction on or references to managing records. In most cases, the Manager, RIM was not consulted during the development of those policies and this has resulted in definition inconsistencies and conflicts with the CCS and RIM best practices. The Manager, RIM has also found it challenging to secure RIM-related revisions to existing policies or procedures for which CS-LS is not responsible. For example, in March of this year, the Manager, RIM proposed revisions to address RIM in the Email policy # 14.13, Electronic Communication Systems policy # 14.10, Electronic Communications Systems – Policy Standards and Guidelines, and Electronic Communications Systems Policy Compliance Form (the form that an employee signs to attest his/her compliance with the policy). None of those revisions were incorporated in the policies/documents which were approved in May 2017. The

¹⁹ A draft revised policy was prepared in 2015 to remove the incorrect statement that the Regional Chair is the head of the institution for PHIPA because that law, unlike MFIPPA, does not contain a head of the institution requirement. Because there is some discrepancy around internal roles, the draft revised policy has not yet been approved.

Manager, RIM also proposed revisions to address RIM in the Manager Offboarding Checklist, Employee Offboarding Checklist, and Knowledge Transfer Template (e.g. requiring supervisors/managers to ensure a departing employee saves official records (including e-mail) prior to his/her departure by either printing and filing the records or storing them on the appropriate network drive); however, the Manager's proposed revisions were not incorporated. Further, the Manager, RIM has not been successful in securing the development of a process to ensure records are appropriately managed upon an employee's termination. The need for such a process to ensure the appropriate processing and disposition of records is highlighted by the Region's 2,443 disabled user accounts within the profiled active directory domains, as shown in the 2017 Data Inventory Report.

Definitions are an integral part of any policy. They are necessary for ensuring common understanding and, therefore, support compliance efforts. As shown in Appendix 2, some RIM Program documents define the same term in different ways (e.g. there are 3 definitions for 'archival record' and 2 definitions for 'disposition' in various RIM Program documents). Differing definitions of RIM terms are also included in some policies and other documents for which other departments are responsible (e.g. the definition for 'official record' in the Electronic Communications Systems – Policy Standards and Guidelines does not match either definition of 'official record' in various RIM Program documents). Similarly, the RIM Program takes a broader view of 'enterprise information management' than the Open Data policy # 14.22 which defines that term in the context of information created from data²⁰. Before developing any new RIM policies or revising existing policies or other documents in which RIM/RIM-related terms are defined, it would be advisable to develop one, authoritative list to standardize the definition of each term.

4.3.2 RIM Program Procedures and Manuals

The RIM Program has developed several procedures or manuals.

- a) The RIM Manual²¹ provides information about the RIM Program (e.g. responsibilities), equipment and supplies for paper records, the use of Versatile Enterprise (e.g. how to create a file), the management of inactive records and RRC services, and records disposition. The manual also provides tools for using the CCS and a copy of the CCS. The RIM Manual is currently under review.
- b) The Directory of Records and Personal Information Banks describes the 'general' records (i.e. records common to some or all departments) and the 'personal information banks'²² (PIBs) maintained by the Region. The following information is provided for each

²⁰ The policy defines 'enterprise information management' as "a set of business processes, disciplines and practices used to manage the information created from an organization's data" (s. 3).

²¹ It is a requirement of the RIM Manual to have a RIM Manual (s. 2.01 in the 'RIM Program Definition – Statistics – Reporting' section of the manual).

²² MFIPPA defines a 'personal information bank' as "a collection of personal information that is organized and capable of being retrieved using an individual's name or an identifying number or particular assigned to the individual". The Act defines 'personal information' as "recorded information about an identifiable individual" (s. 2). Examples of personal information include, but are not limited to, information about an individual's race or religion, an

personal information bank: legal authority to collect the information, description of the information that is maintained, description of how the information is used and by whom, description of the individuals in the bank, and the retention and disposal requirements for the information as stated in the Region's Records Retention Schedule. The creation and maintenance of this directory is required under MFIPPA and by the Region's RIM Manual.

- c) The draft Access and Privacy Manual was developed to assist Region staff "to interpret and administer the [MFIPPA] legislation . . . [and] serve as a practical guide in carrying out the requirements of the legislation." It contains four sections: Introduction to the Act, Administration of the Act, Access Procedures, and Privacy Protection. Appendices provide information, including sample notification letters, to assist Departmental Coordinators (or delegates)²³ to participate in the processing of access to information and correction requests and to understand the appeals process.

See Section 6.1 for information about the Business Systems Information Management Assessment Tool that the RIM Program recently developed.

Note: Focus group participants were asked to provide a copy of any written procedures or processes for managing documents/information/records in their departments/divisions/programs. Documentation was received from the following:

- Finance – Guideline for Filing Documentation in Tender Files (Green Folders) which lists the documents to be filed and assigns filing responsibilities.
- Health – 'Managing Records' section of the Environmental Health Division's Administration Policy and Procedure Manual which provides procedures for requesting, retrieving, and destroying files/records kept in the office and for authorizing the destruction of records kept in the RRC.
- Health – 'Records Management' section of the department's Administration Policy and Procedures Manual which addresses the development and maintenance of RIM policy and procedures within the department, provides procedures for managing inactive records (transferring records to and retrieving records from the RRC, and destroying records), and specifies the policy for accessing records for scientific research purposes.
- Social Services – Procedures for managing client files for the Income and Employment Support Division which include file creation, the identification and processing of files for transfer to the RRC, and the secure movement of files between the department and the RRC, other Region offices via inter-office mail, and the offices of the Ontario Disability Support Program.
- Records/RIM Policy and Procedure Manuals developed by a Records Analyst during a RIM Improvement Project for the following:

individual's fingerprints or blood type, and the personal opinions or views of an individual unless they relate to another individual.

²³ According to the draft manual, a Departmental Coordinator is the primary contact for responding to a formal access request submitted under MFIPPA. S/he is responsible for "Ensuring an appropriate member of staff responds to all MFIPPA requests pertaining to the division, intervening, if necessary, to make sure the retrieval and review of records is timely and complete, and being the primary contact for communications regarding the release of records under MFIPPA."

- Health – Infectious Diseases Prevention and Control Program, Environmental Health Division.
- Health – Oral Health Division (draft).
- Health – Oral Health Division claim files (draft).
- Health – Public Health Nursing and Nutrition Division.

These manuals specify RIM policy, assign RIM responsibilities within the department and division and to Records Analysts, provide information on records classification, and specify various procedures (e.g. file creation in and generation of file folder labels from Versatile Enterprise, the annual purge and transfer of records to the RRC, preparing records for destruction, etc.)

Survey respondents were also asked whether any procedures for naming electronic records have been developed at the department/division/section/program level. For example, how to name an electronic record such as a standard (e.g. YY-MM-DD) for expressing a date in the filename of an electronic record, a process for tracking the versions of an electronic record (e.g. draft 01, draft 02, etc.), or a process for identifying a final/approved electronic record. 29% indicated that such procedures have been developed. Of those respondents, 72% said they (and their co-workers) consistently use the procedures.

4.3.3 RIM Program Guidelines

The RIM Program has developed several guidelines.

- a) E-mail Quick Reference is a flowchart decision tree for determining how to identify an e-mail's status (i.e. 'official record' or 'transitory record') and a procedure for managing e-mail, including the identification of responsibilities for saving an e-mail (e.g. the Sender is to keep the official record of an e-mail sent internally or to external parties).
- b) The Family Services Scanning Policy and Procedure provides guidance on scanning and uploading client documentation to Caseworks in compliance with national and international scanning standards. It addresses topics such as how to prepare documents for scanning and how to perform quality control of scanned images. Although developed for Family Services, the best practices in the guide are applicable to any Region department/division/program which scans paper documents.
- c) The Guidelines for Managing Electronic Records state "Managing information is everyone's responsibility. As such, staff plays an active role in managing Regional records. They are responsible for checking with their managers or Records and Information Management (RIM) staff if they are unsure of the procedures to follow regarding what should be saved, how to dispose of transitory records, or where to store official records and in which format. Managing information applies to the **content—not the format.**" (p. 2) The guidelines describe and give examples of 'official' and 'transitory' records, provide naming conventions for electronic records (including the adoption of the ISO standard YYYY-MM-DD date format), provide instructions for saving 'official record' e-mails to a shared network drive in the appropriate folder (if they are not printed and filed), tips for cleaning up an e-mail Inbox, and instructions for sharing files using hyperlinks. Given the frequency with which survey respondents and focus group participants requested the establishment of naming conventions for electronic records, it does not appear that these guidelines are widely known at the Region.

- d) Official and Transitory Records: A Guide for Region of Durham Employees describes and gives examples of 'official' and 'transitory' records, specifies roles and responsibilities, and discusses the secure disposition of transitory records. Appendices provide a decision tree for determining whether to file or destroy a record, tips for controlling and disposing of transitory records, and acceptable/unacceptable usage criteria for locked shredding bins²⁴. The latter appendix also provides information on scheduling shreds in office areas. It does not appear that this guide is widely known at the Region given the frequency with which focus group participants requested assistance in determining the retention of transitory records such as drafts.
- e) The draft Records Security Classification "aims to establish a procedure for assessing the sensitivity and importance" of Region records (s. 1.0). It recommends classifying each record into one of eight categories to reflect the level of confidentiality required. The levels are: i) Internal – Senior Management – Confidential, ii) Internal – Management – Confidential, iii) Internal – Individual – Open to an individual, iv) Internal – Division – Open to all in a division, v) Internal – Department – Open to all in a department, vi) Internal – Corporate – Open to all in the corporation, vii) Public – All – Non-published, and viii) Public – All – Published. By default, a Region record is to be classified as 'Internal – Corporate – Open to all in the corporation' unless reclassified by the responsible business unit. Examples of records falling under each category are provided and exemptions are discussed. It would be beneficial to expand the Records Security Classification to specify the precautions to be taken to keep confidential information secure (e.g. prohibiting the faxing of records marked 'Internal – Senior Management – Confidential').
- f) Tips for Managing Electronic Records provides 5 tips such as allocating responsibility to one employee per division to monitor the shared drive, maintain the file structure, create new top-level folders, and oversee a periodic clean-up if/as necessary with all other employees in the division doing their part to keep it current because they all file and use records on the drive.

4.4 RIM Program Staffing

The RIM Program staff complement has not changed since the 1990's. Figure 8 lists the RIM Program positions.

²⁴ These bins are for the secure disposal of confidential or sensitive transitory materials that cannot go into regular recycling.

Figure 8 – RIM Program Staff Complement

| Position | Number of Positions | Status | Salary Range |
|-----------------------|----------------------------|---|---------------------|
| Manager, RIM | 1 | Filled | \$77,368 - \$96,710 |
| Records Analyst | 4 | 1 vacancy 1 pending retirement (2018) 1 Analyst as back-up ²⁵ to the Records Analyst – FOI | \$61,838 - \$68,705 |
| Records Analyst – FOI | 1 | Filled | \$61,838 - \$68,705 |
| Clerk 3 | 2 | Filled | \$51,300 - \$56,999 |
| Clerk-Steno | 1 | Filled | \$51,300 - \$56,999 |

Since 2013, the RIM Program has requested additional positions such as Archivist, additional Records Analysts, a RIM Supervisor, a Training and Documentation Specialist, and two Privacy Officers to allow the Records Analyst-FOI and the Records Analyst providing back-up to that position to be devoted 100% to RIM. None of these positions were included in final departmental budget submissions. Opportunities for promotion within the RIM Program are limited in the absence of a Supervisor position and the existence of only one level of Records Analyst position. Many municipalities with similarly sized (or larger) RIM Programs have Records Analyst and Senior Records Analyst positions and/or a Supervisor position.

The responsibilities of each RIM Program position are described at a high-level in Figure 9, as obtained from current approved job descriptions/job information questionnaires²⁶. Except for the Manager, RIM position, responsibilities are listed in descending order (i.e. from highest to lowest percentage of amount of time spent).

²⁵ The Records Analyst provides back-up during employee absences (e.g. vacation) and when needed due to workload.

²⁶ A draft revised job description was prepared for the Manager, RIM position in August 2017 and a draft revised CUPE 1764 job information questionnaire (JIQ) was prepared in November 2016 for each unionized position. Those documents are pending review and approval within CS-LS/Corporate Services prior to their submission to HR.

Figure 9 – Primary Responsibilities of RIM Program Positions

| Position | Primary Responsibilities |
|----------------------------|--|
| Manager, RIM ²⁷ | <ul style="list-style-type: none"> • Through a comprehensive inventory of the Region’s records holdings, research, develop, implement and maintain a CCS and Records Retention By-law. • Co-ordinate the management of active and inactive records both hard copy and electronic, and investigate, evaluate, implement and maintain alternative media solutions such as the RIM, imaging, document management and workflow systems, and data file standards on local and wide area networks. • Develop, establish, implement, and maintain corporate RIM policies and procedures, including manuals and forms design management. • Co-ordinate all aspects of MFIPPA on behalf of the Regional Clerk. • Establish and maintain corporate archives, prepare and administer corporate RIM and archives current and capital budget requirements, and review pre-budget proposals for acquisition of new records management equipment. • As part of the Region’s Corporate Strategic Plan (CSP) participate in a number of the Region’s CSP Teams, including the Continuous Learning and Improvement Team and the Corporate Information Management Solutions Group (CIMSG), representing the Chair and Chief Administrative Officer’s Office, Legal and Clerk’s departments, and implement a RIM strategy which supports the current and future business needs of the Region. • Directly supervise 8 RIM Program employees and temporary contract staff or consultants who may be hired from time to time. • Provide Regional Councillors and the Regional Chair with information on various issues and respond to specific requests. • Work in accordance with the provisions of applicable health and safety legislation and all corporate/departmental policies and procedures related to health and safety. |
| Records Analyst | <ul style="list-style-type: none"> • Complete RIM Implementation Projects: <ul style="list-style-type: none"> ○ Conduct a preliminary analysis. ○ Conduct a business analysis. ○ Co-ordinate a comprehensive inventory and conduct an inventory analysis. ○ Develop and implement RIM policies and procedures for a business unit. ○ Prepare statistical and status reports. • Design, revise and maintain RIM communication tools such as forms, newsletters, brochures, pamphlets, and the RIM manual. • Design, revise and perform presentations and training. • Research, develop, coordinate and implement corporate initiatives such as Electronic Document Management Systems, Vital Records & Disaster Recovery |

²⁷ S. 4.01 of the ‘RIM Program Definition – Responsibilities’ section of the RIM Manual also lists Manager, RIM responsibilities, many of which are specific to the maintenance and implementation of the CCS. S. 1.01 of the ‘RIM Program Definition – Statistics – Reporting’ section of the manual includes the following responsibility which is not explicitly reflected in the list of primary responsibilities in the Manager, RIM job description: “The Manager, RIM should maintain a plan for RIM Services. This plan should include the purpose, scope and goals of the RIM program. It should also include a system for reporting and evaluating results. A copy of the plan should be submitted to the Regional Clerk.”

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Position | Primary Responsibilities |
|-----------------------|--|
| | <p>and Archival/Historical Preservation programs.</p> <ul style="list-style-type: none"> • Prepare and update the Directory of General Classes of Records and Personal Information Banks and process MFIPPA and PHIPA requests (excluding PHIPA requests for the Health Department). • Assimilate RIM technologies. • Perform special studies in more complex areas as they apply to RIM. • Perform periodic audits. • Perform duties of Manager, RIM in his/her absence. |
| Records Analyst – FOI | <ul style="list-style-type: none"> • Develop, design and administer a program for privacy legislation including MFIPPA, PHIPA, and the Personal Information Protection and Electronic Documents Act (PIPEDA)²⁸. • Maintain the CCS and Records Retention By-law. • Complete RIM Implementation Projects (see list of activities above under the 'Records Analyst' position). • Design, revise and maintain RIM and privacy legislation communication tools such as forms, newsletters, brochures, pamphlets policies and procedures, the RIM manual, User Guide on Privacy Legislation, and Directory of Records and Personal Information Bank. • Design, revise and perform presentations and training. • Research, develop, coordinate and implement corporate initiatives such as Electronic Document Management Systems, Vital Records & Disaster Recovery and Archival/Historical Preservation programs. • Assimilate RIM technologies. • Perform special studies in more complex areas as they apply to RIM. • Perform periodic audits. • Perform duties of Manager, RIM in his/her absence. |
| Clerk 3 | <ul style="list-style-type: none"> • Research and retrieval of inactive and archived records from inactive records storage facilities (i.e. the RRC and the off-site commercial record centre). • Organize the listing and boxing of inactive records due for transfer to inactive records storage facilities. • Coordinate the transfer and receipt of boxed records into the RRC and the shipment of selected inactive records to the off-site commercial record centre. • Initialize the set up of IM software for departments and provide support to users of the IM software. • Provide statistical and graphical reports on inactive records re: transfers, retrievals, and destructions for audit purposes. • Follow-up on outstanding records due to be returned to inactive storage and keep relevant statistics. • Prepare records in the RRC for destruction, arrange for their final disposition, and change the status of such records from inactive to destroyed in Versatile Enterprise. • Assist Records Analysts with implementation of the RIM Program and training and provide Records Analysts with relevant statistics and researched |

²⁸ This is a full-time responsibility due to the volume and complexity of requests.

| Position | Primary Responsibilities |
|-------------|--|
| | information. <ul style="list-style-type: none"> • Perform duties of Clerk-Steno in his/her absence. • Assist with collecting and critiquing information for RIM newsletter articles. |
| Clerk-Steno | <ul style="list-style-type: none"> • Assist in the development and monitoring of project management planning and scheduling for the RIM Program. • Co-ordinate the administration of the RIM Program's corporate training program. • Write and/or edit information for RIM newsletters, brochures, background packages, special projects, and reports to department staff on behalf of the Manager, RIM. • Develop and implement special RIM projects (e.g. Strategic Information Management Month). • Maintain an inventory of RIM Program training and office supplies. • Serve as relief for Switchboard Operator, CS-LS at time of staff meetings. |

According to the Establishment of a Corporate Privacy Office report (report # 2016-COW-42), "there are no dedicated staff assigned to handling a privacy management program and/or the processing of MFIPPA requests and training. Staff from the Records and Information Division (Records Analysts) currently handle the processing of requests, with the overview of the Regional Clerk. With the growth of information requests over the past several years, three staff are now required to assist in managing the volume and complexity of the requests." Consequently, the RIM Program "has not progressed due to the lack of resources for this program." Figure 10 shows the allocation of Records Analysts to MFIPPA/PHIPA duties (excluding PHIPA requests for the Health Department) since 1991.

Figure 10 – MFIPPA/PHIPA Staffing by Records Analysts Since 2006

| Year | Number of Full-time Records Analysts | Number of Part-time Records Analysts |
|--------------------|--------------------------------------|--------------------------------------|
| 2017 | 1 | 1 |
| 2016 | 2 | 1 |
| 2010 - 2015 | 1 | 1 |
| 1991 - 2010 | 1 | 0 |

It anticipated that a Corporate Privacy Office reporting to the Regional Clerk/Director of Legislative Services will be established in 2018 when a Manager, Privacy and one Privacy Officer will be hired. One full-time Records Analyst will still be required to assist in the processing of requests until a second Privacy Officer is hired, hopefully in 2019. In addition, until the second Privacy Officer is hired, another Records Analyst will continue to provide back-up for the full-time Records Analyst in the Corporate Privacy Office. Therefore, the establishment of the Corporate Privacy Office will – at least in the short-term – not result in any additional Records Analyst time becoming available for the delivery of RIM Program services.

For the most part, the RIM Program has been running (and will continue to run for the foreseeable future) with three full-time Records Analysts. Each Analyst has multiple departments under his/her portfolio. Records Analysts are not embedded in their client departments – they are based in the CS-LS on the 1st floor of Regional HQ; however, prior to the move to Regional HQ, the five Analysts were embedded in various departments. One Clerk 3 employee is based in the RRC in the basement of Regional HQ.

Over the years, the RIM Program has hired temporary employees and summer students for special projects if/when funding was available. For example, an individual with archives experience was hired as a Clerk 3 to transfer archival records to acid-free folders/boxes and prepare a basic inventory of the archives collection. To date, the RIM Program has not participated in the paid co-op placement or unpaid practicum programs offered by master's level degree programs in library science/information management.

The Region seeks to establish itself “as an employer of choice which enhances the Region’s ability to attract and retain talented people.”²⁹ Unfortunately, it has been challenging to attract suitably qualified and experienced candidates to fill Records Analyst vacancies. The recruitment challenges arise from several factors:

- There is a very small pool of individuals with the requisite qualifications and experience.
- The Region’s location in the far northeast of the GTA is inconvenient for many potential applicants.
- Many potential applicants, particularly more recent graduates of RIM/RIM-related education programs, are not attracted to the position because the RIM Program is predominantly focused on managing paper records.
- The vacation entitlement for this unionized position is non-negotiable so an applicant who has accrued more vacation in his/her current position is usually unwilling to accept the Region’s reduced vacation entitlement.
- The salary is lower than the salary for a comparable position at the Region’s comparators (Region of Peel and Region of York). At the Region of Peel, the current salary range for the comparable position of Coordinator, Records Management in the Clerk’s Department is \$62,121 to \$77,653. At the Region of York, the salary range in April 2017 for the RIM Analyst position (of which there are many in the Clerk’s Department) was \$68,578 - \$74,547.

The above-noted challenges may also arise when the Manager, RIM position is next advertised. In particular, the position’s lower salary as compared to similar positions at the Region’s comparators may make it challenging for the Region to attract suitably qualified candidates. By way of comparison, a) the April 2016 salary at the Region of York for the Supervisor, Corporate Asset Management position (reporting to the Manager, Corporate Asset Management in the Clerk’s Department) was \$82,781 - \$93,803 and b) the current salary at the Region of Peel for the Manager, Business Documents and Records Management position (reporting to the

²⁹ This is one of the purposes of the Region’s Alternative Work Arrangements Program, as stated in the Alternative Work Arrangements Reference Guide

Director, Information Management in the Service Innovation, Information and Technology Department) is \$96,061 - \$120,077. The current salary for the Supervisor, Business Documents and Records Management position is \$77,518 - \$96,897. The salary of the Manager, Corporate Asset Management at York Region is unknown because the position has not been publicly advertised in decades and the Acting Manager was unable to disclose salary information due to an ongoing reorganization.

4.5 Records Liaisons and Departmental Coordinators

The 'RIM Program Definition – Responsibilities' section of the RIM Manual lists the responsibilities of a Records Liaison which is defined as “any person responsible for the records in their area”. The responsibilities are:

- a) Maintain their records in good operational order, in accordance with the CCS.
- b) Prepare new file folders when necessary.
- c) Maintain an adequate amount of filing supplies for daily requirements.
- d) Ensure that cabinets are in good physical condition and repaired as necessary.
- e) Notify RIM staff of any changes to the department’s methods/functions or organizational structure.
- f) Notify RIM staff of any changes to the CCS.
- g) Ensure that departmental records are maintained and updated in accordance with the CCS.
- h) Remove all outdated material from their copy of the manual and replace it with updates distributed by RIM staff.
- i) Establish regular communication with RIM staff regarding all aspects of the RIM Program.
- j) Notify the Manager, RIM of any RIM problems.
- k) Purge and transfer inactive files in a timely manner to the RRC verifying the retention date on the Transfer List with the dates specified in the CCS.
- l) Verify that records can be destroyed according to the Records Destruction List (08-01-02)³⁰ or indicate new destruction dates.
- m) Ensure files which are not designated to be sent to the RRC and are not subject to archival selection are destroyed on a regular basis as outlined in the CCS and in the prescribed manner (08-01-03).
- n) Notify Manager, RIM of any required changes to the records retention periods.

There is currently one Records Liaison per department. The primary duty of a Records Liaison today is to receive and co-ordinate the distribution of Records Destruction Lists. Records Liaisons are also sometimes asked to distribute RIM Program-supplied information in their departments. This is a liaison role, not a reporting relationship to the Manager, RIM.

³⁰ This is a reference to a section in the RIM Manual.

A network of Departmental Coordinators (one per department) was established to assist the Records Analyst - FOI in processing the MFIPPA and PHIPA (excluding Health Department) requests for which s/he has deemed a response is appropriate. This is also a liaison role, not a reporting relationship to the Manager, RIM.

4.6 RIM Program Services

Figure 11 provides a high-level description of each service offered by the RIM Program. Additional information is provided in other sections of this report (e.g. see Section 5.2.1 for more information about the CCS).

Figure 11 – RIM Program Services

| Service | High-level Description |
|--|---|
| Archives | <ul style="list-style-type: none"> • Identify, collect, and preserve archival records. • Retrieve archival records upon authorized request. • Design and produce displays of archival records. |
| Corporate Classification Scheme Maintenance | <ul style="list-style-type: none"> • Consult with departments to identify updates to the CCS if/as required (e.g. new series). • Research new and updated legislated requirements for records retention. • Provide advice/guidance to departments on implementing retention periods (e.g. transferring records to storage, preparing records for destruction, etc.). |
| Inactive Records Management | <ul style="list-style-type: none"> • Manage the operation of the RRC and the use of an off-site commercial record centre (e.g. transfers, retrievals, etc.). • Prepare statistical and graphical reports on inactive records for audit purposes. |
| MFIPPA and PHIPA Administration | <ul style="list-style-type: none"> • Process MFIPPA requests. • Process PHIPA requests (excluding Health Department requests). • Prepare and update the General Classes of Records and Personal Information Banks. |
| RIM Auditing | <ul style="list-style-type: none"> • Perform periodic audits (e.g. assess compliance with the Records Retention By-law). |
| RIM Consulting Services | <ul style="list-style-type: none"> • Research, develop, co-ordinate, and implement corporate RIM initiatives. • Perform special studies in more complex areas as they apply to RIM. • Provide consulting services to departments (e.g. document imaging guidelines, best practices for managing network drives, etc.). • Collaborate with stakeholders on corporate initiatives that have a RIM connection (e.g. cloud computing, open data, etc.). |
| RIM Implementation Projects | <p>Provide a business unit with the assistance required to begin managing records according to the CCS and to utilize RIM best practices:</p> <ul style="list-style-type: none"> • Preliminary analysis (document needs, complete a high-level assessment of current records and equipment, and develop and obtain approval of the project charter). • Business analysis (questionnaire, record series inventory, workflow analysis, and project plan development). |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Service | High-level Description |
|--|--|
| | <ul style="list-style-type: none"> • Comprehensive inventory and analysis (detailed review of the quantity, function, and organization of records to integrate the records into the CCS, creating new record series if/as required). • RIM system development (findings and recommendations report, development of policies and procedures for the business unit, and employee training). • RIM system implementation evaluation (develop an implementation plan, apply the new system, perform a preliminary audit, and perform a compliance audit). |
| RIM Program Communications | <ul style="list-style-type: none"> • Design, revise, and maintain a variety of communications (e.g. brochures, newsletters, pamphlets). • Design, revise, and maintain RIM Program forms. • Design, revise, and maintain the RIM Manual. • Design and organize RIM events (e.g. Strategic Information Management Month). |
| Training³¹ | <ul style="list-style-type: none"> • Develop and deliver training (RIM awareness and best practices, privacy³², and Versatile Enterprise). • Manage training logistics (e.g. registration³³, room booking, etc.) and supplies. <p>[Note: All training is delivered in-classroom. Online training is not used.]</p> |
| Versatile Enterprise Administration | <ul style="list-style-type: none"> • Set-up and maintain the software (e.g. user accounts, record series, change the status of records from inactive to destroyed following their authorized disposition, etc.). • Provide support to users. |

According to the ‘Records Management Software System – Versatile Enterprise – Overview’ section of the RIM Manual, RIM Implementation Projects “are scheduled based on the availability of RIM program resources, and supported by departmental resources” (s. 1.04) and “The scope of project implementations are [sic] agreed upon in signed Project Charters, and, depending on the size of the department and other variables, may be at the division or program level” (s.1.05). RIM Implementation Projects constitute a significant, time-consuming activity for the Records Analysts. Several challenges are experienced in delivering these projects, as described below.

1. The 5-phase RIM Implementation Project methodology is focused on paper/hard copy records with minimal attention to improving the management of electronic records.
2. The methodology is comprehensive and, therefore, time-consuming to complete. Workflow, particularly, can be very time-consuming to complete. Some Records

³¹ The Manager, RIM has been unsuccessful in securing HR’s agreement to include consideration of RIM/EIM in the new employee orientation training program apart from including the RIM Program’s brochure in the package of information distributed to new hires.

³² The Manager, Information, Privacy and Security trains the Health Department employees.

³³ Employees can enroll in privacy training through the annual training calendar administered by HR. The RIM Program also uses that calendar to manage Versatile Enterprise training registrations from authorized employees. The RIM Program processes registrations for the privacy training which is provided on a request basis, the RIM awareness and best practices training, and the Versatile Enterprise training given to department/division employees as part of a RIM Implementation Project.

Analysts are concerned that a business unit may not see the value in having a workflow analysis conducted.

3. Although the RIM Program has been conducting these projects for several years, projects have not begun or been completed in many divisions/programs.
4. An implementation may take more than a year to complete depending on the size of a business unit, the diversity and volume of its records, and the availability of a Records Analyst. Those factors, plus the 5-step methodology, prevent the achievement of any 'quick wins'.
5. Many projects become stalled for various reasons:
 - Business unit staff may not be (made) available to meet with the Records Analyst, provide feedback on project deliverables, attend training, etc.
 - Most projects have a very large volume of legacy records which need to be inventoried, coded, and entered into Versatile Enterprise and then either kept in the office, moved to inactive storage, or destroyed. It is very time-consuming to process legacy records.
 - Many business units lack clerical/administrative staff to assist with the implementation (e.g. input files into Versatile Enterprise) or are unable (or unwilling) to make clerical/administrative staff available to support the project. Some business units expect the RIM Program will (or should) provide clerical/administrative staff to complete the implementation, with the business unit being responsible only for staffing its ongoing maintenance.
6. The Records Analysts are frustrated by the long-term duration of these projects and the frequency with which delays are encountered.
7. The Records Analysts believe there is a perception that the RIM Program gives false hope about what will be provided or accomplished during a RIM Implementation Project despite the establishment of a project charter which, among other things, specifies the tasks a Records Analyst will complete and the tasks that department/division employees will be asked to complete during the project.
8. The long-term duration of most projects and Records Analyst staffing constraints may preclude the completion of a compliance audit at the end of a project.

The amount of time the Records Analysts spend on RIM Implementation Projects, the long-term vacancies which often result from the challenges in filling vacant Analyst positions, and the dedication of 1.5 Analysts to MFIPPA/PHIPA requests processing (excluding PHIPA requests for the Health Department) prevents the RIM Program from offering some services (e.g. RIM auditing) while other services (e.g. RIM awareness training³⁴) are not provided as frequently as the Manager, RIM would prefer.

As per Finance Department policy, there are no charge-backs to departments/divisions for any RIM Program service.

³⁴ The 'RIM Program Definition – Statistics – Reporting' section of the RIM Manual (S. 3.01) requires the preparation of statistical reports of training activity (i.e. the number of individuals who have attended training sessions on RIM Awareness, Versatile Enterprise, ZylIMAGE, and MFIPPA). Ergo did not receive for review any such reports.

5. Enterprise Information Management Practices

This section describes the Region's current enterprise information management (EIM) practices.

5.1 Information Creation, Capture, and Declaration

While it may be inferred that records created/received by Region employees during their work are the property of the Region, the Electronic Communications Systems asserts the Region's ownership as follows: "Material that is transmitted, received or stored on the Region's equipment is the property of the Region and may be disclosed publicly or under a court order." (s. 4.06) Similarly, the Electronic Communications Systems – Policy Standards and Guidelines states that "All ECS and content" are the Region's property (s. 1). Email (policy # 14.13) states "All email or electronic messages stored on, or created on, the Email System are the property of the Region of Durham and therefore shall be subject to retention." (s. 4.014) That policy also contains the following curious statement: "Once a record has been moved to the trash (deleted items folder) it is presumed to no longer be a record of the corporation." (s. 4.023)

Under the Electronic Communications Systems (policy # 14.10, s. 4.03), "Each employee is responsible for the content of all text, audio or images placed on or sent via ECS." And while Email (policy # 14.13, s. 4.02) permits an employee to use "the proxy function with the email system, granting authority for coworkers and/or managers to access their email account at their discretion", all messages sent from a user's account will be deemed to have been created by the user.

Various Region policies require records to be created. The requirements in the Corporate Complaint Handling Policy & Guidelines (policy # 2.14, s. 1.01) for receiving and recording complaints about the Region's services and actions are particularly detailed.

- S. 8.05 requires each department to "establish a complaint tracking mechanism to ensure that all complaints are recorded and tracked from initial receipt through the entire process until the complaint is resolved. Complaints that are resolved informally (without requiring any formal action to be taken) do not need to be tracked" and manually assign a tracking number to a written complaint received in any other format than via the online form on the Region's website.
- S. 10.02 requires departmental policies for complaint handling to "include response timelines, complaint tracking methods, and guidelines for management of records related to complaints."
- S. 10.04 requires departmental policies to include requirements for issuing notifications to complainants. S. 11.01 requires departments to issue a written notice of decision in response to a written complaint. A verbal complaint is to receive a verbal notice of decision unless a Manager determines otherwise or the complainant requests a written notice (s. 11.01).

In terms of creating the content of a record, guidance in the composition of e-mails is found in the 'E-mail Etiquette' section of the Electronic Communications Systems – Policy Standards and Guidelines. That document provides tips for composing e-mails (e.g. “convey the expectations in terms of what type of response is needed, when it is needed and how the receiver’s response will be used”) along with recommendations for making it easy for a recipient to read and respond to an e-mail (e.g. “make the subject line concise, descriptive and informative so that the subject is known before opening the e-mail”). Employees are also encouraged to ‘Figure Out the Audience’ of an e-mail by, for example, thinking “about the message and the cascading effects of what will happen after the message is sent”. The guidelines caution that e-mail “provides a written electronic record” and are encouraged to “use the same diction, complete sentences, and common sense as if . . . writing a letter, having a conversation on the phone or having a face-to-face meeting”. The ‘Messaging System Usage Guidelines’ section in Email (policy # 14.13, s. 4.026) provides eight guidelines to observe when composing or responding to messages such as “Avoid any Internet chat abbreviations or emoticons, as many people will not understand. Be aware that emotions do not translate well in written form”.

The only prohibition regarding the creation of records in the documentation reviewed by Ergo is found in the Email policy (policy # 14.13, s. 4.06) which prohibits the use of e-mail services such as Hotmail, Yahoo, or Gmail to conduct Region business; however, some survey respondents and focus group participants use personal e-mail accounts as a workaround for sending or receiving attachments which are too large for transmission by the Region’s e-mail system.

Regarding the capture and declaration of records, several focus group participants said it is not always clearly understood which records should be created and who is responsible for ensuring their addition to the Region’s filing systems. Knowing who is responsible for capturing a record is particularly challenging for project teams and collaborative work involving several employees. Questions also arise in determining whether a record is ‘official’ or ‘transitory’.

Focus group participants were asked whether they routinely print and file a paper copy of an electronic document that they create or receive and if so, why. Several participants said they print and file a paper copy because they believe the Region’s official records are kept in paper. For example, information received from a client in the body of an e-mail or in an attachment to an e-mail is printed and filed in the client’s file because the official client file is hard copy. For some focus group participants, the belief that paper records constitute the Region’s official records stems from the fact that Versatile Enterprise only manages paper records.

5.2 Information Classification, Search, and Retrieval

This section discusses the structure and use of the Corporate Classification Scheme and the classification, search, and retrieval challenges which are experienced.

5.2.1 The Corporate Classification Scheme

A records classification scheme provides standardization in the way records are named and organized. Records can be classified in different ways:

- By what they're about (the traditional subject/topic approach as in a public library), or
- By who created them or who keeps them (a department-based approach), or
- By the work processes that are performed to fulfill organizational mandates and goals (a function-based approach).

A function-based records classification scheme is based on a top-down view of an organization's services and operations. It answers the question, "Why are records created and used?" because it classifies records based on work processes, not by subjects or department names. A function-based records classification scheme has the added benefit of being relatively stable over time. While subjects and department names change, what an office does (its activities) remain fairly constant. Similarly, the functions performed by an organization remain fairly stable over time. Function-based records classification is endorsed by the International Organization for Standardization standard on Information and documentation - Records management (ISO 15489-1) to more readily respond to accountability obligations and efficiently and effectively manage records. It is also the preferred classification approach of the Canadian federal government and many provincial governments (including Ontario) and private sector organizations. In Ontario, some municipalities such as the Town of Richmond Hill are in the process of replacing their TOMRMS/TOMRMS-based³⁵ records classification scheme with a function-based scheme.

The Region's Corporate Classification Scheme (CCS) is based on the subject-based alpha-numeric TOMRMS classification scheme. The Region has modified (and continues to modify) TOMRMS to meet its needs. TOMRMS is used by many Ontario municipalities, particularly smaller local municipalities who often cannot afford to hire staff dedicated to RIM, due to its one-size fits all approach, minimal purchase price as compared to the cost of a custom developed CCS, and modestly priced annual update service. The Region subscribes to the annual update service.

³⁵ 'TOMRMS' stands for 'The Ontario Municipal Records Management System'. Originally developed by TAB Information Management Solutions (formerly Arenburg Consulting), TOMRMS is maintained on an annual subscription basis by The Information Management Professionals. TOMRMS also includes a Records Retention Schedule in which retention periods are assigned according to operational and legislative requirements.

There are thirteen subject headings (or primary groups) in the CCS, each identified by a single alphabetical character as listed in Figure 12.

Figure 12 – CCS Subject Headings

| Subject Heading Code | Subject Heading |
|----------------------|---|
| A | Administration |
| C | Council and By-laws |
| D | Development and Planning |
| E | Environment and Public Safety |
| F | Finance and Accounting |
| H | Human Resources |
| L | Legal Affairs |
| M | Marketing and Public Relations |
| O | Operations |
| P | Public Health, Protection, and Enforcement Services |
| S | Social Services |
| T | Transportation |
| V | Vehicles and Equipment |

Each subject heading is divided into a number of record series, each of which is given a 2-digit numeric code. For example, the ‘Strategic and Operational Policy and Planning’ record series is assigned the number ‘13’ because it is the 13th record series under the ‘C – Council and By-laws’ subject heading. Thus, C13 is the alpha-numeric Record Series code for that series.

The CCS provides the following information for each record series: Record Series Code, record series title, scope note describing some of the types of information/records classified therein, scope note if/as applicable directing the user to related records classified under a different Record Series Code, and the name of the Official Record Holder (i.e. the department(s)/section(s) responsible for retaining the official record). By way of example, Figure 13 illustrates the classification information for the ‘C13’ record series.

Figure 13 – Sample Records Classification Entry

| Record Series | Record Series | Official Record Holder |
|---------------|--|------------------------|
| C13 | Strategic and Operational Policy and Planning <u>Includes:</u> Strategic and operational policies and plans, reviews of organization, re-engineering activities, functional responsibilities, employee suggestions, benchmarking and evaluation of programs and projects. <u>Excludes:</u> Policies and Procedures – A14; Accessibility Program – A24; Annexation/Amalgamation/Restructuring – D09; Strategic Policy Analysis and Development – L35. | Originator |

Secondary subjects can be either headings or file titles. Individual files are classified at the tertiary level. Departments are expected to arrange files logically within a series to meet their specific needs and assign the secondary heading/file titles³⁶. Records Analysts do, however, provide file arrangement guidance upon request or during a RIM Improvement Project. Figure 14 provides an example of the 3 levels in the CCS hierarchy.

Figure 14 – Example of the 3 Levels in the CCS Hierarchy

| Level | Item | Code | Example |
|-----------|---------------------------------------|-----------|--|
| Primary | Main Subject Heading or Record Series | A01 | Associations and Organizations |
| Secondary | Secondary Heading or File Title | A01-01 | Association of Municipal Clerks and Treasurers |
| Tertiary | File Title | A01-01-01 | Agendas (records are filed at this level) |

The 'Tools for Using the Corporate Classification Scheme (CCS) – The Scheme – Record Series' section in the RIM Manual lists the record series in order by alpha-numeric code within each of the 13 subject headings. The 'Tools for Using the Corporate Classification Scheme (CCS) – The Scheme – Alphabetic Cross Reference' section of the manual lists record series in alphabetical order by name. While the latter list is more helpful because it lists series by name instead of by code, its publication in the RIM Manual likely means that few employees will use it.

The user-friendliness of the CCS would be greatly enhanced by the provision of a hyperlinked index in which record series and the record types therein classified were listed alphabetically by name. The inclusion of the record types would include program, project, committee, and other names to provide yet another potential retrieval point. By providing the hyperlinked index as an appendix in the same electronic file as the CCS, a user could look up a record, click on its Record Series Code, and be taken directly to the corresponding CCS entry. This would eliminate the current practice whereby the user needs to know (or determine) the applicable subject heading and then skim through the list of series for that heading until s/he finds the correct entry.

As stated in Section 4.3.1, the CCS is a Council by-law (the current version is Schedule A of by-law # 65-2017). While the by-law does not explicitly state that employees must use the CCS to classify records, that inference can be deduced from the statement "The Corporate Classification Scheme as set forth on "Schedule A" attached to this by-law is hereby approved as the classification scheme for the records as described therein." If the Region had a RIM policy, it would undoubtedly require employees to use the CCS to classify records³⁷. It is interesting to note that a policy for which CS-IT is responsible (the Electronic Communications

³⁶ For paper records, the classification coding is to be represented on the file folder labels generated from Versatile Enterprise. See Appendix 8 for the file folder identification template for end/side tab and top-tab folders.

³⁷ S. 1.02 of the 'The Scheme – Alphanumeric Classification' in the RIM Manual states "This scheme [CCS] must be used in all departments. RIM staff must approve any variations to the CCS."

Systems policy # 14.10) requires the use of the CCS. The policy states that authorized users are to³⁸:

- a) Ensure “electronic records are managed and protected in the same way as paper records, according to the CCS”.
- b) Identify and advise RIM “if an electronic record is the Region’s official record so that the CCS can be updated”.
- c) Name and save records to server network drives according to the CCS. (s. 7.04)

Over the years, the Records Analysts have revised TOMRMS to better meet the Region’s needs. While the CCS reflects the original 13 subject headings in TOMRMS, many series have been revised to reflect new and discontinued services/programs, the realignment of services, the renaming of departments, and other organizational elements. The CCS is usually updated once per year. From 2015-2017, the RIM Program received 123 CCS change requests for revised, new, and discontinued record series with the largest number of requests (47) coming from the Corporate Services Department followed by the Works Department (30 change requests). During that period, 76% of the requests were for revised record series followed by new series (19.5%) and discontinued series (4.5%). For the 2017 update, the RIM Program prepared an updated CCS in which red text indicates changes since the last revision and prepared a separate schedule (Schedule B of the by-law) to provide quick reference to the proposed 7 new and 23 revised record series.

The CCS provides a subject-based superstructure for classifying records by aggregating related records into series. While that approach is helpful from a records retention perspective (a Record Series Code determines the records’ retention period), there are disadvantages to this method of classification. The disadvantages include:

- The 13 subject headings are intended to represent subjects, not departments; however, many headings are either the name of a department (e.g. Social Services), a division (e.g. Human Resources), or a section/area within a department or division (e.g. Administration). Consequently, the reader may erroneously assume that s/he will find all records for a given business unit within one subject heading (e.g. all records for which Health is responsible will be found under ‘P’).
- Providing only high-level classification direction because there is no specification of the method(s) by which the different records within a series should be organized (e.g. chronologically by date, alphabetically by name, etc.).
- Requiring departments/divisions to classify the records of a project under numerous Record Series Codes rather than keeping the records of a project together under one code.

³⁸ Those requirements are repeated in the Electronic Communication Systems – Policy Standards and Guidelines issued by CS-IT. That document also encourages employees to “create single subject messages to facilitate file retrieval and forwarding messages”.

- It is not a function-based classification scheme as recommended by the ISO 15489 standard.

CCS awareness is low among survey respondents with 63% being unaware that the Region has a CCS for organizing records. Of the 37% of respondents who are aware, 58% use the CCS to organize some (or all) of the records for which they are responsible. As shown in Figure 15 below, the CCS is predominantly used to classify paper records.

Figure 15 – CCS Use by Record Type

| Record Type | Number of Responses | Yes | No |
|--------------------|---------------------|-------|-------|
| Paper records | 155 | 97.5% | 2.5% |
| Electronic records | 125 | 40% | 60% |
| E-mail messages | 112 | 13.5% | 86.5% |

Survey respondents were also asked to indicate their level of agreement with statements regarding the CCS' ease of use and comprehensiveness as well as the adequacy of CCS training. The responses are summarized in Figure 16.

Figure 16 – Level of Agreement with Statements About the CCS

| Statement | Number of Responses | Level of Agreement | | | |
|--|---------------------|--------------------|----------|-------|----------------|
| | | Strongly Disagree | Disagree | Agree | Strongly Agree |
| The CCS is easy to use | 155 | 2.5% | 21.5% | 65% | 11% |
| The CCS includes all records that I need to classify | 155 | 3% | 26% | 60% | 11% |
| I received adequate training in how to use the CCS | 155 | 10% | 31% | 45% | 14% |

The survey respondents who are aware of the CCS but who do not use it were asked to explain why they do not use it. Figure 17 summarizes their reasons for not using the CCS.

Figure 17 – Reasons for Not Using the CCS

| Reason | Number of Responses | % |
|---|---------------------|-------------------------------|
| I don't know how to use the CCS | 25 | 23% |
| The CCS doesn't include all records that I need to classify | 14 | 13% |
| I prefer to use a classification scheme that I developed | 10 | 9% |
| The CCS is confusing | 5 | 4.5% |
| I don't have time to use it | 5 | 4.5% |
| Other (please specify) ³⁹ | 48 | 46% |
| • Not my responsibility to classify records | 15 | 14% of the 'other' responses |
| • Not applicable | 14 | 13% of the 'other' responses |
| • Electronic records | 6 | 5.5% of the 'other' responses |
| • Miscellaneous responses | 6 | 6.5% of the 'other' responses |
| • CCS training is pending or was not given | 3 | 3% of the 'other' responses |
| • Working with RIM Program to implement the CCS | 2 | 2% of the 'other' responses |
| • Not told to use the CCS | 2 | 2% of the 'other' responses |

The RIM Program does not audit the use of or the accuracy in using the CCS to classify records in electronic format or paper records not tracked in Versatile Enterprise. Further, an audit of a department/division/program's use of or accuracy in using the CCS to classify active records would only be completed once at the end of a RIM Implementation Project. RRC staff perform random spot checks to assess the classification accuracy of the inactive paper records transferred to storage.

5.2.2 Paper Records Challenges

53% of survey respondents reported past difficulty when trying to locate a paper document/record. Those respondents were asked to rank the frequency of the difficulties they have experienced. As shown in Figure 18, the most frequently reported difficulty was not knowing where a document/record was stored with 69% of respondents having experienced that difficulty either 'occasionally' or 'often'.

³⁹ Ergo reviewed the responses, developed a list of categories, and grouped the responses by category.

Figure 18 – Frequency of Difficulty In Locating a Paper Document/Record

| Difficulty Experienced | Number of Responses | Frequency of Difficulty Experienced | | | | |
|---|---------------------|-------------------------------------|--------|--------------|-------|------------|
| | | Never | Seldom | Occasionally | Often | Constantly |
| I didn't know where the document/record was stored | 345 | 4.5% | 21.5% | 51% | 18% | 5% |
| I couldn't locate the most current version of the document/record | 342 | 8% | 20% | 47% | 20% | 5% |
| I knew where the document/record should be, but it wasn't there | 339 | 5% | 31% | 46% | 15% | 3% |
| There were too many documents/records to search through | 340 | 13.5% | 24% | 35% | 20.5% | 7% |
| The retrieval delay caused an operational constraint (e.g. inability to quickly respond to a request) | 340 | 22% | 36% | 29% | 11% | 2% |
| The document/record had been disposed of (e.g. shredded) | 339 | 39% | 38% | 18% | 4% | 1% |

As shown in Figure 19, classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of paper records.

Figure 19 – Challenges in Classifying, Searching For, and Retrieving Paper Records

| Challenge | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|-------------------------------------|---------------------|------------|------------|------------|
| Retrieving (or locating) records | 157 | 43% | 39% | 18% |
| Organizing records (classification) | 147 | 37% | 23% | 40% |
| Duplication | 135 | 32% | 41% | 27% |
| Version control | 82 | 32% | 40% | 28% |

Note: 197 survey respondents are not experiencing any challenges in managing paper records.

One focus group participant expressed concern that the RIM Program expects departments/divisions to retroactively implement record series amalgamations (2 or more series are combined) or splits (one series is split into two or more series) before transferring those records to the RRC. This requirement places a burden on departments/divisions due staff constraints and the volume of records which may need to be processed. Consequently, the records may languish in the department/division to the detriment of efficient space utilization or the department/division may incur overtime in processing the backlog. An alternative would be to allow pre-existing records to continue to be classified according to the old series and including a

note in the CCS to that effect. It is recognized, however, that this alternative would not be implemented unless a user read the note and classified records accordingly and that search results would be incomplete unless a searcher referenced the note and searched accordingly (i.e. searched on all applicable Record Series Codes that were used in the past).

5.2.3 Electronic Records Challenges

57% of survey respondents reported past difficulty when trying to locate an electronic record in a shared directory/drive to which they have access. Those respondents were asked to rank the frequency of the difficulties they have experienced. As shown in Figure 20, the most frequently reported difficulty was not remembering (or not knowing) the name of an electronic file/record with 76% of respondents having experienced that difficulty either 'occasionally' or 'often'.

Figure 20 – Frequency of Difficulty In Locating an Electronic File/Record in a Shared Drive/Directory

| Difficulty Experienced | Number of Responses | Frequency of Difficulty Experienced | | | | |
|--|---------------------|-------------------------------------|--------|--------------|-------|------------|
| | | Never | Seldom | Occasionally | Often | Constantly |
| I couldn't remember (or didn't know) the name of the file/record | 366 | 5% | 13% | 48% | 28% | 6% |
| I couldn't locate the most current version | 364 | 5% | 24% | 47.5% | 19.5% | 4% |
| I couldn't remember (or didn't know) where the file/record was kept | 364 | 4.5% | 15% | 46% | 27% | 7.5% |
| The file/record was inaccessible due to software version changes, software discontinuation and/or storage format changes | 363 | 33% | 37% | 21.5% | 7.5% | 1% |
| The file/record was of poor quality (e.g. a hard to read image) | 361 | 47.5% | 34% | 15% | 3% | 0.5% |
| The retrieval delay caused an operational constraint (e.g. inability to quickly respond to a request) | 363 | 29% | 40.5% | 22% | 7.5% | 1% |
| There were too many files/records to search through | 365 | 11% | 22.5% | 34% | 25% | 7.5% |
| I wasn't authorized to access the folder/sub-folder in which the file/record was stored | 362 | 39% | 31% | 20% | 8% | 2% |

As shown in Figure 21, classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of electronic records.

Figure 21 – Challenges in Classifying, Searching For, and Retrieving Electronic Records

| Challenge | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|---|---------------------|------------|------------|------------|
| Inconsistent naming practices | 221 | 55.5% | 22.5% | 22% |
| Retrieving (or locating) records | 185 | 42% | 36% | 22% |
| Duplication | 134 | 20% | 42.5% | 37.5% |
| Version control | 92 | 25% | 38% | 37% |
| Inability to access records when working remotely | 92 | 42.5% | 16% | 41.5% |

Note: 155 survey respondents are not experiencing any challenges in managing electronic records.

Some employees interviewed by Ergo and some focus group participants identified the ever-increasing volume of electronic records, the multiplicity of electronic storage locations, duplication, and the need to rely on humans to identify and retrieve records as particular challenges when responding to a request for records under MFIPPA or in response to litigation or regulatory investigation. They also stated it is not uncommon for differing collections of records to be produced when employees are asked to search for records in response the same records request. Differences in the collections (e.g. one employee provides 5 relevant records while another provides 10, not all of which are included in the collection of 5 records) may arise for various reasons such as different search processes and the retention of varying amounts of records due to the application of different retention rules.

5.2.4 E-mail Challenges

56% of survey respondents reported past difficulty when trying to locate an e-mail message in the Region’s e-mail system. Those respondents were asked to rank the frequency of the difficulties they have experienced. As shown in Figure 22, the most frequently reported difficulty was not remembering (or not knowing) the information needed to locate a message with 58% of respondents having experienced that difficulty either ‘occasionally’ or ‘often’.

Figure 22 – Frequency of Difficulty In Locating an E-mail Message in the Region’s E-mail System

| Difficulty Experienced | Number of Responses | Frequency of Difficulty Experienced | | | | |
|---|---------------------|-------------------------------------|--------|--------------|-------|------------|
| | | Never | Seldom | Occasionally | Often | Constantly |
| I couldn't remember (or didn't know) the information needed to locate the message (e.g. subject) | 359 | 9% | 30% | 42% | 16% | 3% |
| I didn't know how to use the search function in the e-mail system | 357 | 59% | 24% | 10% | 4% | 3% |
| The e-mail message had been deleted | 358 | 13% | 31% | 35% | 14% | 7% |
| The retrieval delay caused an operational constraint (e.g. inability to quickly respond to a request) | 356 | 21% | 38% | 28% | 9% | 4% |
| There were too many e-mails to search through | 358 | 9% | 25% | 33% | 22% | 11% |

As shown in Figure 23, classification, search, and retrieval challenges figure prominently in the top 3 challenges experienced by survey respondents in their management of e-mails.

Figure 23 – Challenges in Classifying, Searching For, and Retrieving E-mails

| Challenge | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|--------------------------------------|---------------------|------------|------------|------------|
| Organizing messages (classification) | 139 | 35% | 30% | 35% |
| Retrieving (or locating) messages | 194 | 40% | 30% | 30% |
| Duplication | 63 | 21% | 38% | 41% |

Note: 124 survey respondents are not experiencing any challenges in managing electronic records.

5.2.5 Time Spent Searching for Information

Figure 24 summarizes the amount of time – on average – that survey respondents spend each work day searching for information in various formats/storage locations. Most employees spend 15 minutes or less.

Figure 24 – Average Amount of Time/Work Day Spent Searching for Information

| Format/Storage Location of the Information | Number of Responses | Average Amount of Time/Work Day | | | | | |
|---|---------------------|---------------------------------|-----------------|-----------------|-----------------|--------------------|----------------|
| | | 15 Minutes or Less | 15 – 30 Minutes | 30 – 45 Minutes | 45 – 60 Minutes | 60 or More Minutes | N/A (Not Used) |
| Paper records in office areas | 637 | 61% | 17% | 4% | 2% | 1.5% | 14.5% |
| Paper records in storage | 628 | 55% | 7% | 2% | 1% | 1% | 34% |
| The employee's personal network drive/directory | 632 | 68% | 18% | 5% | 3% | 1.5% | 4.5% |
| A shared network drive/directory to which the employee has access | 637 | 53% | 28% | 8% | 5% | 4% | 2% |
| An e-mail in the employee's e-mail account | 639 | 59.5% | 23% | 8% | 5% | 4% | 0.5% |

5.3 Information Collaboration, Workflow, and Sharing

Focus group participants were asked whether they collaborate with other employees to prepare documents and if yes, how they share documents during the collaboration process.

Many focus group participants collaborate with other employees to prepare documents such as agreements, briefing notes, letters, and reports. Distributing a document as an e-mail attachment and receiving revised versions of the document by return e-mail is the most common method of collaboration; however, that method is very inefficient because the leader of the collaborator must reconcile many different submissions into the next iteration of the document and then circulate that version for review and approval. That process often spawns one (or more) additional iterations and re-circulations. While those challenges were recognized by some focus group participants, they also agreed there is often no alternative collaboration method because all parties to a collaboration may not have access to the same shared drive. As shown in Figure 25, some participants use (or are party to collaborations in which other participants use) a different collaboration method.

Figure 25 – Other Collaboration Methods

| Reason |
|---|
| Print a paper copy of an e-mail attachment, mark it up with revisions, and give the revised copy to the leader of the collaboration [this is the hardcopy equivalent of distributing the document via e-mail and receiving revised documents via return e-mail] |
| Send an e-mail to the leader of the collaboration listing the proposed revisions or additional content in the body of the message |
| Send an e-mail containing a hyperlink to the document in a shared drive to which all collaborators have access on the understanding that each collaborator will incorporate his/her proposed revisions or additional content using tracked changes [the leader of the collaboration may set up the file to prevent more than one person from accessing it at the same time, thus preventing the creation of duplicate copies] |
| Use SharePoint |

Survey respondents (4) and focus group participants (2) expressed interest in being able to use collaboration software either generally or to manage specific types of records such as the records of a project.

A workflow is a process in which tasks, information, or documents are passed from one participant to another for action according to a set of procedural rules (e.g. obtaining a series of signatures to approve a purchase, processing a request for service, etc.). Focus group participants were asked whether they participate in any manual (i.e. paper-based) workflows. Many of them participate in a workflow in which a paper document such as an invoice, agreement, or report is circulated to several employees via internal mail or hand delivery ('sneaker mail') for review and approval. Typically, a routing sheet accompanies the document to specify the order of the positions to whom the document should be circulated. One division uses e-voting to secure agreement on contract wording and then circulates the final version of the contract in hardcopy for review and approval.

With respect to sharing information, the 'E-mail Etiquette' section of Electronic Communications Systems – Policy Standards and Guidelines encourages employees to avoid "sending large attachments to large distribution lists due to the impact on the network." That document does not, however, identify alternative methods for sharing large attachments with large distribution lists. The 'E-mail Etiquette' section also encourages an employee to decide "who is the main receiver and who should be copied" before sending a message and to send a response to the originator to avoid "sending a response to everyone on a distribution list".

Email (policy # 14.13, s. 4.013) states that "All outgoing and incoming emails will be restricted to a maximum size of 10MB. If a user's role requires that he/she be allowed to send or receive attachments that could be blocked, it is recommended that the user discuss this with their Manager or CS-IT."

According to the Information Technology – Cloud Computing Review and Update (report # 2016-A-11), CS-IT offers a secure, cloud-based file transfer service to all departments so employees can “share confidential, Personal Health Information and other critical files with . . . partners.” Due to licensing costs, access to the file transfer service is restricted to specified employees in each department.

The survey asked respondents to rank the frequency with which they send e-mail attachments to co-workers. As shown in Figure 26, survey respondents send attachments most often to share information followed closely by distributing documents for collaboration purposes.

Figure 26 – Frequency of E-Mail Attachment Use by Purpose

| Reason for Sending an Attachment via E-mail | Number of Responses | Frequency of Use | | |
|---|---------------------|------------------|-------|-------------|
| | | Most Often | Often | Least Often |
| To share information | 524 | 60% | 33% | 7% |
| To distribute documents for collaboration purposes (e.g. circulate a draft report for feedback) | 495 | 31% | 58% | 11% |
| To allow a co-worker to access information when working remotely | 618 | 5% | 10.5% | 84.5% |

Survey respondents were also asked if they use any cloud-based file storage or sharing applications (e.g. Dropbox) for work-related purposes. Only 8.75% of respondents said they use such applications⁴⁰. As shown in Figure 27, those respondents use Dropbox most often.

Figure 27 – Use of Cloud-based File Storage or Sharing Applications

| Response | Number of Responses | % |
|---|---------------------|--------------------------------|
| Box | 1 | 2% |
| Dropbox | 28 | 48% |
| Google Drive | 14 | 24% |
| Microsoft OneDrive | 5 | 8.5% |
| Other (please specify) | 26 | 45% |
| • WeTransfer | 5 | 19% of the 'other' responses |
| • Region's FTP | 5 | 19% of the 'other' responses |
| • SharePoint | 3 | 11.5% of the 'other' responses |
| • Consultant's FTP site | 2 | 8% of the 'other' responses |
| • Miscellaneous (e.g. iCloud, AGO, Prezi) | 11 | 42.5% of the 'other' responses |

Note: The response percentages exceed 100% because respondents were asked to 'select all that apply' when responding to this question.

⁴⁰ 7% of respondents are uncertain whether they use any such applications (i.e. those respondents selected the 'I don't know' response to this question).

The reasons why some survey respondents use cloud-based file storage or sharing applications are summarized in Figure 28. The most common reason is to distribute a file which is too large to transmit via the Region's e-mail system followed by collaboration on documents with external parties (e.g. consultants).

Figure 28 – Reasons for Using Cloud-based File Storage or Sharing Applications

| Response | Number of Responses | % |
|--|---------------------|------------------------------|
| To distribute files which are too large to transmit via the Region's e-mail system | 43 | 74% |
| To be able to access files/e-mails when working remotely | 14 | 24% |
| To collaborate on documents with co-workers | 15 | 26% |
| To collaborate on documents with external parties (e.g. consultants) | 29 | 50% |
| To allow co-workers to access files/e-mails when working remotely | 6 | 10% |
| Other (please specify) | 8 | 14% |
| <ul style="list-style-type: none"> • To receive large files | 2 | 25% of the 'other' responses |
| <ul style="list-style-type: none"> • To move/transfer pictures from phone | 2 | 25% of the 'other' responses |
| <ul style="list-style-type: none"> • Miscellaneous | 4 | 50% of the 'other' responses |

Note: The response percentages exceed 100% because respondents were asked to 'select all that apply' when responding to this question.

5.4 Information Storage

This section discusses the storage of paper and electronic records.

5.4.1 Paper Records Storage

Active paper records are stored in departments/divisions/programs. The RIM Manual describes the standard types of filing equipment and supplies (e.g. file folders) to be used in all departments and the procedures for their procurement.

Survey respondents were asked to identify their top 3 challenges in managing records. As shown in Figure 29, not knowing where to file/store a record is not a significant challenge for paper records.

Figure 29 – Records Storage Challenges

| Challenge | Record Type | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|--|-------------|---------------------|------------|------------|------------|
| Not knowing where to file/store a record | Paper | 140 | 18.5% | 35% | 46.5% |
| Not knowing where to file/store a record | Electronic | 109 | 8% | 47% | 45 % |

However, insufficient storage space for paper records is a significant challenge as shown in Figure 30.

Figure 30 – Records Storage Space Challenges

| Challenge | Record Type | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|----------------------------|-------------|---------------------|------------|------------|------------|
| Insufficient storage space | Paper | 155 | 60% | 22.5% | 17.5% |
| Insufficient storage space | Electronic | 96 | 43% | 31% | 26 % |
| Insufficient storage space | E-mail | 130 | 57% | 27% | 16% |

The RIM Program operates the RRC on the lower level of Regional HQ for the secure storage of inactive records. Storing inactive records in the RRC frees up records storage space in offices and reduces filing equipment costs. The Region’s archives are kept in a small area within the RRC (see Section 5.9 for more information).

The 103 shelving bays currently hold more than 10,000 boxes. Records are stored in cardboard boxes (mostly end/side tab boxes) on metal, mobile aisle shelving. Boxes are shelved in random order to enhance security. Every box (and every file within a box) is tracked in Versatile Enterprise. Below are some statistics on RRC activity.

- RRC staff retrieve an average of 20 files/boxes each work day, totaling over 5,000 retrievals per year.
- RRC staff accept and process for storage approximately 2,000 boxes (transfers) from departments each year.
- RRC staff co-ordinate the secure shredding of 1,400 boxes on average per year⁴¹.

There is a lack of swing space in the RRC so designated shelving bays are used to store incoming transfers until they are processed and to accumulate approved destructions awaiting collection by the shredding service, resulting in reduced space for the storage of inactive records. Boxes to be returned to the off-site commercial record centre are kept in a designated area of the RRC until a sufficient volume has accumulated to minimize servicing costs.

The RRC is located directly below the Council Chambers. 800 boxes were damaged a few years ago when an overhead toilet flooded. While the water was fortunately ‘clean’ and not wastewater, it was necessary to engage a document restoration company to freeze the records to prevent mould growth and then restore the records over time. Most of the recovered records are brittle to the touch and many are water marked. The storm and sanitary drains in the RRC pose a continual danger to the records.

The RRC is equipped with a ceiling-mounted fire suppression system, a moisture detection alarm (installed after the flood), and a temperature and humidity monitor. The recently installed

⁴¹ Typically, 3 – 5 destructions are held each year.

humidifier is not yet operational. A RIM Program employee takes daily temperature and humidity readings.

Due to RRC space constraints, the RIM Program began to use an off-site commercial record centre in 2011. Records Analysts and the Manager, RIM try to confine use of that facility to the storage of inactive records which are infrequently accessed and subject to a longer retention period. Approximately 4,000 boxes of records are stored off-site. For security reasons, only boxes (not individual files) are retrieved from the commercial record centre upon authorized request. Because RIM staff strive to keep more frequently referenced inactive records in the RRC, the volume of records retrieved from off-site storage has been relatively low (e.g. in 2016, 105 boxes were retrieved from the commercial record centre versus 3,069 file/box retrievals from the RRC). However, because the volume of annual transfers exceeds the amount of storage space which is freed up by annual destructions, it is likely that the volume of retrievals from the commercial record centre will increase as more frequently accessed records will be stored off-site in the future.

S. 1.01 in the ‘Inactive Records – Inactive Records Storage – Purging Records’ section of the RIM Manual states “Inactive records which have fulfilled their retention requirements according to the CCS should be purged or removed from the department. Purging should take place at least once a year. Normally this takes place at the beginning of a new year to make room for the current year’s records.” Several focus group participants said the RRC sometimes doesn’t have space so boxes cannot be transferred for several weeks or months causing operational constraints and unsafe accumulations of records storage boxes in offices.

The expected delivery schedule (Figure 31) is predicated on the Region’s mail service delivering interoffice mail twice daily to Regional HQ locations and once daily to non-HQ locations. RIM staff generally fill records retrieval requests within 24 hours of receipt and deliver requested records to the Mailroom within 36 hours of receipt. Depending on when the records are delivered to the Mailroom, delivery may be the next day or the day after that. ‘Rush’ retrieval requests may be collected in-person from the RRC upon prior arrangement.

Figure 31 – Expected Delivery Schedule

| Requested in Versatile | Delivery – Regional HQ | Delivery – Off-site Locations |
|--|--|--------------------------------------|
| By 10 AM | Next day | 2 days |
| By 3 PM | Next day or 2 days, depending on delivery schedule | 3 days |
| RUSH request by 10 AM (must be confirmed via telephone call to the RRC) | Same day (call ahead to arrange for pick-up) | Next day |

5.4.2 Electronic Records Storage

Several Region policies specify requirements for the storage of electronic records.

- a) Electronic Communications Systems (policy # 14.10, s. 7.04) requires authorized users⁴² to print hard copies or save “important information to their network drive on the server according to the Corporate Classification Scheme (CCS)”. That requirement is repeated in Electronic Communications Systems – Policy Standards and Guidelines.
- b) Email (policy # 14.13, s. 4.019) states “Personal archive folders will not be supported, and all personal archiving functions will be deactivated. All archived messages will be stored and accessed through the Corporate Email Archive System.”
- c) Personal Computer (policy # 14.19, s. 3.01) which outlines high-level security controls for end-user assigned information technology assets requires “Business related files must be stored on network drives where they will be routinely backed up and can be easily recovered in the event of a personal computer failure”.
- d) Portable Computers (policy # 14.11, s. 5.01) requires CS-IT to install device control software on portable computers and configure those computers to “allow read/write access to authorized electronic removable media only.”
- e) Removable Media (policy # 14.12, ss. 1, 4.01 and 7) requires employees to have “. . . written management approval for the storage and transport of regional data on removeable media”. Employees are also prohibited from storing or transporting regional data on removable electronic media not of a type approved by CS-IT and which was not purchased by the Region. Vendors, contractors, consultants, and external individuals are required to sign a NDA “prior to permitted use, storage, or transport of regional data”, have “written management approval for the use, storage, and transport of regional electronic removable media”, and only “store regional information on Region of Durham issued removable electronic media.” Removable Media also specifies procedures for the handling, protection, reallocation, and decommissioning of electronic removable media.

Survey respondents were asked whether they store most of the electronic files/records they create in a personal network drive/directory, a shared network drive/directory, or another location. The responses are summarized in Figure 32.

⁴² Electronic Communications Systems (policy # 14.10) defines ‘authorized users/users’ as “Those who have been granted authorized ECS access; such as, but not limited to, employees, students, clients, agencies, organizations consultants, contractors”.

Figure 32 – Storage Location of Electronic Files/Records

| Response | Number of Responses | % |
|--|---------------------|---|
| Personal network drive/directory | 268 | 39% |
| Shared network drive/directory | 390 | 56% |
| Other location (please specify) | 33 | 5% |
| <ul style="list-style-type: none"> Use both personal and shared network drive/directory, often depending on the type of information | 12 | 36.5% of the 'other location' responses |
| <ul style="list-style-type: none"> Miscellaneous responses) | 12 | 36.5% of the 'other location' responses |
| <ul style="list-style-type: none"> Not applicable | 5 | 15% of the 'other location' responses |
| <ul style="list-style-type: none"> Desktop | 4 | 12% of the 'other location' responses |

As stated in Section 5.4.1, not knowing where to file/store an electronic record is not a significant challenge for survey respondents. However, as also shown in that section, insufficient storage space for e-mails was ranked as the # 1 or # 2 challenge in managing e-mails by 84% of the respondents who experienced challenges in managing those records.

The amount of e-mails an employee can store in his/her e-mail account is limited by his/her position (500 MB default for employees⁴³ and a 1 GB default for management employees). If an employee is approaching his/her limit, a warning message will display encouraging the employee to reduce the amount of e-mails stored. If the limit is exceeded, the employee will not be able to send or receive messages until s/he takes steps to reduce the volume of stored messages. *Ad hoc* and frantic deletions of e-mails likely occur when the limit is reached. The Data Inventory Report generated by CS-IT provides a high-level summary of the Region's profiled data. Figure 33 lists the volume of unstructured⁴⁴ data, the number of unstructured data items, and the total number of user accounts and illustrates the growth in those items over a recent 10-month period.

Figure 33 – Storage Location of Electronic Files/Records

| Response | 2016 (December 16) | 2017 (October 20) |
|-----------------------------------|-----------------------|----------------------|
| Unstructured data volume | 23.19 TB | 25.34 TB |
| Unstructured data items | 20,625,533 | 22,300,886 |
| Total User Accounts ⁴⁵ | 6,958 | 7,128 |

⁴³ CS-IT will increase this limit to 1 GB upon receipt of an approved request.

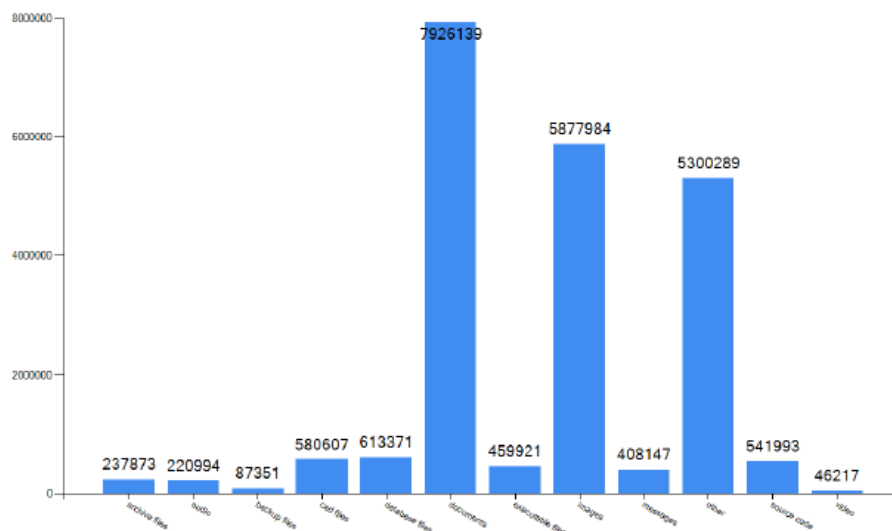
⁴⁴ The Data Inventory Report loosely defines 'unstructured data' as "information that cannot be represented in the row and column format of traditional databases (which are considered structured). Examples of this information include metadata and text content contained in files, emails, and content management systems such as SharePoint."

⁴⁵ It is interesting to note that the sum of the active user accounts and the disabled user accounts stated in the reports is somewhat higher than the number of total user accounts, i.e. the 2016 report lists 4,864 active user accounts plus 2,310 disabled user accounts for a total of 7,174 accounts and the 2017 report lists 5,039 active user accounts plus 2,443 disabled user accounts for a total of 7,482 accounts.

It is interesting to note that the Region has approximately 4,000 employees, not all of whom have a user account. Therefore, there is a sizeable number of inactive or disabled accounts which contain records/information.

As shown in Figure 34 from the 2017 Data Inventory Report, 'documents' constitute the largest amount of item types stored followed by 'images', and 'other'. This distribution is in keeping with the distribution in the 2016 report, although there were some changes in the volume of individual item types over the 10-month period between reports.

Figure 34 – Item Type Definition Storage Consumption



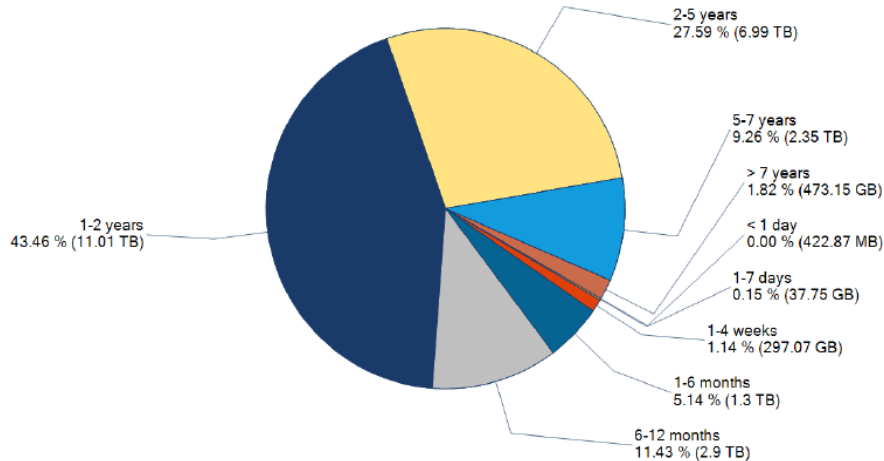
The Data Inventory Report states “Current and relevant data can be identified by analyzing how recently it has been accessed by users. Conversely, stale data which has not been accessed for some time can be a potential candidate for archive⁴⁶, deletion, or migration to lower tier storage.” Ergo cautions that the determination of if/when to delete data or move it to alternative storage should be made using the RRS since ‘last accessed’ date is not a reliable indicator of a record’s value or importance to the Region and, therefore, does not (and should not) determine its retention period.

As shown in Figure 35 from the 2017 Data Inventory Report, most of the data was ‘last accessed’ 1-2 years ago (43.5%) and almost 39% was ‘last accessed’ 2 or more years ago. While the amount of data ‘last accessed’ 1-2 years ago is essentially unchanged as compared to 2016, the amount of data ‘last accessed’ 2-5 years ago increased 4.5% while the amount of data ‘last accessed’ 1-6 months ago decreased by almost 7%. A comparison of the 2016 and

⁴⁶ ‘Archive’ is used in the IT context to mean the movement of data that is no longer actively used to a separate storage device for further retention. This data is not necessarily ‘archival’ in the context discussed in Section 5.9 of this report.

2017 reports revealed slight variations in the amount of data 'last accessed' at the other intervals.

Figure 35 – 'Last Accessed' Analysis by Storage Consumption



The Data Inventory Report also states, "Similar to 'Last Accessed' date, 'Last Modified' date is also a good indicator of current and relevant data by analyzing how recently it has been modified by users. Stale data which has not been modified for some time can be a potential candidate for archive, deletion, or migration to lower tier storage." As above, Ergo cautions that the RRS should be used to determine if/when to delete data or move it to alternative storage.

As shown in Figure 36 from the 2017 Data Inventory Report, most data was 'last modified' 2-5 years ago (31.5%) which is almost 3% more than in 2016. The amount of data 'last modified' 1-2 years ago (27%) did not change as compared to 2016. The most significant change as compared to 2016 was a 5.5% decrease in the amount of data 'last modified' 1-6 months ago.

Figure 36 – ‘Last Modified’ Analysis by Storage Consumption

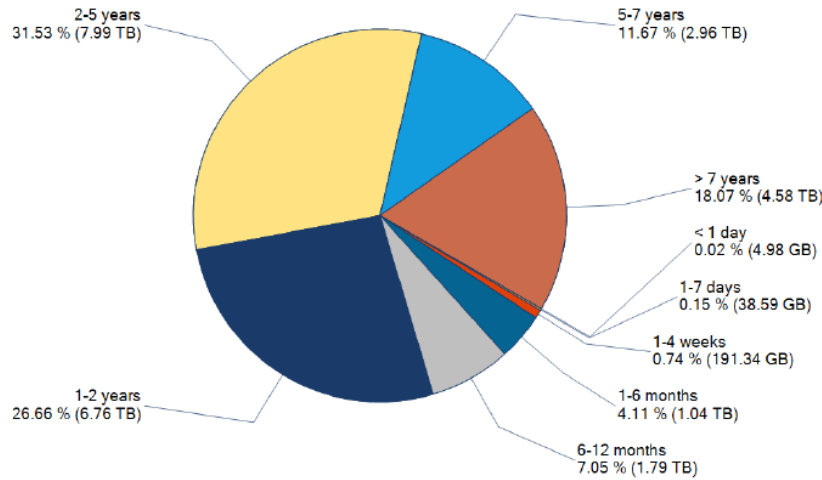
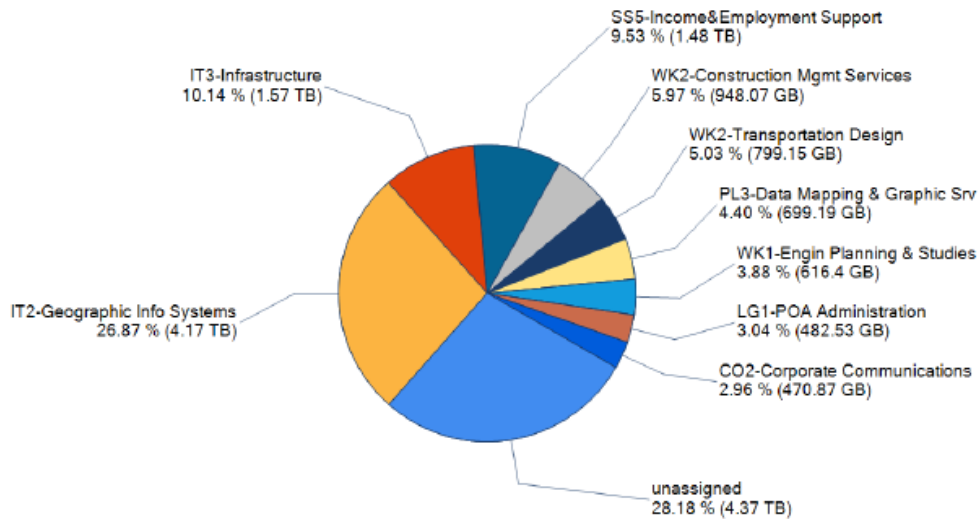


Figure 37 shows the top 10 departments by storage consumption in the 2017 Data Inventory Report. As expected, many departments on the list create/receive and store very large files such as plans and drawings. ‘Unassigned’ followed by ‘IT2-Geographic Info Systems’ and then ‘IT3-Infrastructure’ consumed the most storage in both 2016 and 2017. ‘HL7-Health CARD’ and ‘WK2-Traffic Engineering’ were replaced in the 2017 report by ‘WK1-Engin Planning & Studies’ and ‘LG1-POA Administration’. While the storage volume of the 8 departments in both reports changed, the increases and decreases were very minor.

Figure 37 – Top 10 Departments by Storage Consumption



5.5 Information Security

Over the last few years, the Region has made information security a priority.

Information security is addressed in many Region policies. The following policies deal with confidential information.

- a) Alternative Work Arrangements Reference Guide (p.17) specifies a telework employee's obligations to maintain the confidentiality of the Region's information: "Employees are responsible for taking necessary precautions to secure and protect the property, documents and the confidentiality of information. All employees must comply with the Region's policies and procedures and the Municipal Freedom of Information and Protection of Privacy Act regarding information privacy and security. The teleworking employee must reasonably secure and protect work information used at the remote work location, as agreed to with the immediate supervisor and/or prescribed through Records Management (Clerk's Department) or by Corporate Services Department – IT Division. Work information that needs to be destroyed shall be brought back into the Regional office location for shredding." An employee is required to sign-off in the Alternative Work Arrangement Agreement – Teleworking his/her compliance with the confidentiality and security requirements.
- b) Code of Ethics Policy (policy # 2.10, s. 2.02) prohibits an employee from disclosing "any confidential information relating to the affairs of the Region."
- c) Confidentiality Policy (policy # 2.30, s. 1.01 through 1.04) states:
 - "All employees, patient/client, financial records are to be treated as confidential" and access to client records must be limited.
 - Confidential information should only be released to authorized individuals.
 - "Employees are responsible for proper storage, safeguarding and disposal of confidential information. This includes both hard copy and electronic documents."
 - Employees are prohibited from disclosing "confidential or privileged information about the property, or affairs of the organization" or from using "confidential information to advance personal or others' interests."
- d) Electronic Communications Systems (policy # 14.10, s. 4.08) prohibits the sending of "highly confidential and/or sensitive Regional information over the Internet".
- e) Email (policy # 14.13, s. 4.03) requires users to "ensure that email messages, files, and records are protected from unauthorized disclosure to third parties." The policy cautions employees who use the Region's e-mail system for personal use that "Any message [including a personal message] shall be subject to review if stored on the Region of Durham Email System." (s. 4.010) Users are also cautioned about the security of e-mail messages sent to external recipients (s. 4.04): "Users must be aware that email messages sent outside the Region of Durham network can be read by anyone monitoring the Region of Durham's network or the intended recipient's network. Caution should be exercised when sending sensitive or confidential information. It is strongly

recommended that a user contact Corporate Services-Information Technology (CS-IT) for alternate methods of communicating confidential information.”

- f) Employee Code of Conduct (no policy number, purpose section) specifies six standards of conduct, one of which is to “Protect the information entrusted to us by maintaining confidentiality.” Compliance with the standards is a condition of employment and employees who do not comply with the standards “may be subject to disciplinary action up to and including dismissal.”

The Region also has policies which pertain to the technologies and equipment used to protect information in storage or while in transit.

- a) Data Protection (policy # 14.20, s. 1) “defines the mandatory controls related to the protection of electronic information assets. These controls assist in maintaining the confidentiality, integrity, and availability of the Region’s data.” The policy applies to “all electronically stored information owned and/or entrusted to the Region.” Two conditions apply to protecting data: “Information shall be disclosed only to individuals based on a legitimate business requirement” and “All potentially sensitive information must be adequately protected to ensure that it is not improperly disclosed, modified, or deleted.” (s. 3.01) S. 3.03 lists six conditions for data storage such as storing confidential and/or restricted information only on removable storage in an encrypted FIPS 197 (AES) compliant format and prohibiting the storage of confidential/restricted information on Regional desktop, notebook, or personally owned computers.
- b) Data Protection (policy # 14.20, s. 3.04) also prohibits the duplication (photocopying or scanning) of confidential/restricted information “on devices that will retain an imprint of the original.” It is impossible for Region staff to comply with this requirement if they duplicate confidential/restricted information on a multi-function device because a copy of the original is stored in the device’s memory.
- c) Network Security (policy # 14.17, s. 3.05) states “File transfer services containing non-public information or are externally accessible must leverage the use of encryption (e.g. sftp, https) and require user authentication”.
- d) Personal Computer (policy # 14.19, s. 3.01) outlines high-level security controls for end-user assigned information technology assets and includes the following requirement: “Under no circumstances should non-public information (e.g. confidential, restricted) be stored on an unencrypted end user device without department management and Corporate Services – Information Technology approval” and “Under no circumstances should non-public information (e.g. confidential, restricted) be stored on an employee owned device”.
- e) Personal Computer (policy # 14.19, s. 3.03) also requires “All mobile computing devices (e.g. iPad, iPhone, BlackBerry) must be enrolled with a Mobile Device Management solution with password enforcement controls and remote wipe capabilities”.

- f) Portable Computers Policy (policy # 14.11, s. 4.01)⁴⁷ specifies twelve actions an employee must perform to minimize security risks when using and/or transporting a portable computer off-site (s. 4.01).
- g) Removable Media (policy # 14.12, s. 4.01) requires employees to:
 - “Remove all data stored on removable media prior to reallocating or decommissioning the media”;
 - “Keep the removable electronic media in a secure environment away from unauthorized persons”; and
 - “Ensure that the removable electronic media is not the only location that data maintained for work purposes is stored.”
- h) RIM Manual requires the RRC to use custom-made, lockable, blue canvas courier bags to securely transport requested files through interoffice mail, thus ensuring their contents are not tampered with or disclosed to unauthorized individuals. Because the plastic locks are one-time-use-only, departments/divisions/programs are instructed to not use these bags to return files to the RRC. Instead, sealed manila envelopes are to be used unless a department has its own locking courier bags.

The Region also has policies for the secure destruction of the storage media on which information is stored.

- a) Data Protection (policy # 14.20, s. 3.05) requires the following in alignment with the Systems Acquisition, Maintenance, and Disposal policy: secure destruction of optical media (DVD/CD) to ensure sensitive data cannot be retrieved and use of approved wiping procedures to securely erase magnetic media and other technology assets containing sensitive and/or restricted information.
- b) Locked shred bins are provided for the secure disposal of confidential or sensitive transitory materials that cannot go into regular recycling.
- c) Personal Computer (policy # 14.19, s. 3.03) requires “Prior to device disposal or reassignment, computing devices must be securely cleansed of all data using a data sanitization tool authorized by Corporate Services – Information Technology in accordance with the System Acquisition, Maintenance, and Disposal Policy.”
- d) Portable Computers Policy (policy # 14.11, s. 5.01) requires CS-IT to ensure “All data stored on regional portable computers [is] securely destroyed prior to reallocation or decommissioning”.
- e) System Acquisition, Maintenance, and Disposal (policy # 14.21, s. 3.05) requires electronic media (e.g. hard drives, tape cartridges, CDs, USB drives) to be disposed of by one of the following methods: “Performing a secure erase using a DoD 5220.2M/NIST 800-88 compliant utility; degaussing solution to magnetically erase data from magnetic media; or physically destroying the asset (e.g. crushing).” The policy also requires that a ‘certificate of destruction’ “be obtained and filed for future reference” if an external party is involved in the destruction of the media.

⁴⁷ This policy does not cover portable computers such as Blackberry’s, iPads or cellular telephones. Those devices are covered under Removable Media (policy # 14.12).

Survey respondents were asked to identify their top 3 challenges in managing paper and electronic records and e-mails. As shown in Figure 38, keeping records/messages secure is not a significant challenge.

Figure 38 – Records Security Challenges

| Challenge | Record Type | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|----------------------------|-------------|---------------------|------------|------------|------------|
| Keeping records secure | Paper | 37 | 22% | 46% | 32% |
| Keeping records secure | Electronic | 20 | 30% | 35% | 35% |
| Insufficient storage space | E-mail | 12 | 35% | 33% | 42% |

5.6 Access to Information and Privacy

This section describes how MFIPPA/PHIPA requests are processed and discusses the establishment of a Corporate Privacy Office.

5.6.1 MFIPPA/PHIPA Requests Processing

Under MFIPPA, the ‘head’ of an institution (such as a regional municipality) is responsible for decisions made under MFIPPA by the institution and for overseeing the administration of that Act within the institution. According to the Establishment of a Corporate Privacy Office report (report # 2016-COW-42), “Council has, by by-law, designated the Regional Chair as Head of Institution for these purposes. In turn, the Regional Chair has designated the Regional Clerk as the MFIPPA Coordinator to address all matters with respect to this Act.” The Regional Clerk is also responsible for the administration of PHIPA access requests except for the Health Department⁴⁸.

On behalf of the Regional Clerk, the Records Analyst – FOI receives (and clarifies if/as necessary) the access requests submitted in writing under MFIPPA, manages the overall process of responding to those requests, and makes recommendations to the Regional Clerk whether a requester is entitled to receive records, subject to any right of appeal to the IPC.

Once the Records Analyst – FOI determines it is appropriate to respond to a request, the department/division that has custody or control of the requested records⁴⁹ is responsible for

⁴⁸ According to the report, “Under PHIPA, the Commissioner and Medical Officer of Health is deemed HIC [Health Information Custodian] for public health programs and services which fall under the direction of the Medical Officer of Health of (sic) the Board of Health within the meaning of the Health Protection and Promotion Act.” The Manager, Health Information, Privacy and Security in the Health Department manages all of the department’s PHIPA requests.

⁴⁹ As stated in Section 3.3 of this report, the MFIPPA definition of ‘record’ is media-independent. That the Region may have to release archived e-mails in response to a MFIPPA request is made clear by the following statement in the Email policy # 14.13: “Similar to other forms of records . . . may be made public as part of internal audits, judicial or other public disclosure proceedings” (s. 4.018).

searching for and, if they exist, retrieving the requested records⁵⁰. The Departmental Coordinator prepares an Index of Records, reviews the records, and completes an initial adjudication (e.g. determination of any exemptions that may apply). The Departmental Coordinator also signs a Records Holding Statement attesting that – to the best of his/her knowledge – the records being provided to the Records Analyst – FOI comprise "all information holdings (paper and computer based)" within his/her department relative to the request and that the Index of Records "is an accurate account of all records exempted in full or part and the number of pages of each record." When searching for records it is often necessary to search multiple paper and electronic repositories and weed out duplication. There is also the risk that a record was not created, was not kept, or cannot be found because of how it was named or where it was stored.

The Records Analyst – FOI reviews the records and Index of Records provided by the Departmental Coordinator, seeks the advice of a Solicitor if/as necessary, and prepares a decision letter to the requester either granting access in full or in part, denying access, or stating that the requested records do not exist. The Records Analyst – FOI also redacts any exempt information and prepares records for release if/as appropriate. The Records Analyst – FOI's other duties include liaising with the Regional Clerk, Solicitor, and departmental staff on appeals or complaints to the IPC, managing all stages of any appeal process, providing training, advice, and support for Region staff as required, and collecting information for the Region's annual report to the IPC. For example, the Records Analyst – FOI developed a slide presentation (65 slides) to educate Departmental Coordinators about the key elements of MFIPPA and PHIPA legislation and safeguards for protecting personal information and personal health information when collecting, using, disclosing, retaining and disposing of that information.

The Records Analyst – FOI managed the Region's response to 890 formal MFIPPA/PHIPA access requests from 2006 to September 21, 2017, 70.5% of which have been processed since 2013. According to the Establishment of a Corporate Privacy Office report, "over the past number of years the requests have been steadily increasing, along with the complexity of the requests."

As shown in Figure 39, Social Services accounted for highest total number of access requests in each of the last 5.75 years since the Records Analyst – FOI began tracking requests by department.

⁵⁰ According to the Electronic Communications Systems policy # 14.10, management is required to ensure "all electronic records are produced when an MFIPPA request is made" (s. 7.03). That requirement is restated in Electronic Communications Systems – Policy Standards and Guidelines.

Figure 39 – Formal Requests by Department

| Year | Formal Requests Under the Act* | Department Breakdown | | | | | | | | | |
|--------------|--------------------------------|-------------------------|----------------------|-----------|-----------|-----------|---------------------------------|-----------------|------------|----------|----------|
| | | Corporate Services - LS | Regional Chair & CAO | Finance | Health | Legal | Planning & Economic Development | Social Services | Works | Transit | DEMO |
| 2017 | 156 | 2 | 1 | 13 | 14 | 1 | 5 | 84 | 48 | 1 | 0 |
| 2016 | 191 | 4 | 4 | 19 | 14 | 2 | 4 | 108 | 59 | 1 | 1 |
| 2015 | 136 | 4 | 0 | 11 | 14 | 4 | 4 | 76 | 31 | 2 | 2 |
| 2014 | 103 | 5 | 4 | 8 | 23 | 4 | 3 | 49 | 25 | 1 | 0 |
| 2013 | 79 | 1 | 2 | 4 | 15 | 1 | 1 | 45 | 11 | 2 | 0 |
| Total | 665 | 16 | 11 | 55 | 80 | 12 | 17 | 362 | 174 | 7 | 3 |

Note: * Some requests are multi-departmental; therefore, the totals under the departmental breakdown are higher than the total number of formal requests under the act in a given year.

Of the 927 access requests processed by the Records Analyst – FOI, only 8 (or 0.90%) were PHIPA requests with the highest number (3) of such requests being processed in 2015. From 2006 to December 31, 2017, the Region has dealt with 13 privacy complaints and 17 privacy breaches. From 2006 to 2017, the IPC issued 16 orders (all but 4 of which were issued under MFIPPA) to the Region dealing with issues of access, privacy complaints, and breaches. No orders were issued in several years during that period (2008, 2011, 2014, and 2017).⁵¹

5.6.2 Corporate Privacy Office

As described in Section 4.4 of this report, three RIM Program employees (Records Analysts) assist in managing the volume and complexity of the requests under MFIPPA and PHIPA (excluding PHIPA requests for the Health Department). Consequently, “minimal corporate privacy training (is) being delivered and at times, departmental staff have not been able to meet the legislated timelines to respond to information requests. This places the Region in a state of non-compliance with legislation and the Information and Privacy Commissioner of Ontario (IPC). It is important that the Region be able to demonstrate to the IPC that we have an effective, current privacy management program in place, including a comprehensive training program.”

As a result, report # 2016-COW-42 recommended that Council approve the establishment of a Corporate Privacy Office, subject to 2017 budget approval, reporting directly to the Regional

⁵¹ The volume of Health Department PHIPA requests, privacy complaints, and breaches are out of scope for this study because they are managed by a Health Department employee (the Manager, Information, Privacy and Security).

Clerk/Director of Legislative Services⁵². The proposed Corporate Privacy Office would “foster a culture of privacy within the organization” and “handle the creation and implementation of a comprehensive privacy management program” which would be responsible for activities such as:

- Receive and process MFIPPA access requests.
- Receive and process PHIPA access requests except for the Health Department.
- Manage responses to access appeals filed with the IPC.
- Develop policies such as a policy on handling privacy breaches.
- Complete a review of the MFIPPA program and how the Region responds to requests for information, including the development of “an active dissemination [routine disclosure] policy so that information of a general nature is more readily available to the public”.
- Develop and continuously update a list of the Region’s Personal Information Banks (PIBs) as required by MFIPPA.
- Develop and deliver training for all Region employees, tailored to specific needs.
- Work to “ensure that privacy protection is built into every major function involving the use of personal information, including program development, customer service and other program initiatives”.
- Monitor/audit compliance.

The report also states that the Corporate Privacy Office would be responsible for “providing leadership on information management policies and strategies, supporting Regional programs in their information management practices and ensuring appropriate public access to Regional records and information.” Failure to qualify that the leadership and support responsibilities would be limited to information management as it relates to access to information and privacy has created a conflict between the responsibilities of this proposed office and those of the existing RIM Program. This conflict should be eliminated prior to the establishment of the Corporate Privacy Office.

Because it will be necessary to hire staff to oversee the development, implementation, and ongoing operation of a Corporate Privacy Office, the report recommends the creation of two new positions: Manager, Corporate Privacy and a Privacy Officer. As of the writing of this report, those positions have not been filled; however, it is anticipated that they will be filled in 2018. The report also recommends that the Records Analyst – FOI would assist in responding to access requests until an active dissemination (routine disclosure) policy is in place. Administrative support for the Corporate Privacy Office would be provided by existing CS-LS staff. The establishment of a Privacy Advisory Committee to assist with program development is also recommended.

⁵² The job summary in the current job description for the Manager, RIM position lists management of the MFIPPA Program. One of the position’s key responsibilities and duties is listed as “Co-ordinate all aspects of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) for the Region on behalf of the Regional Clerk”.

Survey respondents were asked to identify their top 3 challenges in managing paper and electronic records and e-mails. As shown in Figure 40, managing personal information about identifiable individuals is not a significant challenge.

Figure 40 – Challenges in Managing Personal Information

| Challenge | Record Type | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|--|-------------|---------------------|------------|------------|------------|
| Managing personal information about identifiable individuals | Paper | 47 | 28% | 25% | 47% |
| Keeping records secure | Electronic | 40 | 20% | 42.5% | 37.5% |
| Insufficient storage space | E-mail | 30 | 26.5% | 47% | 26.5% |

5.7 Business Continuity

‘Vital records’ are essential to the continuation or resumption of Region business in the event of a disaster. They allow the Region to fulfill its obligation to the taxpayers, employees, other levels of government, and outside interested parties. The Records Management Procedures (Schedule D of by-law # 65-2017, s. 5.1b) require the Manager, RIM to “Ensure that reasonable measures are implemented to protect the Region’s records from inadvertent destruction or damage, taking into account the nature of the record to be protected, including the creation of new classification codes and retention periods pending Council approval.” Most of the Region’s vital records are identified in the CCS. Vital records in electronic format are captured on backups; however, vital records in paper format are not protected.

CS-IT is responsible for the backup and recovery of the Region’s electronic records. The objective of the Backup and Recovery Policy (policy # 14.16, s. 1) is to “define a secure, standardized approach to data backup, storage, transportation and recovery.” Backups are to be “. . . created for the purpose of system restoration, not for archival purposes or for retrieving records” (s. 3.01). The policy applies to “all Regional information technology assets, including, but not limited to, servers, desktops, and mobile computing devices” and “all technology solutions” (s. 1). There is a provision for a policy exception “for a period of typically no more than one year” where policy compliance cannot be achieved. A request for a policy exception “must contain the rationale for non-compliance (e.g. technology limitations, contractual limitations) and a strategy for remediation.” (s. 3.06)

The Backup and Recovery Policy “outlines the minimum set of enterprise controls” and cautions that “more stringent levels may be required based on individual departmental or system requirements.” Further, the policy states (s. 3.01) “All Regional data back up systems must have a documented procedure outlining the standard backup method(s) including frequency, retention, scheduling, and associated operational procedures. Any deviations to standard backup practices must be documented and approved by the business/system owner.” Requirements for creating and managing backups include, but are not limited to (s. 3.01):

- Storing backups on “approved resilient and secure storage media”.
- Retaining the logs “outlining the success and failure of backup activities” for a minimum of one year.
- Encrypting “Backup jobs containing highly confidential (e.g. personal records, health information)”.

The policy also specifies requirements for the secure transport of backup media (s. 3.02), requires “the most recent successful backup(s)” to be stored at an authorized offsite location which is at least 20 kilometers from the originating location (s. 3.03), and requires the maintenance of a “full inventory listing the location, contents and data retention period of all storage media” (s. 3.03). The policy also specifies that backup media “must only be disposed of in accordance with Regional data retention requirements” and “End of life backup media must be securely destroyed in accordance with Policy # 14.21 System Acquisition, Maintenance, and Disposal.” (s. 3.04)

CS-IT runs full and incremental back-ups and specialized back-ups for databases, Microsoft Exchange, Microsoft SharePoint, and OpenVMS. Generally, incremental back-ups are run daily and full back-ups are performed weekly, monthly, quarterly, and annually. Back-ups are stored on a storage area network (SAN) and then run through a de-duplication process and written to tape. The tapes are stored off-site at a commercial record centre. Generally, daily and weekly back-ups are kept for a month, monthly back-ups are kept for one year, and annual back-ups are kept for 7 years. The 7-year retention of annual back-ups is in conflict with the Records Retention Schedule because many of the records that would be kept for 7 years should have been disposed of much sooner.

The Region does not have a disaster recovery plan for records. Part of an organization’s overall disaster recovery planning, a disaster recovery plan for records would document the actions to be taken to recover damaged or threatened records immediately following a disaster.

5.8 Information Retention and Disposition

This section describes how the Records Retention Schedule and records retention challenges.

5.8.1 The Records Retention Schedule

The Records Management Procedures (Schedule D of by-law # 65-2017, s. 3.1) assign to the Manager, RIM the responsibility for determining – in consultation with the Regional Clerk – “the appropriate systems for the classification of records, taking into account the administrative, operational, archival, legal and financial values of each record”. The Manager, RIM is also responsible for monitoring the RRS to ensure its compliance with all legislative requirements, periodically revising the RRS to ensure terminology is current provided such adjustments do not affect the retention period of any record, and for consulting with signing authorities and Regional officers (signing authority for department, Regional Clerk/Director of Legislative Services, and

the Director, Legal Services) when determining the retention period of any record. S. 5.1 a) of the procedures require the Manager, RIM to “Ensure that all reasonable measures are implemented to promote the preservation, security and destruction of records in this by-law and any legislative requirements.”

Records retention information is included in the CCS, thus providing one document for staff to use in determining both the classification and retention of a record. The Official Record Holder is responsible for implementing the retention period (as listed in the ‘Active Retention’, ‘Inactive Retention’, and ‘Total Retention’ columns) while any department/division which keeps a copy of the records may use the suggested retention period under the ‘Copy Retention’ column. As stated in the CCS, “There is no legal obligation to retain copies unless the copy is the official copy.” The ‘Remarks and/or Citation by #’ column is used to add comments for clarification (e.g. the identification of ‘archival’ or ‘vital’ records), provide citation numbers where applicable, and explain retention periods (e.g. E = election of new Council to explain how to count the E+6 retention period for the C10 – Inaugural Meeting record series). Figure 41 provides an example of the retention information in the CCS for record series C13.

Figure 41 – Example of Retention Information in the CCS

| Records Series Code | Record Series | Official Record Holder | Active Retention | Inactive Retention | Total Retention | Copy Retention | Remarks and/or Citation by # |
|---------------------|--|------------------------|------------------|--------------------|-----------------|----------------|------------------------------|
| C13 | <p>Strategic and Operational Policy and Planning</p> <p><u>Includes:</u> Strategic and operational policies and plans, reviews of organization, re-engineering activities, functional responsibilities, employee suggestions, benchmarking and evaluation of programs and projects.</p> <p><u>Excludes:</u> Policies and Procedures - A14; Accessibility Program - A24; Annexation/ Amalgamation/Restructuring - D09; Strategic Policy Analysis and Development - L35.</p> | Originator | C+4 | 6 | C+10 | C+1 | Vital; Archival |

As stated in Section 4.3.1, the CCS is a Council by-law (the current version is Schedule A of by-law # 65-2017). While the by-law does not explicitly state that employees must retain records using the CCS, that inference can be deduced from the statement “The Corporate Classification Scheme as set forth on “Schedule A” attached to this by-law is hereby approved as the schedule establishing the retention periods and destruction schedule for the records as described therein.” If the Region had a RIM policy, it would undoubtedly require employees to use the CCS to determine how long a record should be kept⁵³.

Every time a file or box is added to Versatile Enterprise, the user must select the Record Series Code which indicates the subject group of the records and the retention period for all records in a file/box. Similarly, an employee would select a Record Series Code when disposing of an electronic record or an e-mail. It is important that the correct Record Series Code is selected because the code determines a record’s retention period. As stated in the RIM Awareness/CCS Overview training, “Records coded to the wrong series may not be discovered and could be destroyed prematurely or may be retained in expensive office areas longer than necessary, thereby increasing storage costs. This can have certain legal implications if a lawsuit should arise.”

⁵³ S. 1.02 of the ‘Inactive Records – Inactive Records Storage – Overview’ in the RIM Manual states “All Official Regional Records **must** be transferred, retained and destroyed, or retained permanently according to and in compliance with the Records Retention By-law.”

Although it is RIM best practice for a Records Retention Schedule to be used to manage the retention of records in any media/format, the definitions of 'active retention' and 'inactive retention' used by the Records Analysts when providing training are appropriate only for paper records as shown below.

- 'Active retention' is defined as "length of time the records are to be kept in the active area (office area), can be based on fiscal/calendar year or an event".
- 'Inactive retention is defined as "length of time the records are to be kept in inactive storage (RRC/offsite location)".

The Region receives updated citation tables through its subscription to the annual TOMRMS update service. The RIM Program also subscribes to Carswell's Records Retention: Statutes and Regulations service for the Canadian federal jurisdiction and the Province of Ontario. In addition, Records Analysts can access Canadian federal and Province of Ontario laws using freely available Internet resources. Often department staff will advise the Records Analysts of upcoming changes to legislation affecting their departments' records.

The citation numbers in the 'Remarks and/or Citation by #' column are tracked in a citation table (Schedule C of by-law # 65-2017) in which each citation is given a unique, sequential number for tracking purposes. Most citations are to Province of Ontario statutes and regulations. The table includes citations to the following additional resources.

- a) Canadian federal legislation
 - Canadian Environmental Assessment Act.
 - Canadian Environmental Protection Act, 1999.
 - Fisheries Act.
- b) Standards or guidelines issued by regulatory colleges in Ontario
 - Dental recordkeeping guidelines from the Royal College of Dental Surgeons of Ontario.
 - A practice standard on documentation from the College of Nurses of Ontario.
 - Professional practice standards for registered psychotherapists from the College of Registered Psychotherapists of Ontario.
 - Standards of professional conduct from the College of Psychologists of Ontario.
- c) Standards, guidelines, or other resources issued by ministries in Ontario
 - Ontario ambulance documentation standards from the Emergency Health Services Branch, Ministry of Health and Long-Term Care⁵⁴.
 - Policies, procedures and quality assurance for point-of-care HIV testing from the Ministry of Health and Long-Term Care.
 - Ontario Works directive on file (records) retention requirements⁵⁵.

⁵⁴ The table cites the April 2000 edition and the cited URL does not work. The current version (version 3.0) came into force on April 1, 2017. It is available at http://www.health.gov.on.ca/en/pro/programs/ehs/docs/ehs_ont_amb_doc_standards_v3_en.pdf

- Records retention schedule summary regarding the Provincial Offences Act from the Ministry of the Attorney General.
- d) Region by-laws and agreements
- By-law # 90-2003 respecting water pollution control system and storm sewer system and the establishment of sewer surcharge rates and sewer charges.
 - By-law # 44-2006 respecting amended penalties regarding traffic and parking on highways and municipal property under the Region’s jurisdiction.
 - A memorandum of understanding between the Attorney General and the Region regarding operational standards.
 - Collective agreements with CUPE locals 182, 1764, and 1785.
- e) Miscellaneous
- An information circular published by the Canada Revenue Agency regarding the retention of records under the Income Tax Act of Canada.
 - National Guide to Sustainable Municipal Infrastructure (InfraGuide)⁵⁶.
 - Standards of practice issued by the Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists.

Figure 42 provides examples of entries in the current citation table.

Figure 42 – Examples of Citations in the Citation Table

| | |
|-----|---|
| 1. | <u>Limitations Act</u> , R.S.O. 2002, c. 24, s. 4 (Post – December 31, 2003), s. 15 |
| 15. | <u>Elderly Persons Centre Act</u> , R.S.O. 1990, c. E.4 and R.R.O. 1990, Reg. 314 General |
| 92. | <u>OACCPP – An Association of Mental Health Professional – Standards of Practice</u> |

The citation table has several deficiencies.

1. Many citations are only to the name of an act/its regulation and do not specify the specific section(s) in the act/regulation which pertain to records retention.
2. Some of the cited URLs do not work.
3. Some of the cited documents are obsolete.
4. URLs are not provided for all publicly available standards/guidelines or other documents such as the Canada Revenue Agency information circular.
5. The number of Canadian federal statutes cited (3) is curiously very low. It is likely that additional federal legislation applies to the Region’s operations and, therefore, to the retention of its records.

⁵⁵ The cited URL does not work. The current equivalent may be Ontario Works Directives: 11.1 Delivery Standards at http://mcss.gov.on.ca/en/mcss/programs/social/directives/ow/11_1_OW_Directives.aspx

⁵⁶ InfraGuide operated from 2001 to 2007 as a partnership between the Federation of Canadian Municipalities, the National Research Council, and Infrastructure Canada.

The Manager, RIM advised that the complete citation table has not been reviewed against the CCS for several years due to staffing constraints. In the past, a legal student was hired to review the citation tables but the RIM Program either has not had funds for this work in recent years or the work was not considered a priority given other demands on the RIM Program budget. Consequently, citation changes are addressed on the fly as the Records Analysts create new series or revise existing record series in the CCS.

The user-friendliness of the citation table would be greatly increased if it included the verbatim extract of each cited retention requirement, thus eliminating the need for the user to have to look up the cited legislation/other document to locate the specific requirement (assuming s/he could locate the document). Another user-friendly addition would be to hyperlink each citation number in the 'Remarks and/or Citation by #' column in the CCS to the corresponding entry in the expanded citation table, thus allowing the user to quickly access the full-text of each citation.

The Records Management Procedures (Schedule D of By-law # 65-2017) provide information to assist Region staff to understand and use the RRS. The procedures address:

- a) Transitory records: These records may be destroyed at any time. When a record is destroyed upon expiry of the retention period in the by-law, any corresponding transitory record shall also be destroyed (s. 1.1). If entered into the Region's file tracking system (Versatile Enterprise), a transitory record will be kept no longer than the maximum retention period in the by-law (s. 1.2).
- b) Destruction of records in paper/hard copy format: A procedure is specified for records kept in the custody of the responsible department (s. 4.1A) and records kept in the custody of the Regional Clerk/Director of Legislative Services (s. 4.1B). The signing authority (or delegate) in the responsible department may notify the Manager, RIM in writing of the rationale for the further retention of a record (s. 4.2A). Should the Manager, RIM determine that circumstances warrant retention of the record for a further period, the destruction of the record shall be postponed. (s. 4.2B) If no notice is received "before the scheduled destruction, the record shall be deemed authorized for destruction" (s. 4.3).
- c) Principles governing the destruction of records (s. 4.4):
 - An official record shall not be destroyed unless first classified according to the CCS.
 - All records (including transitory records) shall be "destroyed in a manner that preserves the confidentiality of any information contained in such records".
 - A record "pertaining to pending or actual litigation or investigation or a request under any access and privacy legislation shall not be destroyed until such record is no longer required for such purpose".
 - A revised RRS is submitted for Council approval once per year (approximately).

Email (policy # 14.13) also provides records retention information and instruction"

- a) “Users are responsible for retaining messages which have business relevance and deleting non-relevant and transitory email. Non-relevant and transitory email may include, but are not limited to the following five items:
- Copies of an internal email, where the email originated from a mailbox within the Durham system, and which the recipient was cc’d, bcc’d, or was forwarded the message as a FYI;
 - Duplicate copies of messages and discussion threads;
 - Any general distribution messages, including publications, notices, or event messages;
 - Personal messages or simple acknowledgement messages; and
 - Unsolicited advertising and SPAM.” (s. 4.016)
- b) “If in doubt as to the business nature of an email message, the user should consult the Region of Durham’s Records Retention By-law or retain the message.” (s. 4.017)

Employee awareness that the CCS also specifies how long records should be kept before they are destroyed/deleted or transferred to an archives for permanent preservation is high⁵⁷. Of the 80% of survey respondents who are aware of the retention information in the CCS, 70% use the retention periods to determine if/when they can destroy/delete some (or all) of the records for which they are responsible. As shown in Figure 43 below, the CCS is predominantly used to determine the retention of paper records.

Figure 43 – CCS Use by Record Type

| Record Type | Number of Responses | Yes | No |
|--------------------|---------------------|-----|-----|
| Paper records | 358 | 90% | 10% |
| Electronic records | 330 | 61% | 39% |
| E-mail messages | 319 | 44% | 56% |

Survey respondents were also asked to indicate their level of agreement with statements regarding the ease of using the CCS to determine records retention periods and the adequacy of training to determine when to destroy/delete a record as summarized in Figure 44.

⁵⁷ 63% of survey respondents are not aware that the Region has a CCS for organizing records while only 20% of respondents are not aware that the CCS also specifies how long records are to be kept. This disparity is likely attributable to a difference in terminology, i.e. more employees likely use the term ‘Records Retention By-law’ or ‘Records Retention Schedule’(RRS) when referring to the CCS.

Figure 44 – Level of Agreement with Statements About Retention in the CCS

| Statement | Number of Responses | Level of Agreement | | | |
|--|---------------------|--------------------|----------|-------|----------------|
| | | Strongly Disagree | Disagree | Agree | Strongly Agree |
| It is easy to use the CCS to determine when I can destroy/delete a record | 347 | 3% | 21% | 66% | 10% |
| I don't always know if/when the specified event occurred when an event is required before calculating retention (e.g. records about fixed assets such as trucks, owned buildings, etc. are to be kept for E+6 years where E = the date on which the asset was disposed of (e.g. sold)) | 347 | 6% | 36% | 48% | 10% |
| I received adequate training in how to use the CCS to determine when to destroy/delete a record | 347 | 15% | 40% | 39% | 6% |

The survey respondents who are aware that the CCS provides records retention information but who do not use that information were asked why they do not use it. Figure 45 summarizes the reasons for not keeping records according to the retention information in the CCS.

Figure 45 – Reasons for Not Using the Retention Information in the CCS

| Reason | Number of Responses | % |
|---|---------------------|-------------------------------|
| The records I create/receive aren't listed in the CCS | 40 | 29% |
| I don't know how to use it to determine how long to keep records | 39 | 28% |
| It is confusing | 8 | 6% |
| I don't have time to use it to determine how long to keep records | 12 | 8% |
| Other (please specify) ⁵⁸ | 41 | 29% |
| • Not my responsibility | 18 | 44% of the 'other' responses |
| • Miscellaneous responses | 9 | 22% of the 'other' responses |
| • Not applicable | 6 | 14% of the 'other' responses |
| • Keep records longer or follow other retention rules | 3 | 7.5% of the 'other' responses |
| • Not told to use it | 2 | 5% of the 'other' responses |
| • Electronic records | 1 | 2.5% of the 'other' responses |
| • CCS training is pending or was not given | 1 | 2.5% of the 'other' responses |
| • Working with RIM Program to implement it | 1 | 2.5% of the 'other' responses |

⁵⁸ Ergo reviewed the responses, developed a list of categories, and grouped the responses by category.

Survey respondents who aren't aware that the CCS specifies how long to keep records or who said they don't use the retention periods in it to determine if/when to destroy/delete some (or all) records for which they're responsible were asked to explain how they decide when to destroy/delete a record. Figure 46 summarizes the responses to this question.

Figure 46 – Deciding when to Destroy/Delete a Record

| Reason | Number of Responses | % |
|---|---------------------|--------------------------------|
| I destroy/delete records that I don't expect to need in the future | 94 | 36% |
| I follow retention rules established by my department/division/section/program | 76 | 29% |
| N/A – I never destroy/delete records for which I'm responsible | 77 | 29% |
| I delete the earlier messages in a thread (or chain) of e-mails, keeping only the final message in the thread/chain | 73 | 28% |
| I destroy/delete drafts and keep final versions of records | 67 | 26% |
| I destroy paper records that I know I can access in electronic format | 58 | 22% |
| I destroy/delete records when I run out of storage space | 40 | 15% |
| I delete electronic records and/or e-mails after printing a hard copy to file | 25 | 9% |
| Other (please specify) ⁵⁹ | 37 | 29% |
| <ul style="list-style-type: none"> • Response deemed non-responsive by Ergo⁶⁰ | 16 | 43% of the 'other' responses |
| <ul style="list-style-type: none"> • Ask another employee or let management decide | 8 | 21.5% of the 'other' responses |
| <ul style="list-style-type: none"> • Only destroy/delete transitory records (e.g. copies) | 5 | 13.5% of the 'other' responses |
| <ul style="list-style-type: none"> • Only delete e-mails | 4 | 11% of the 'other' responses |
| <ul style="list-style-type: none"> • Follow other retention rules (i.e. not the CCS) | 2 | 5.5% of the 'other' responses |
| <ul style="list-style-type: none"> • Miscellaneous | 2 | 5.5% of the 'other' responses |

Note: The response percentages exceed 100% because respondents were asked to 'select all that apply' when responding to this question.

The RIM Program does not audit the use of or compliance with the RRS to manage the retention and disposition of records in electronic format or paper records not tracked in Versatile Enterprise. Further, an audit of a department/division/program's use of or compliance with the RRS to manage the retention and disposition of active records would only be completed once at the end of a RIM Implementation Project. RRC staff can run Versatile Enterprise reports to identify and monitor inactive paper records which have exceeded their retention period due to a legal hold or other reason.

⁵⁹ Ergo reviewed the responses, developed a list of categories, and grouped the responses by category.

⁶⁰ Respondents were asked to "Please indicate how you decide when to destroy/delete a record". These responses did not answer that question.

5.8.2 Records Retention Challenges

Survey respondents were asked to identify their top 3 challenges in managing paper and electronic records and e-mails. As shown in Figure 47 knowing how long to keep records/ messages (retention) is not a significant challenge for any record type.

Figure 47 – Records Retention Challenges

| Challenge | Record Type | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|---|-------------|---------------------|------------|------------|------------|
| Knowing how long to keep records (retention) | Paper | 78 | 26% | 42% | 32% |
| Knowing how long to keep records (retention) | Electronic | 72 | 30% | 35% | 35% |
| Knowing how long to keep messages (retention) | E-mail | 109 | 26% | 41% | 33% |

Email (policy # 14.13) provides for message retention and deletion as follows:

- a) “The Archiving System will not allow the removal of any message or attachment stored in the Archive.” (s. 4.014)
- b) “The Region of Durham will retain all messages in the Archive for 2,465 days (7 years less 90 days from active mailbox) at which point all messages will be destroyed and non-recoverable. Users are responsible for determining which messages require a longer retention period to meet legal or other obligations and take the appropriate steps to protect such content (e.g. print or save outside the Email System). Users must also ensure such messages are retained in compliance with the Region’s Records Retention Bylaw.” (s. 4.015) Printing and filing copies of e-mails is inefficient and saving e-mails outside the e-mail system breaks a message’s audit trail. Further, the 2,465 day retention period is an arbitrary default which does not reflect the messages’ value to the Region and conflicts with the RRS.
- c) “Email shall be maintained in the email system for a period of 90 days. All email, appointments, and tasks older than this will be available and accessible from the archive.” (s. 4.021)
- d) “The trash folder will be automatically purged on a regular basis consistent with the movement of active emails to the archive. Emails that have been moved to the trash (deleted items) folder may be permanently deleted by the user at any time but in any event will automatically be permanently deleted on the 91st day of existence in the email system. Once an item is deleted or emptied from the trash it is non-recoverable.” (s. 4.022)

Electronic Communications Systems (policy # 14.10) also addresses the retention of electronically stored information.

- a) S. 7.01 and 7.03 require CS-IT to delete upon management request “dormant accounts when authorized users are no longer employed or conduct business with the Region”. As demonstrated by the sizeable number of inactive user accounts (2,443 disabled accounts as of October 20, 2017), management does not often make these requests.
- b) S. 7.04 requires authorized users to ensure that “personal messages are deleted immediately after reading and not kept online or in archives.” That requirement is restated in Electronic Communications Systems – Policy Standards and Guidelines.
- c) S. 7.04) also requires authorized users to code “related records, attachments” and keep “transmission and receipt data to retain the value of the record and to maintain a complete history”. Authorized users are also responsible for “Regular maintenance and deletion of transitory information from their Mailbox/Inbox and Sent Items”. Those requirements are restated in Electronic Communications Systems – Policy Standards and Guidelines.

Electronic Communications Systems – Policy Standards and Guidelines requires a hard copy of an e-mail, when printed, to “be retained for the period specified for under the appropriate subject, as provided in the Corporate Classification Scheme (CCS) and Records Retention By-law”. That document does not, however, provide any direction regarding the retention of e-mails which remain electronic (i.e. are not printed).

Data Protection (policy # 14.20) which applies to “all electronically stored information owned and/or entrusted to the Region” is deficient with respect to the retention and disposition of data.

- a) There is no requirement for NDAs with third parties to address the retention or disposition of data (s. 3.02) as shown below.
 - The NDA which is required with a third party prior to accepting confidential information is to “outline the restrictions and instructions regarding the usage, storage, and dissemination of third party data”.
 - Similarly, “restrictions and instructions regarding the usage, storage, and dissemination of Regional data” are to be outlined in the NDA with a third party prior to distributing the Region’s confidential information.
- b) The direction on retaining Region information is incorrect because the Records Retention By-law (RRS) is the Region’s policy for retaining records and the retention periods stated therein reflect the retention requirements in applicable statutes/regulations. Consequently, it is incorrect to direct employees to keep information for the longest period of time depending on the circumstances, as stated in the following requirement: “Information shall be retained according to the longest period of time, if the Information owner is the Official Record Holder, as required by statute/regulation, including the Municipal Freedom of Information and Protection of Privacy Act, Information Owner’s requirements, or as stipulated by individual Regional policies/procedures and the Region’s Records Retention By-law”.
- c) The requirement that “Written management approval must be obtained for confidential and/or restricted information due for deletion or destruction” is neither feasible nor

enforceable in the absence of a secure, controlled repository for the management of electronically stored information.

- d) The end-user responsibilities (s. 4.01) do not include retaining and disposing of data as per the RRS. Instead, end-users are responsible for having “Awareness of the legal and regulatory statutes (e.g. MFIPPA, PHIPPA) that dictate the requirements for data classification, distribution, storage, duplication, retention, disposal/destruction; and any potential for financial loss or embarrassment to the Region in the event of its loss or disclosure”.

5.8.3 Records Transfer and Disposition

A department which uses Versatile Enterprise is required to complete the following records transfer and disposition activities at least once per year, typically at the end of a calendar year or at the beginning of the next calendar year.

- a) Hold Release Review and Approval: A department reviews any records in active or inactive storage which were placed on retention hold in the past and which are now due for destruction. Records released from a retention hold immediately become eligible for destruction and will be included in Destruction Review Reports; therefore, the Hold Release Review and Approval must be completed before the Box Destruction Review and Approval process is initiated.
- b) Box Destruction Review and Approval: A department reviews records that are due for destruction according to the RRS. Records in a Destruction Review Report are marked for destruction or placed on retention hold for operational or legal reasons. Once Destruction Review Reports are approved, RIM staff schedule a corporate shred and assist departments to implement any retention holds.
- c) File Destruction Review and Approval: A department reviews records in its office area that are due for destruction according to the RRS to identify records for destruction or retention hold. Once Destruction Review Reports are approved, RIM staff schedule a shred from the office area and assist the department to implement any retention holds.
- d) Records Transfer: A department reviews the records that are due for transfer to inactive storage according to the RRS. Department staff box the records for storage as per the transfer procedures and RRC staff work with the department to co-ordinate the physical transfer. Note: A department cannot transfer records until its prior year’s destruction reports have been approved.

5.9 Archival Records and Artefacts

Archival records are “Materials created or received by a person, family, or organization, public or private, in the conduct of their affairs that are preserved because of the enduring value contained in the information they contain or as evidence of the functions and responsibilities of their creator.”⁶¹ According to a RIM Program brochure, “The Regional Archives of Durham collects and cares for key records that depict the history of Durham Region. The Region was formed in 1974, although the Regional Archives hold County of Ontario records dating back to 1852. Archives create and preserve a “social memory” of a place and time, teaching us about our history.”

The brochure also states, “Records in the Regional Archives are selected because they document important decisions, reveal the history of services provided by the Region and offer insight into the changing landscape of the Region and who the decision makers were. This includes photographs, paper documents (such as minutes of Council, by-laws or reports), video and audio recordings and engineering plans.” While ‘archival records’ connotes documents rather than artifacts or published materials, collections of archival records may contain artifacts and books. The Regional Archives includes artifacts such as the Durham County Council of England coat of arms which was presented to Regional Chairman Walter Beath in 1978 and a framed poster of ex-Wardens of Ontario County dating from 1902.

The Records Management Procedures (Schedule D of By-law # 65-2017, s. 5.1c) require the Manager, RIM to ensure any record “deemed to be of archival significance . . . is transferred to the custody and control of the Regional Archives.” The RIM Program has not developed an archives collection development or acquisition policy⁶², does not have an Archivist on staff, and has not retained the services of a professional Archivist to identify the Region’s archival records. Instead, Records Analysts – in consultation with the Manager, RIM – identify records with archival value when proposing retention periods. Records so designated are identified as ‘Archival’ in the ‘Remarks and/or Citation by #’ column of the CCS.

Most archival records are kept in acid-free boxes, ledgers are bound in acid-free paper, and artifacts (e.g. crests) are kept under plastic. Cotton gloves are worn when handling archival materials.

⁶¹ Society of American Archivists, Glossary of Archival and Records Terminology
<https://www2.archivists.org/glossary/terms/a/archival-records>

⁶² The Glossary of Archival and Records Terminology defines an ‘acquisition policy’ as “An official statement issued by an archives or manuscript repository identifying the kinds of materials it accepts and the conditions or terms that affect their acquisition. It serves as a basic document for the guidance of archival staff and organizations and persons interested in donating their records or papers.” The Glossary defines ‘collection development’ as “The function within an archives or other repository that establishes policies and procedures used to select materials that the repository will acquire, typically identifying the scope of creators, subjects, formats, and other characteristics that influence the selection process.”

The Regional Archives collection is stored on metal shelving in a designated, 4-bay area of the RRC. Because that area is not walled off from the rest of the room, the archival records receive the same temperature and humidity control as the inactive records which occupy most of the space. Low-level lighting is, however, used in the archival records section of the RRC to help protect the records from deterioration.

The Manager, RIM believes that additional artefacts (e.g. plaques from former Region buildings) are kept in a Works Department storage facility; however, the RIM Program has not been involved in the identification, collection, or storage of those artefacts.

A display case in the upper Galleria of Regional HQ showcases some of the items from the archival collection. Due to the risk of light damage, originals are rarely displayed except for short, supervised special events.

Donations to the Regional Archives are encouraged. The Regional Archives brochure highlights the types of materials the archives is particularly interested in obtaining: “Significant Regional documents; objects that reference the Region’s history badges, mugs, gavels, pins, etc.; Regional maps, plans, drawings, diagrams, photographs and paintings of the Region or Regional employees; audio/video of the Region or Regional employees; books about the Region or local municipalities, etc.” It is not known whether the Region has prepared a donation agreement.

At present, the Regional Archives houses approximately 4,000 files/artefacts and just over 400 boxes of archival records. 9 archival research requests were received from 2015 to date.

6. RIM, EIM and Technology

This section discusses the Region's current use of several technologies from the RIM/EIM perspective. Information is also provided about the Business Systems Information Management Assessment Tool recently developed by the RIM Program. This section also highlights several technologies which facilitate or support recordkeeping but which are not currently used by the Region.

6.1 Business Systems Information Management Assessment Tool

The RIM Program developed the Business Systems Information Management Assessment Tool to assess the RIM and privacy provisions of proposed systems which will process or capture Region records. Examples of the 22 assessment factors for any business system are:

- Whether the business system creates and maintains links between records and metadata that show the content, context, and structure of the records.
- Whether the business system will allow for the application of disposal actions and triggers to manage the retention of records.
- Whether the business system can restrict or permit access to defined records by specified individuals or groups.
- Whether there is an established framework for responding to disasters affecting the business system and the records it contains.

If a business system will use cloud type services to store or process Region records, the system must be assessed against 18 additional criteria such as whether the vendor notifies its customers if their records have been accessed by or disclosed to an unauthorized party, whether the vendor will allow the Region to specify the location (country) where its records will be processed and/or stored, and whether the vendor's Terms of Service and Service Level Agreement (SLA) clearly define how the service or product will protect the confidentiality, integrity, and accessibility of all Region records entrusted to the vendor.

After completing the assessment, RIM staff recommend whether the Region should use the proposed business system.

The Manager, RIM hopes that completion of a Business Systems Information Management Assessment Tool will become a mandatory step in the evaluation of proposed software/systems which will process or capture Region records.

6.2 Cloud Computing

The Information Technology – Cloud Computing Review and Update report to the Finance and Administration Committee (report # 2016-A-11) states, “In Commissioner’s Report 2015-A-28, staff indicated an intention to undertake an internal and external investigation of the use of cloud computing in the municipal sector. The intention was to bring together key internal stakeholders⁶³ (i.e. Legal, Finance, Legislative Services, and user departments) to review cloud computing and attempt to achieve a consensus on its usage by the Region. The focus of the internal consultation was to assess cloud computing from the perspective of security, privacy, business continuity, potential uses, procurement implications, and other advantages and disadvantages.”

Report # 2016-A-11 discusses, among other things, the benefits and risks of cloud computing. MFIPPA concerns are one of six risks identified in the report, specifically: unauthorized processing for secondary purposes⁶⁴, processing information requests⁶⁵, and covert surveillance⁶⁶. The report does not, however, mention any concern or risk regarding the retention of Region records in the cloud such as applying the RRS to those records or ensuring that the records will be accessible to the Region for the duration of an approved retention period.

The report recommended the adoption of a ‘cloud-first’ strategy for all new and replacement IT initiatives. Specifically, the Region would “use cloud services for new or replacement IT infrastructure where doing so met the Region’s operational requirements, offered at least equivalent value for money, and met all of the Region’s requirements regarding data ownership, security and privacy. In other words, if everything else is equal as between a cloud based solution and on-premises solution, then a cloud based solution would be preferred. Adopting such an approach would ensure that the Region begins the transition of its infrastructure, over time, towards cloud based solutions.”

The report also recommended the establishment of a Cloud Strategy Review Committee to a) provide insight and advice/direction concerning contractual implications relating to the acquisition, implementation or selection of IT acquisitions, b) investigate the Region’s data security needs, formulate a data security strategy for on-premises and cloud computing, and

⁶³ The following positions participated in the cloud computing review and update project: CIO; Manager, Health Information, Privacy and Security (Health); Manager, RIM; Manager, Risk Management (Finance); Director, Financial Information Management Systems (Finance); Solicitor (CS-Legal Services); and Manager, Application and GIS Services (CS-IT).

⁶⁴ The report describes this as “a cloud service provider may inappropriately access, manipulate or mine information for purposes not specified or authorized in our contract or under MFIPPA”.

⁶⁵ The report describes this as “any arrangement with a cloud service provider must not negatively impact our ability to meet access to the (sic) information and correction obligations”.

⁶⁶ The report describes this as “under shared cloud infrastructure, law enforcement requests for access to information in the control of the cloud service provider could result in the inadvertent or intentional disclosure of additional information beyond what is required to respond to in the request, including information owned by other organizations.”

monitor the strategy's implementation, and c) serve as a cross-departmental advisory body on nine issues related to cloud computing such as privacy, and data retention and ownership. The report does not include a list of proposed committee members; however, Ergo recommends the membership include the Manager, RIM (and the Manager of the Corporate Privacy Office once that position has been filled). Appendix B of the report describes the cloud-based applications used by several Region departments.

System Acquisition, Maintenance, and Disposal (policy # 14.21, s. 3.01) states "Cloud based technology solutions (e.g. Software as a Service) may only be utilized upon the completion of a security review by Corporate IT Security".

See also section 5.3 of this report for information on the use of cloud-based file storage or sharing applications (e.g. Dropbox).

6.3 Document Imaging

It is possible to image (scan) a paper document using a multi-function device. A few areas such as Finance and Administration Department have standalone scanners. Some departments engage an external service provider to scan paper documents (e.g. the Health Department's immunization clinic forms are scanned by a service provider).

The RIM Program developed Best Practices for Document Imaging (Using Outside Scanning Vendor). According to that document, "Departments seeking to implement electronic document imaging are required to comply with the Region of Durham's Corporate Classification System (CCS) and the Records Retention By-law. Original source documents and imaged/scanned versions are subject to the approved retention periods documented in the CCS. Any plan to replace original source records (paper) with scanned versions and destroy the originals requires the approval of the Department Head and their destruction managed through Records & Information Management (RIM). Compliance must be established and approved **in advance** of an imaging system implementation."

These best practices were prepared to assist departments/divisions to plan for electronic document imaging using an outside scanning vendor, particularly where electronic images are intended to replace the paper source documents as the Region's official record. The best practices specify the topics a department/division should address when creating imaging procedures, provide outsourcing recommendations, describe the quality assurance at delivery tasks that a department should perform, and discuss requirements for document preparation, document batching, metadata and indexing, and document storage, retention and disposal. The best practices also discuss other important considerations such as documenting responsibility for the imaging project (statement of project purpose, business process analysis, role and responsibilities of project staff, and deliverables with a timeline), image security and accessibility, and scanning resolution specifications. Upon request, RIM Program staff will

provide further advice as a department/division develops and implements a document imaging program.

RIM Program staff are concerned that departments/divisions may be imaging documents without their guidance and without procedures that comply with national and international standards. None of the focus group participants who work in areas where documents are routinely scanned referred to the best practices developed by the RIM Program or to any internally-developed procedures.

Focus group participants who work in areas where documents are routinely scanned were asked why documents are scanned. As shown by Figure 48, scanning is performed for various reasons to improve the ease and speed of access.

Figure 48 – Reasons for Scanning Documents

| Reason |
|--|
| To provide easier and/or faster access to a document |
| To facilitate sending a document to an employee in the department or in another department |
| To allow access to a document when working remotely |
| To reduce the volume of paper records and save space |
| To eliminate the need to make several photocopies of a (large) report for distribution |

Focus group participants who work in areas where documents are routinely scanned were also asked whether the paper source documents are kept after scanning and if so, why. As shown in Figure 49, various reasons were given for retaining a paper source document in addition to the resulting scanned image.

Figure 49 – Reasons for Keeping Source Paper Documents After Scanning

| Reason |
|--|
| Habit or tradition |
| To have a back-up in case the scanned image becomes inaccessible or is inadvertently deleted in the future |
| The source document has a signature (e.g. a letter, agreement, permit, etc.) |
| The source document constitutes an approval to do something |
| The Region's official records are paper, not electronic |

6.4 E-mail Archive

As stated in Section 5.8.2, e-mail messages are automatically moved to the e-mail archive after 90 days. A user cannot delete a message or attachment from the archive. All messages and attachments are automatically deleted from the archive after 2,465 days (7 days less 90 days from active mailbox).

Email (policy # 14.13, s. 4.018) states “Contents of the Corporate Email Archive are indexed and searchable. Similar to other forms of records, messages in the archive may be made public as part of internal audits, judicial or other public disclosure proceedings.”

When asked to suggest RIM/EIM improvements, 40 survey respondents spoke about the e-mail archive. The most common suggestions for improving the e-mail archive were:

- Improve the archive because it is slow, difficult to use/navigate, difficult to search, time-consuming to use, and/or messages sometimes cannot be found (16 respondents).
- Provide the ability to delete messages from the e-mail archive (6 respondents).
- Increase the 3-month/90-day time limit until e-mails are archived (6 responses).

A few respondents (6) recommended the discontinuation of the e-mail archive. Some of those respondents provided a rationale for its elimination: eliminate the need to look in two different places for e-mails, it isn’t user-friendly, and it is challenging to find messages. See Section 7.1 in Appendix 7 for the full list of e-mail archive improvements identified by survey participants.

The e-mail archive will be discontinued when the Region implements Microsoft Exchange Online. Messages in the archive at that time will be moved to the new environment. See Section 6.7 for information about Microsoft Exchange Online.

6.5 Instant Messaging

According to Email (policy # 14.13, s. 4.011), instant messaging “should not be used for Regional business purposes, except where required in Emergency situations.” The policy further states that instant messaging is “not subject to message content filtering⁶⁷ or message retention”.

Should the Region plan to expand its use of instant messaging in the future, the RIM Program should be involved in the implementation planning because instant messaging constitutes a Region record.

6.6 Intranet (The Insider)

The Region’s Intranet is a home-grown solution built on tables. CS-IT reports that it is not a user-friendly tool from an administration perspective. The Intranet does not have a content management system (CMS).

⁶⁷ The policy describes ‘content filtering’ as follows: “CS-IT shall reserve the right to scan the content of every email message that passes through the Region of Durham servers (inbound or outbound) based on predetermined criteria. The message body and attachments within an email shall be scanned for content that may contain specific words or expressions that are deemed inappropriate or represent a risk for the Region of Durham. Users should check their junk email and report missing messages to CS-IT.”

CS-IT posts new and updated content and ensures information is findable by providing links to content (excluding Health Department content). A designated Health Department employee performs those tasks for the department's Intranet content. CS-IT removes information about events that have taken place and removes other content (excluding Health Department content) on request. Health Department content is updated once per week except in an emergency. There is no policy for the retention of information/records on the Intranet. Removed content (except PDF files) is 'hidden' or 'unpublished'; however, authorized individuals can still access that content from the back-ups.

Ergo did not receive any documentation describing the Intranet's purpose or the types of information which should (and should not) be posted on the Intranet. From interviews with stakeholders it appears that the Intranet is primarily an information sharing tool (e.g. provide information about Region events), a place to access Region information of common interest (e.g. the corporate policies, forms, and job postings), and a gateway to various applications (e.g. Works Department employees access a time reporting tool through the Intranet). It is also home to the very popular swap shop.

The Intranet is set as the default Internet homepage on every Region computer; therefore, there are hundreds of daily 'hits' on the site. Not all 'hits', however, indicate use of the Intranet because many employees may use it merely as a springboard to the public Internet.

6.7 Microsoft Exchange Online

The Region plans to migrate to Microsoft Exchange Online, part of the Microsoft Office 365 suite of products. Exchange Online is a hosted messaging application that provides organizations with access to the full-featured version of Exchange. Employees will continue to have access to e-mail, calendar, contacts, and tasks.

Microsoft Exchange Online allows significantly larger mailboxes (100 GB is possible); therefore, it will be imperative for employees to become disciplined in identifying and deleting transitory and personal messages to help minimize account size, ensure only messages of value to the Region are archived, and to facilitate speedy and efficient searches of e-mails. Microsoft Exchange Online may also allow larger attachments to be sent or received⁶⁸, although the ability of an external party to receive a large attachment from the Region will depend on the functionality of that party's e-mail software.

The Region also plans to use Microsoft Legal Hold (a function of Exchange) to apply the 7 years less 90-day retention period to e-mails.

⁶⁸ The Region's current limit is 10 MB externally and 15 MB internally.

6.8 Microsoft SharePoint

The Region's use of Microsoft SharePoint is limited to 3 departments/divisions/programs: CS-IT uses it internally, Finance Department uses the cloud-based version for some project records, and Planning and Economic Development Department uses a pilot version. Microsoft SharePoint is also the basis of two Region applications, one for immigration and another for transit. Use of Microsoft SharePoint is not being expanded to additional areas at this time.

A couple of the focus group participants use SharePoint and two survey respondents suggested its implementation as a RIM/EIM improvement. One survey respondent cited it as an example of a technology that would provide an alternative way of managing electronic assets and the second respondent suggested it as a vehicle for managing divisional policies and procedures "because linking documents throughout the network is a hassle".

6.9 Open Data

The Region's 2016 Annual Report says, "More Regional information is now freely available through our Open Data pilot program: from GIS data to transit routes to health indicators."

The Region recently approved Open Data (policy # 14.22, s. 1) which states:

"Open Government and the Open Data Program are changing the landscape of information management accountability and information accessibility. Open Government is about citizen engagement, customer service, transparency, accountability and the sharing of knowledge and information leading to greater collaboration and innovation. Open Data is one driving force of Open Government and its singular focus is making data publicly available in recognized and usable formats for anyone to re-use, re-purpose, and develop into digital applications for the benefit of the public. Data can be accessed and utilized and one person's use does not preclude someone else from also accessing it, utilizing it and potentially offering new or enriched data for the benefit of everyone. This new environment of open, accessible and reusable data establishes a foundation where stakeholders use such data to foster healthy debate and discussion on Regional issues.

The Open Data Program is an enterprise information management initiative; it demonstrates the Region's commitment to better manage business information throughout the information lifecycle. Identifying and making data accessible helps to ensure that the public is informed and engaged in an open and accessible government."

Open Data (policy # 14.22, s. 1) "outlines the principles, roles, and responsibilities related to the Region of Durham's efforts to make data routinely available in machine readable format for any

public use.” Its purpose is to (s. 2) “remove barriers and set the rules by which Region of Durham data is made available to the public as valuable, machine readable datasets” through the Region’s website (durham.ca). In keeping with the principles of Privacy by Design⁶⁹, the policy prohibits the release of Region datasets containing personal and/or private information. Specifically, the Region will share “with everyone its open and accessible datasets while adhering to rights of privacy, security and confidentiality as identified in the Municipal Freedom of Information and Protection of Privacy Act, Personal Health Information Protection Act, 2004 and other legislation” (s. 4.01). The policy also requires the Region to “Post on the Open Data website, an Open Data Licence, procedures, supported file formats, glossary, and other dataset context information to promote the responsible use of Region of Durham information.” (s. 4.01).

The policy designates the Regional Clerk and CIO (or their delegates) “as corporate leads for Open Data awareness, training and issue resolution” (s. 5.01). It is the responsibility of Department Heads “to provide final approval to the release of datasets for publication and to ensure the preservation and access to all datasets” (s. 5.01). Preservation of datasets includes the “archiving of superseded datasets if required” (s. 4.02).

S. 5.03 of the policy establishes an Open Data Team under the leadership of CS-IT. The Open Data Team’s responsibilities are (s. 5.03):

- “assess, prioritize, release and monitor datasets in accordance with this policy”;
- “work with Department Heads and their staff to identify and assess datasets for publication, assist Division staff in the completion of the Open Data Approval to Publish form, release the datasets under www.durham.ca and, review datasets against the Region’s privacy protection requirements”;
- “forward its concerns to the Commissioner of Corporate Services, for resolution” if the team “cannot resolve Department Heads and Divisional staff non-compliance with the Open Data Policy”;
- Work with Region departments to “maintain the currency, frequency, integrity and quality of the datasets through Open Data for the benefit of the public.”

The inaugural meeting of the Open Data Team is tentatively scheduled for January 4, 2018. The following employees have been invited to the meeting:

- Cindy Boyd, Solicitor.
- Sharan Dosanjh, Manager, Information, Privacy and Security (Health Department).
- Rob Halko, IT Supervisor – GIS.
- Mark McKnight – IT Manager, Application and GIS Services.
- Jackie Nielsen, Manager, RIM.

⁶⁹ IPC (2011), *The 7 Foundational Principles: Implementation and Mapping of Fair Information Practices* <https://www.ipc.on.ca/wp-content/uploads/Resources/pbd-implement-7found-principles.pdf>

6.10 Social Media Content

Corporate Communications Office uses Facebook, Twitter, and LinkedIn and sometimes posts videos to YouTube. The Health Department uses Facebook, Twitter, and YouTube plus Instagram and Pinterest. According to the Region's 2016 Annual Report, "In 2016, the use of Regional social media channels increased by 53 per cent, expanding our communications speed and reach."

Most, if not all, of the content that the Region posts to its social media channels originates from news releases, public service announcements, or content posted on durham.ca and the Region links back to originating content where possible. There is a symbiotic relationship between the Region's corporate social media presence and its websites as evidenced by the following statement in the Social Media Protocols for Corporate Use: "The Region of Durham's official websites will remain the Region's primary online presence. Corporate social media use should be guided by the aim of driving traffic to the Region's websites. Wherever possible, content published to the Region's corporate social media accounts will also be available on the Region's websites, and will include a hyperlink to this material."

During an emergency or an emerging issue (e.g. a watermain break affecting a major intersection), the Region will post as-it-happens updates which have been approved for sharing by program staff. Those updates are usually posted to Facebook and Twitter.

The standards in the Social Media Policy (policy # 2.11) apply to all departments. Departments not serviced by the Corporate Communications Office are authorized to develop their own protocols for using social media within their program areas provided those protocols are consistent with the Social Media Policy.

The policy establishes two roles for managing the Region's social media content (excluding Health Department content):

- Social Media Coordinator (s. 3): This role is performed by Corporate Communications Office representatives who oversee the Region's social media accounts and provide strategic advice and guidance on issues related to social media. A Coordinator is responsible for monitoring and posting content on the Region's social media accounts.
- Social Media Program Moderator (s. 5.06): A Moderator is "responsible for creating and posting social media content, and moderating and responding to related social media inquiries within the scope of the Region's Social Media Protocols for Corporate Use, within their primary program area."

The following requirements in the policy pertain to information/records/recordkeeping:

- a) Content ownership (s. 4.04): “all corporate social media accounts, along with login and password information, are, and will remain the property of the Region of Durham and not the individuals managing the content, and must be kept secure.”
- b) Records management and retention (s. 7): “Social media posts can be deemed to be a record of The Regional Municipality of Durham, requiring their retention pursuant to the Records Retention By-law. All staff designated to use social media will be responsible for maintaining records for their program area’s social media activities. For clarification, staff can reference the Records Retention By-law.”
- c) Privacy (s. 8): “Personal and other information contained in electronic correspondence directed to the Region of Durham are subject to MFIPPA and may be subject to disclosure under this legislation.” The policy also cautions that “social media platforms are third-party service providers and they are not private. As such, the anonymity or confidentiality of the sender and any information contained within the correspondence cannot be guaranteed. These facts must be clearly stated on all of the Region of Durham’s social media accounts.”

The Social Media Protocols for Corporate Use list “keeping the appropriate records” as one responsibility of Social Media Coordinators and Social Media Program Moderators. The protocols require coordinators and/or moderators to keep the records listed in Figure 50.

Figure 50 – Social Media Coordinator and Social Media Program Monitor Recordkeeping Responsibilities

| Record Type | Social Media Coordinator | Social Media Program Monitor |
|--|--------------------------|------------------------------|
| At his/her discretion, obtain additional staff approvals via e-mail or signature for campaigns that include a higher level of community engagement | ✓ | |
| Initiate the appropriate approvals process for campaigns and content requiring additional approvals | ✓ | ✓ |
| Record/track in the appropriate recordkeeping system an inquiry or comment for which a response is required | ✓ | ✓ |
| Monthly records of social media activity including social media posts, interactions with users and analytical information | ✓ | ✓ |

The Corporate Communications Office maintains a social media posting schedule. The protocols also mention Video Promotion Approvals which acknowledge that copyright has not been infringed and Permission to Photography and/or Videotape Consents completed by individuals represented through multimedia. Responsibility for keeping completed Video Promotion Approvals is not assigned; however, the Corporate Communications Protocol: Regional Photography/Videography Use requires program staff to keep completed Permission to Photography and/or Videotape Consents.

The protocols state that “Responses to comments and inquiries will be tracked for records retention purposes and to assist with providing consistent replies to social media inquiries.” The tracking method is not specified; however, Corporate Communications Office advised that it maintains a spreadsheet that details the content posted to, and inquiries from, the social media channels which are used. This spreadsheet is shared with staff who moderate social media channels and the Corporate Communications Office provides training in using the spreadsheet.

The Social Media Coordinator is required to bring to the attention of the appropriate manager in the Corporate Communications Office any comment or question that relates to a controversial or sensitive topic except for the Health Department. The manager then determines whether a response (online or offline) is appropriate or whether the content should be removed as per the Region’s social media terms of use statement. The protocols provide examples of inappropriate user-generated content which “will be subject to removal without notification.” The protocols do not require that a record be kept of any content which has been removed; however, the Corporate Communications Office typically captures a screenshot of a negative post prior to ‘hiding’ or deleting the content from the respective platform.

Health Department staff determine whether to respond to or remove comments or questions that relate to controversial or sensitive topics on the department’s social media channels. The department may decide to keep a copy of the removed content.

The Health Departments uses Sprout Social to develop, implement, and measure its social media presence. That product does not capture the department’s social media content as it appeared on a social media channel; therefore, the Region must rely on continued access to its social media accounts (access is at the discretion of the social media channel provider) and is subject to any retention periods which a social media channel provider may arbitrarily establish or change over time.

6.11 Versatile Enterprise

The RIM Program has used Versatile Enterprise since the 1990’s to manage the Region’s paper records from creation to final disposition. Specifically, Versatile Enterprise is used to control the creation, classification, maintenance (including legal/operational holds), retention, and destruction of records and to manage the RRC’s operations (transfers, retrievals, and destructions of files/ boxes). Requests for the retrieval of files/boxes from the off-site commercial record centre are also managed through Versatile Enterprise. Because not every user needs access to the system’s full functionality, the RIM Program provides Versatile Web Enterprise to selected users who need to search for inactive records (files and boxes) and send electronic requests to the RRC for the retrieval of those records. According to s. 1.02 of the ‘Records Management Software System -Versatile Enterprise – Overview’ section of the RIM Manual, “Versatile supports the RIM division’s statutory requirement under the *Municipal Act* to store and preserve records.”

The RIM Program requires all records stored in the RRC or at the off-site commercial record centre to be managed through Versatile Enterprise. Citing a lack of staff to log files in Versatile Enterprise at the time of file creation, some focus group participants report that files are entered into the system immediately prior to preparing the files for transfer to inactive storage (i.e. at the end of the file’s active life instead of at the beginning). This is a specious explanation for not using Versatile Enterprise at the point of file creation because a department/division presumably expends staff time to otherwise set-up and label the files (e.g. create and affix word-processed file folder labels) so that time, at least, could be reallocated to setting up the files in Versatile Enterprise.

Versatile Enterprise is currently used by 9 departments and 41 divisions. Figure 51 provides usage and records volume statistics for Versatile Enterprise.

Figure 51 – Versatile Enterprise Statistics

| Item | Number |
|--|--|
| Number of boxes tracked | 15,950 |
| Number of files tracked | 746,563 (active and inactive files) |
| Number of Active Users | 339 |
| Number of Web Users (accessed through the Intranet, the web interface module allows users to search for and request inactive records) | 34 |

When a department/division is set up to use Versatile Enterprise, a Records Analyst pre-populates a pick list of the Record Series Codes for which the department/division is responsible. This allows department/division employees to more quickly access the codes they will use most often. Users also have access to all Record Series Codes in the CCS.

Version 8.4 was rolled-out in December 2017. According to the fall 2017 edition of The Information Exchange (the RIM Program newsletter), “The upgrade contains several major enhancements to the software. It offers the same robust functionality of previous versions of Versatile, while the “look and feel” has been enhanced with new graphics and menu bars.” All current Versatile users were required to attend training prior to release of the upgrade.

The RIM Program has not purchased any of the additional Versatile Enterprise modules. Two additional modules of potential benefit to the Region are:

- Versatile ERMS (the electronic records management module) which allows users to store electronic records such as e-mails, word-processed documents, and scanned images in a secure repository in which an organization’s classification, retention, and information security rules are applied.
- Versatile Imaging which manages the capture, indexing, and storage of scanned documents, thereby allowing them to be retrieved upon authorized request within the same system in which related paper/hard copy records are managed.

When used in conjunction with Versatile Enterprise, these modules create a 'one-stop' repository from which the user can search for and retrieve scanned images and electronic records and search for and retrieve information about paper records in a single search request.

The Manager, RIM uses Lagan to manage Versatile Enterprise incident reporting (i.e. application errors, configuration problems, and user-driven problems related to Versatile Enterprise). Incidents are recorded on a form to ensure the necessary information is captured. This system allows incidents to be handled in a consistent manner, segmented to better target the application maintenance needs and improve user training, and documented as reference against recurring errors.

6.12 Website Content (durham.ca)

The new website launched on December 11, 2017. The website has gone from 4,000+ pages to approximately 460 pages, each of which has an expiry date to ensure content is periodically reviewed and either refreshed or deleted. It is not known whether there is any connection between the expiry dates and the retention periods in the RRS.

The Corporate Communications Office reviews and approves website content (except for the Health Department). With the old site, CS-IT would post approved content to the site for all pages excluding those managed by the Health Department and a Health Department employee would post that department's approved content. With the new site, designated department/division employees will post draft content (except for the Health Department) for review and approval by the Corporate Communications Office and approved content will then be published. A designated Health Department employee will continue to post the content approved within that department.

On the old site, departments/divisions were responsible for identifying if/when content needed to be reviewed and either refreshed or deleted. The only exception was the deletion by CS-IT of content that had a 'remove on' date such as content pertaining to an event. On the new site, each page will have an expiry date to prompt regular review and refreshing or deletion of content.

Some of the content is original, existing only on the website. Other content is extracted from or distilled from existing documents. Some content is the publication of a document which resides in a department (e.g. Council minutes maintained by CS-LS).

When content is removed from the website it is 'hidden' or 'unpublished'; however, authorized individuals can access the removed content through the Region's back-ups.

The Region does not capture screenshots of the website; therefore, the Region would be unable to reproduce an exact image of specific content as it appeared on the site on a specific day unless the requested content had been captured by the third-party Internet Archive Wayback

machine at <http://web.archive.org/>. That application saved content from durham.ca 446 times from December 23, 2007 to December 15, 2017.

6.13 ZyIMAGE

ZyIMAGE is a text search and retrieval software application available through the Region's Intranet. It is used to search for and retrieve by-laws, Council and committee reports and minutes, and official plan amendments. Documents are ingested into ZyIMAGE in one of two ways:

- Paper/hard copy documents are scanned using a scanner or multi-function device and optical character recognition (OCR) is applied during the scanning process, resulting in indexed images.
- Documents in electronic formats such as Microsoft Word and Excel files can be added to the database in native file format, eliminating the need to print and scan a paper/hard copy of the information therein contained.

The indexed documents can be searched by folders, words, or fields.

In addition to an online user manual and 'how to' tutorials, one of the Records Analysts provides training in using ZyIMAGE on an as needed basis. Several survey respondents and focus group participants said the system is difficult to search.

6.14 Technologies Not Used by the Region

Several technologies which facilitate or support recordkeeping are highlighted below. The Region does not use any of these technologies today.

6.14.1 Document Collaboration

Document (or file) collaboration tools/systems allow multiple individuals to work together efficiently on a single electronic document to achieve a single, final version. They can see each other's comments and suggested changes as the document evolves to its final form. They may work on a document at the same time (known as 'realtime' or 'synchronous' collaboration) or at different times (known as 'asynchronous' collaboration).

A few survey respondents and focus group participants identified the provision of document collaboration tools as a desired RIM/EIM improvement. One employee described the challenge of the Region's current main method of document collaboration as follows, "forwarding attachments with tracked changes is a cumbersome way to collaborate on a document".

See Section 5.3 for information about the Region's current document collaboration processes.

6.14.2 Electronic (Digital) Signatures

An electronic (or digital) signature “identifies and authenticates the sender and message data using public key encryption.”⁷⁰ The presence of an electronic signature in a document (e.g. a contract) should engender trust in the document because the signature verifies both the identify of the originator and that the document is unchanged.

Ontario’s Electronic Commerce Act, 2000 – which applies to municipalities – states that “a legal requirement that a document be signed is satisfied by an electronic signature” (s. 11(1)) provided the Act does not prohibit the use of an electronic signature for that document type⁷¹ and provided certain criteria are met.

One survey respondent identified the introduce of newer technologies such as e-signing of contracts as a suggested RIM/EIM improvement.

6.14.3 Enterprise Content Management (ECM)

Enterprise content management (ECM) is “a set of defined processes, strategies and tools that allow a business to effectively obtain, organize, store and deliver critical information to its employees, business stakeholders and customers.”⁷²

The lack of an ECM at the Region was called out in the Establishment of a Corporate Privacy Office report as one of the challenges⁷³ in processing MFIPPA/PHIPA information requests. The report states, “A further complication in processing requests for information is the fact that the Region does not have an Electronic Content Management software solution in place, only a paper records management system (Versatile) and consequently it is extremely difficult to determine if we have provided all applicable information/data when responding to MFIPPA/PHIPA requests.”

Several departments/divisions have expressed interest in gaining access to technology to help them better manage electronic records. Some focus group participants have worked in organizations where there has been an ECM and others are aware of this technology. Some survey respondents also identified ECM/similar technology as a desired RIM/EIM improvement.

⁷⁰ ARMA International (2016), *Glossary of Records Management and Information Governance Terms*, 5th edition.

⁷¹ As per s. 31(1) of the Act, an electronic signature may not be used for a will or codicil, a trust created by a will or codicil, a power of attorney for an individual’s financial affairs or personal care, a negotiable instrument, or a document that is prescribed or which belongs to a prescribed class.

⁷² As defined at <http://searchcontentmanagement.techtarget.com/definition/enterprise-content-management-ECM>

⁷³ The other challenges are “minimal corporate privacy training being delivered and at times, departmental staff have not been able to meet the legislated timelines to respond to information requests”.

6.14.4 Workflow

Workflow is the definition, execution and automation of business processes where tasks, information or documents are passed from one participant to another for action, according to a set of procedural rules. An example of a simple workflow is the process by which a document is routed to a series of individuals for review and approval.

A workflow system is “The technology of implementing business processes as a controlled and conditional sequence of steps, ad hoc or business rule-based, each having tasks to be performed by users or other applications where information has to be analyzed and new information is fed into a system.”⁷⁴

See Section 5.3 for information about the Region’s current workflow processes.

7. SWOT Analysis

Figure 52 provides an analysis of the strengths, weaknesses, opportunities, and threats (SWOT analysis) of the RIM Program and current EIM practices. It is recognized that this analysis may not list all strengths, weaknesses, opportunities, and threats; however, the key factors are included.

⁷⁴ ARMA International (2016), *Glossary of Records Management and Information Governance Terms*, 5th edition.

Figure 52 – SWOT Analysis

| <u>Strengths</u> | <u>Weaknesses</u> |
|---|--|
| <ul style="list-style-type: none">• Internal RIM subject matter expertise.• Interest by RIM Program employees and stakeholders (including some department/division employees) in moving to a less paper organization in which electronic records are recognized as the Region's official records.• Current RIM practices (particularly retention and particularly for electronic records) are conservative so – in theory – it is possible to find most records/information that you need if you look long and hard enough or know the 'go to' person who can find the records/information for you.• Most departments/programs are well-defined and stable with respect to the types of records being produced.• Employee interest in the introduction of new technologies (e.g. e-signatures, etc.) to improve recordkeeping efficiencies. | <ul style="list-style-type: none">• Records Analyst position vacancies are challenging to fill.• <i>Ad hoc</i> practices in some departments/divisions which do not manage the lifecycle of all records/information in accordance with internal policies and RIM best practices.• Many RIM Program guidelines and other resources are not well-known (and so not used) by Region employees.• Lack of Records Retention Schedule compliance (particularly for electronic records) results in valueless records being kept and that practice could pose a legal risk in the future.• Frequent challenges in searching for/retrieving information.• A culture of creating independent and somewhat overlapping silos/systems of information (e.g. personal drives, shared drives, e-mail system, Intranet, etc.) rather than considering information holistically.• Lack of understanding across the organization of the importance and benefits of RIM, the legislated requirements for 'good' RIM, and the risks of poor RIM practices. |

| <u>Opportunities</u> | <u>Threats</u> |
|---|--|
| <ul style="list-style-type: none"> • Implement procedures/processes to improve information classification and retrieval, particularly for electronic records, to increase access to information, reduce employee frustration and inefficiencies, and facilitate the implementation of retention periods. • Significantly reduce records storage volumes and storage costs by eliminating duplicated recordkeeping and enforcing RRS compliance, particularly for electronic records. • Possibility of introducing effective and efficient document collaboration functionality to overcome the challenges now encountered. • Provide employees with more (and preferably online) RIM training opportunities, including training during the employee onboarding process and training specific to the operations of individual departments/programs. • Motivate and engage employees by giving them new skills and technologies for dealing with information in the 21st century. • Ability to more easily and efficiently respond to future records requests under MFIPPA/PHIPA or in response to litigation or regulatory investigation. • Promote RIM more to help anchor the desired culture and habit changes. • Streamline the RIM Implementation Projects methodology to allow for 'quick wins' and reduced project durations. • Opportunity to introduce RIM/EIM governance prior to the implementation of new systems to ensure they comply with the Region's RIM/EIM policies and RIM/EIM best practices. | <ul style="list-style-type: none"> • Limited resources (financial and human) and competing work priorities for effecting RIM/EIM improvements. • The siloed culture and independence of Department Heads may be a barrier to the development, adoption, and/or enforcement of corporate RIM standards and best practices. • Risk of a costly, time-consuming discovery process in the event of litigation, audit or investigation if the <i>status quo</i> continues. • Increasing likelihood that a department will 'go it alone' and introduce recordkeeping technology in the absence of a viable plan for introducing that technology in the near-term at the corporate level. • Potential that the extent of RIM/EIM changes will be viewed as overwhelming, causing employees to perceive the EIM Strategy as unachievable. • RIM Program expansion and achievement of high rates of RIM Program compliance will fail unless there is a sustainable and enforced RIM governance structure and a compelling vision that employees can embrace. • Damage to reputation by not having accurate, complete, and well-managed information. • Potential for even more siloed information as employees continue to implement <i>ad hoc</i> RIM processes (particularly for electronic records) in the absence of a holistic, all-media, corporate RIM Program. • Maintaining the <i>status quo</i> is not an option given the continuous, exponential increase in records volume and the availability of beneficial technologies. |

8. Benchmarking the RIM Program and EIM Practices

Ergo benchmarked the RIM Program and EIM practices against the Generally Accepted Recordkeeping Principles® (the Principles®) using the Information Governance Maturity Model (IG Maturity Model) to identify areas of strength and opportunities for improvement. More information about the benchmarking methodology and the results of this analysis are provided below.

8.1 Generally Accepted Recordkeeping Principles®

Developed by ARMA International (ARMA), the Generally Accepted Recordkeeping Principles® (the Principles) “constitute a generally accepted global standard that identifies the critical hallmarks and a high-level framework of good practices for information governance.”⁷⁵ The Principles “are meant to provide organizations with a standard of conduct for governing information and guidelines by which to judge that conduct.” There are eight principles, as briefly described in Figure 53.

8.2 Information Governance Maturity Model (Maturity Model)

The Information Governance Maturity Model (Maturity Model) is based on the Principles and the “standards, best practices, and legal/regulatory requirements that surround information governance.”⁷⁶ Intended “to be deployed as a quality improvement tool”⁷⁷, the Maturity Model describes for each Principle the characteristics of effective information governance at five levels of development. The following maturity level descriptions are from ARMA’s website⁷⁸.

1. Level 1 (Substandard): “This level describes an environment where information governance concerns are not addressed at all, are addressed minimally, or are addressed in a sporadic manner. Organizations at this level usually have concerns that the information governance programs will not meet legal or regulatory requirements and may not effectively serve their business needs.”
2. Level 2 (In Development): “This level describes an environment where there is a developing recognition that information governance has an impact on the organization and that the organization may benefit from a more defined information governance program. The organization is vulnerable to redress of its legal or regulatory, and business requirements because its practices are ill-defined, incomplete, nascent, or only marginally effective.”

⁷⁵ http://c.ymcdn.com/sites/www.arma.org/resource/resmgr/files/Learn/2017_Generally_Accepted_Reco.pdf

⁷⁶ <http://www.arma.org/page/IGMaturityModel>

⁷⁷ Ibid.

⁷⁸ Ibid.

3. Level 3 (Essential): “This level describes the essential or minimum requirements that must be addressed to meet the organization’s legal, regulatory, and business requirements. Level 3 is characterized by defined policies and procedures and the implementation of processes specifically intended to improve information governance. Level 3 organizations may be missing significant opportunities for streamlining the business and controlling costs, but they demonstrate the key components of a sound program and may be minimally compliant with legal, operational, and other responsibilities.”

4. Level 4 (Proactive): “This level describes an organization-wide, proactive information governance program with mechanisms for continuous improvement. Information governance issues and considerations are routinized and integrated into business decisions. For the most part, the organization is compliant with industry best practices and meets its legal and regulatory requirements. Level 4 organizations can pursue the additional business benefits they could attain by increasing information asset availability, as appropriate; mining information assets for a better understanding of client and customer needs; and fostering their organizations’ optimal use of information.”

5. Level 5 (Transformational): “This level describes an organization that has integrated information governance into its infrastructure and business processes such that compliance with the organization’s policies and legal/regulatory responsibilities is routine. The organization recognizes that effective information governance plays a critical role in cost containment, competitive advantage, and client service. It implements strategies and tools for ongoing success.”

8.3 Benchmarking Results

Ergo assessed the RIM Program and EIM practices against the Maturity Model and assigned a current rating for each Principle. This assessment is based on our understanding of the Region’s current RIM Program and EIM practices as obtained from the documentation/data review, the employee survey, and consultations with many stakeholders.

We proposed a Level 3 target level for each Principle because that is the minimum target level for all organizations.

Our maturity assessment and proposed target levels are provided in Figure 53. See Appendix 5 for the rationale of our benchmarking rating for each Principle.

As summarized in Figure 53, the Region scored a 1.8 average maturity score out of 5 across the eight Principles.

Figure 53 – The Principles Benchmarking Ratings

| Principle | Definition ⁷⁹ | Region's Current Level | Region's Target Level |
|-----------------------|---|------------------------|-----------------------|
| Accountability | "A senior executive (or a person of comparable authority) shall oversee the information governance program and delegate responsibility for information management to appropriate individuals." | 2 | 3 |
| Transparency | "An organization's business processes and activities, including its information governance program, shall be documented in an open and verifiable manner, and that documentation shall be available to all personnel and appropriate, interested parties." | 2 | 3 |
| Integrity | "An information governance program shall be constructed so the information assets generated by or managed for the organization have a reasonable guarantee of authenticity and reliability." | 1.5 | 3 |
| Protection | "An information governance program shall be constructed to ensure an appropriate level of protection to information assets that are private, confidential, privileged, secret, classified, essential to business continuity, or that otherwise require protection." | 2 | 3 |
| Compliance | "An information governance program shall be constructed to comply with applicable laws, other binding authorities, and the organization's policies." | 1.5 | 3 |
| Availability | "An organization shall maintain its information assets in a manner that ensures their timely, efficient, and accurate retrieval." | 1.75 | 3 |
| Retention | "An organization shall maintain its information assets for an appropriate amount of time, taking into account its legal, regulatory, fiscal, operational, and historical requirements." | 2 | 3 |
| Disposition | "An organization shall provide secure and appropriate disposition of information assets no longer required to be maintained, in compliance with applicable laws and the organization's policies." | 2 | 3 |

The above ratings are illustrative, but should not overly alarm the Region. These scores should be considered opportunities to target and prioritize key areas for improvement. Indeed, many organizations with which we have worked started with comparable scores and are either working toward or have succeeded in attaining the Level 3 targets.

⁷⁹ http://c.yimcdn.com/sites/www.arma.org/resource/resmgr/files/Learn/2017_Generally_Accepted_Reco.pdf

Appendix 1: Terms, Acronyms, and Abbreviations

The following terms, acronyms, and abbreviations are used in this report.

Figure 54 – Terms, Acronyms, and Abbreviations

| Acronym | Full Name |
|--------------------|---|
| CAO | Chief Administrative Officer |
| CCS | Corporate Classification Scheme for the classification of records, as provided in Schedule A of By-law # 65-2017 |
| CIO | Chief Information Officer |
| CS-IT | Corporate Services – Information Technology Division |
| CS-LS | Corporate Services – Legislative Services Division |
| FOI | Freedom of information |
| HR | Corporate Services – Human Resources Division |
| IPC | Information and Privacy Commissioner of Ontario |
| IT | Information technology in the context of using computers, storage, networking and other physical devices, infrastructure and processes to create, process, store, secure and exchange all forms of electronic data |
| MFIPPA | Municipal Freedom of Information and Protection of Privacy Act |
| NDA | Non-disclosure agreement |
| PHIPA | Personal Health Information Protection Act |
| RRC | Records Retention Centre, a facility in the basement of Regional HQ for the storage of inactive and archival records |
| RRS | The Records Retention Schedule specifying how long records in a series shall be kept, as provided by information in the 'Active Retention', 'Inactive Retention', 'Total Retention', and 'Copy Retention' columns of the Corporate Classification Scheme (Schedule A of By-law # 65-2017) |
| Region | a) The Regional Municipality of Durham b) Region of Durham |
| Regional HQ | The Region's headquarters at 605 Rossland Rd. E. in Whitby |
| RIM | Records and information management |
| RIM Program | Corporate Services – Legislative Services Division – Records and Information Management |

Appendix 2: Definitions

Definitions of key terms used in the report are provided below. The prefix 'External' is used before the name of a document in the 'Definition Source' column to indicate a resource published by a 3rd party.

Figure 55 – Definitions

| Term | Definition | Definition Source |
|-----------------------------|--|--|
| Active Record | A record that is referred to frequently and is commonly stored in the office area within departments. | By-law # 65-2017 |
| Active Record | A record referenced more than once per month. | RIM Manual – Glossary of RIM Terms |
| Active Record | A readily accessible record related to current, ongoing, or in-process activities and referred to on a regular basis to respond to day-to-day operational requirements. | External: Glossary of Records Management and Information Governance Terms, 5 th edition |
| Archival Record | A record of enduring cultural, historical and evidentiary value that is permanently maintained. | By-law # 65-2017 |
| Archival Record | Records and other materials worthy of permanent preservation for historical reference and research. | RIM Manual – Glossary of RIM Terms |
| Archival Record | Records and other materials that have been selected for preservation due to their enduring cultural, historical, or evidentiary value. | RIM Program Brochure |
| Archival Record | Materials created or received by a person, family, or organization, public or private, in the conduct of their affairs that are preserved because of the enduring value contained in the information they contain or as evidence of the functions and responsibilities of their creator. | External: Glossary of Archival and Records Terminology |
| Archive (for e-mail) | A centralized storage location where older email messages are retained for access by users and the Region. | Email (policy # 14.13) |
| Archives | A repository of archival records. | By-law # 65-2017 |
| Backup | Backup is the process of copying and archiving computer data so it may be used to restore the original after a data loss or corruption event. | Backup and Recovery (policy # 14.16) |
| Barcode | Type of coding used in automatic identification systems consisting of lines or bars and spaces varying widths positioned in a vertical format to create an optical code field which, when read by an optical reader, can be converted | RIM Manual – Glossary of RIM Terms |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|--|---|---|
| | into computer-processible data. In records management applications, bar codes can be affixed to loose paper documents, file folders, records storage cartons/boxes, microfilm, or other record media to provide an enhanced level of item tracking and inventory control over a collection of stored records. | |
| Classification Scheme | Logical and systematic arrangement of records into subject groups or categories based on some definite scheme of natural relationship using numbers and/or letters for identification. | RIM Manual – Glossary of RIM Terms RIM Program Brochure |
| Classifying | Process of reading information to be filed to determine its subject topics(s). | RIM Manual – Glossary of RIM Terms |
| Cloud Computing | At its simplest, cloud computing is the practice of using a network of remote servers hosted on the internet to store, manage, and process data. Cloud computing is an alternative to hosting applications in the Regional data centre. | Information Technology – Cloud Computing Review and Update (report # 2016-A-11 to the Finance and Administration Committee) |
| Coding | Assignment of symbols, numerals, letters, words or a combination of any or all, to ease arrangement of records for filing or its retrieval from files. | RIM Manual – Glossary of RIM Terms |
| Colour Coding | System using coloured filing labels to detect misfiles or to locate a specific file. It is effective with numerical and alphabetical filing systems. | RIM Manual – Glossary of RIM Terms |
| Confidential Record | Classification applied to records, the unauthorized disclosure of which may be prejudicial to the interest or prestige of the organization. | By-law # 65-2017 |
| Conversion | Moving active records from their existing file classification structure to a new corporate standard file classification structure. | By-law # 65-2017 |
| Corporate Classification Scheme (CCS) | Legal document which sets a timetable for the life of the record from its creation to its final disposition. | RIM Manual – Glossary of RIM Terms |
| CCS | Corporate Classification Scheme, which is Schedule A to the Records Retention By-law 85-2003, and provides for the organization, retention and destruction of all Regional records. [Ergo's note: the current version is By-law # 65-2017] | Electronic Communications Systems – Policy Standards and Guidelines |
| Cubic feet | Relationship between the volume of records housed to the area occupied. | RIM Manual – Glossary of RIM Terms |
| Dataset | A collection of raw, non-manipulated data usually presented in tabular form with associated metadata, and which is machine readable. | Open Data (policy #14.22) |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|---------------------------------|---|---|
| | A 'raw dataset' is a structured file format (including geospatial formats) that can be read by a machine, such as spreadsheets, comma delimited, Extensible Markup Language (XML), or JavaScript Object Notation (JSON). | |
| Destruction | Physical disposal of records by means of burning, pulping, shredding, disintegration or sale as salvage for recycling. | RIM Manual – Glossary of RIM Terms |
| Disposition | Systematic placement, destruction, or archiving of records once the retention period has been reached. | RIM Manual – Glossary of RIM Terms |
| Disposition | The final phase of a record's life cycle, either destruction or permanent preservation. | By-law # 65-2017 |
| ECS | Electronic Communications Systems; refers to Internet, Intranet, and e-mail. | Electronic Communications Systems (policy # 14.10) |
| Electronic Record Series | Separate, discrete body of computer data (text files, data files, or image files) that is maintained within a computer system, sub-system, or database and is logically related, serves a common purpose or function, and can be considered as a separate unit for records management purposes. In data processing terminology, referred to as a dataset. | RIM Manual – Glossary of RIM Terms |
| Electronic Records | Records containing machine-readable, as opposed to human-readable information, and consisting of character-coded electronic signals that can be processed and read by means of computers. | RIM Manual – Glossary of RIM Terms |
| E-mail | <p>Automated system that is used to create, send, and receive messages and other documents, from computer to computer.</p> <p>An automated system that is used to create, send, and receive messages and other documents from computer to computer. This shall include email, appointments, tasks, and notes.</p> | <p>Electronic Communications Systems (policy # 14.10)</p> <p>Email (policy # 14.11)</p> |
| File | A group of related documents. | RIM Manual – Glossary of RIM Terms |
| Filing | Process of sorting, arranging, classifying, cross referencing, storing, and retrieving records in accordance with an established system so that they may be found quickly when needed. | RIM Manual – Glossary of RIM Terms |
| Imaging, Document | Process of creating an exact image of a document utilizing either electronic or photographic technology. | RIM Manual – Glossary of RIM Terms |
| Inactive Record | A record that is referenced infrequently but must be maintained for | By-law # 65-2017 |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|--------------------------------|---|--|
| | administrative needs or legal compliance. | |
| Inactive Record | A Record referenced once per month or less. | RIM Manual – Glossary of RIM Terms |
| Inactive Record | A record no longer needed to conduct current business but preserved until it meets the end of its retention period. | External: Glossary of Records Management and Information Governance Terms, 5 th edition |
| Inactive Record Centre | Low-cost, centralized area for housing and servicing inactive or semi-active records whose reference rate does not warrant their retention in expensive office space and equipment. | RIM Manual – Glossary of RIM Terms |
| Index | A finding aid, usually an alphabetical list of the names of subjects in a document or a particular body of records or papers. Page references for names or subjects are given. | RIM Manual – Glossary of RIM Terms |
| Instant Messaging | Text messaging supported over commercial third-party systems, BlackBerry, or other cellular phones. | Email (policy # 14.13) |
| Internet | The logical connection of different area networks which use standard Internet protocol, TCP/IP, to communicate and share data among each other. | Electronic Communications Systems (policy # 14.10) |
| Intranet | An internal (i.e. non-public) network that uses the same technology and protocols as the Internet. | Electronic Communications Systems (policy # 14.10) |
| Lifecycle (of a record) | The life span of a record from its creation or receipt through to its preservation or final disposition. | By-law # 65-2017 |
| Lifecycle | Life span or time period from the creation or receipt of a record through its useful life to final disposition. | RIM Manual – Glossary of RIM Terms RIM Program Brochure |
| Metadata | Data that describes other data and is used to aid the identification, description, location or use of information systems, resources and elements. | By-law # 65-2017 |
| Non-Record | Material that has no documentary value. Examples of non-record material: <ul style="list-style-type: none"> • Extra copies kept for reference. • Working papers, preliminary drafts and similar materials, summarized and published in other forms. • Catalogues, trade journals and other processed or published materials. • Reproduction materials such as stencils and off-set plates. • Shorthand notes or steno tapes which have been transcribed. • Stocks of publications, informational material or blank forms. | RIM Manual – Glossary of RIM Terms |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|-------------------------------|---|---|
| Official Copy | Records that are 'official' to the organization but are not necessarily originals. | RIM Manual – Glossary of RIM Terms |
| Official Record | A record in the Region's custody or control that supports regional business such as program delivery or policy development, documents the result of a decision, certifies a transaction, commits the Region to an action, becomes a receipt or provides evidence and is required to support a financial, operational or legal audit. | By-law # 65-2017 |
| Official Record | A record in the Region's custody or control that supports regional business such as program delivery or policy development, documents the result of a decision, or is required to support a financial, administrative, operational, or legal audit. | RIM Program Brochure |
| Official Record | A record, whether original or a copy, that is designated and agreed upon by the organization as 'official', and kept in accordance with the approved retention schedule. | Electronic Communications Systems – Policy Standards and Guidelines |
| Official Record Holder | The Regional department/division with primary responsibility for retaining official records. | By-law # 65-2017 |
| Open Data | Data that can be freely used, reused and redistributed by anyone - subject only, at most, to the requirement to attribute and share alike. | Open Data (policy #14.22) |
| Permanent Records | Records which, by law, must be retained for the life of the organization. Records considered to be so valuable or unique in documenting the history of the organization that they are preserved in the archives. | RIM Manual – Glossary of RIM Terms |
| Personal Information | Recorded information about an identifiable individual, including the following 8 things: (1) information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual; (2) information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved; (3) any identifying number, symbol or other particular assigned to the individual; | By-law # 65-2017 |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|----------------------------------|--|-------------------------------------|
| | <p>(4) the address, telephone number, fingerprints or blood type of the individual;</p> <p>(5) the personal opinions or views of the individual except if they relate to another individual;</p> <p>(6) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;</p> <p>(7) the views or opinions of another individual about the individual; and</p> <p>(8) the individual's name if it appears with other personal information relating to the individual or where disclosure of the name would reveal other personal information about the individual.</p> | |
| Personal Information Bank | Collection of personal information that is organized and capable of being retrieved by an individual's name and/or an identifying number. | RIM Manual – Glossary of RIM Terms |
| Portable Computer | A device that may be easily transported, provides access to data stored on the device, supports stored applications to review and update the data and can communicate with other computing devices for data transfer, or computer terminal capability. For the purpose of clarity, portable computers shall be deemed to include laptop computers and tablets that use the Microsoft Windows operating system. | Portable Computers (policy # 14.11) |
| Primary | Main subject heading or record series. | RIM Manual – Glossary of RIM Terms |
| Purge | Process of clearing out inactive or dead files from active file storage areas for retention elsewhere or for destruction. | RIM Manual – Glossary of RIM Terms |
| Record | <p>Any record of information, including a transitory record, however recorded, whether in printed form, on film, by electronic means or otherwise, and includes:</p> <p>(1) correspondence, a memorandum, a book, a plan, a map, a drawing, a diagram, a pictorial or graphic work, a photograph, a film, a microfilm, a sound recording, a videotape, a machine-readable record (metadata), any</p> | By-law # 65-2017 |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|---------------------------|--|---|
| | <p>other documentary material, regardless of physical form or characteristics, and any copy thereof; and</p> <p>(2) subject to any regulations (made under the Municipal Freedom of Information and Protection of Privacy Act), any record that is capable of being produced from a machine-readable record under the control of an institution (the Region) by means of computer hardware and software or any other information storage equipment and technical expertise normally used by the institution (ordinarily used by the Region).</p> | |
| Record | Recorded information of any kind or form, including paper, electronic, drawings, maps, microfilm, cheques, tapes, photographs, etc. | RIM Manual – Glossary of RIM Terms |
| Record | <p>Any record of information however recorded, whether in printed form, on film, by electronic means or otherwise, and includes</p> <p>(a) correspondence, a memorandum, a book, a plan, a map, a drawing, a diagram, a pictorial or graphic work, a photograph, a film, a microfilm, a sound recording, a videotape, a machine-readable record, any other documentary material, regardless of physical form or characteristics, and any copy thereof, and</p> <p>(b) any record that is capable of being produced from a machine-readable record by means of computer hardware and software or any other information storage equipment and technical expertise normally used by the Region.</p> | Electronic Communications Systems – Policy Standards and Guidelines |
| Record Series | A group of related records categorized as a unit for the purposes of establishing classification efficiencies and applying retention controls. | By-law # 65-2017 |
| Record Series | Information filed (stored), referenced and evaluated as a unit for retention scheduling purposes. | RIM Manual – Glossary of RIM Terms |
| Records Liaison | Any person responsible for the records in their area. This individual should have a thorough knowledge and understanding of the program and administrative operation of their respective departments and should have a good working knowledge of the CCS. | RIM Manual |
| Records Management | The process of planning, organizing, directing and controlling all the steps involved in a records life cycle. | By-law # 65-2017 |
| Records and | Systematic control of records, including the creation, acquisition, collection, | RIM Manual – Glossary of RIM Terms |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|---------------------------------------|---|--------------------------------------|
| Information Management | indexing, filing, search/retrieval, retention, archiving and disposition of records in all forms. | |
| Records Disposition | Planning for and/or physical operations involved in the a) Transfer of records from active to inactive storage space; b) Transfer of records to the archives; or c) Authorized destruction of records of no further value. | RIM Manual – Glossary of RIM Terms |
| Records Retention By-law | By-law to provide periods of retention for and to provide for the final disposition of all records within the organization. | RIM Manual – Glossary of RIM Terms |
| Records Retention Centre (RRC) | Inactive records and archival records storage located in the basement of Regional HQ – 605 Rossland Rd. E., Whitby. | RIM Manual – Glossary of RIM Terms |
| Records Retention Centre (RRC) | Facility at HQ for storing and processional regional records and archives. | RIM Program Brochure |
| Records Retention Schedule | Legal document which stets a timetable for the life of a record for its creation to its final disposition. | RIM Manual – Glossary of RIM Terms |
| Recovery | Recovery is the process of restoring computer data/information that has been previously backed up. | Backup and Recovery (policy # 14.16) |
| Removable Electronic Media | All devices and data media that may contain data written to them and subsequently be easily extracted from a regional computer or network, thus conferring portability on the data therein. This applies to the following seven devices such as: <ul style="list-style-type: none"> • Diskettes; • Optical disks (CD/DVD and Blu-ray); • Magneto-optical disks; • Tape cartridges; • Cartridge drives; • Flash memory devices; and • USB-attachable data devices including the following seven examples: <ul style="list-style-type: none"> • Hard drives (also includes FireWire attached); • Digital audio and video players (iPod, MP3); • Digital cameras; • Cellular phones; • Handheld PCs and Personal Digital Assistants (PDAs); | Removable Media (policy # 14.12) |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|--|---|--|
| | <ul style="list-style-type: none"> • Digital picture frames; and • Blackberries. | |
| Retention Periods | Archival, administrative, fiscal and legal period of time stated in the retention schedule) during which records must be kept before they may be disposed of, usually stated in terms of months or years, but sometimes expressed as contingent upon the occurrence of an event (employee termination, contract expiring) | RIM Manual – Glossary of RIM Terms |
| Secondary | Next subject level under a record series. This can be a heading or a file title. | RIM Manual – Glossary of RIM Terms |
| Security | The ability to physically protect records from unauthorized access through the use of locked cabinets, locked rooms, encryption, passwords, charge out systems, or other security procedures. | RIM Manual – Glossary of RIM Terms |
| Social Media | Web-based applications that allow users to interact, share and publish content such as text, links, photos, audio and video. Social media platforms include, but are not limited to, Facebook and LinkedIn (social networking), Twitter (micro-blogging), YouTube (video sharing), wikis and blogs. | Social Media Policy (policy # 2.11) |
| Structured data (or structured information or structured records) | Information with a high degree of pre-defined organization so humans and/or software applications handling it know exactly where to find each data element. An example is a relational database with tables, data fields, and relations among fields in different tables. | Glossary of Records Management and Information Governance Terms, 5 th edition |
| Subject Heading | Corporate Classification Scheme's main subject headings. | RIM Manual – Glossary of RIM Terms |
| Tertiary | Next subject level under a secondary. This is the file title. | RIM Manual – Glossary of RIM Terms |
| Transitory Information | Records of temporary usefulness that are not an integral part of an administrative or operational record and are required for a limited period of time for the completion of routine function (i.e. convenience copies, duplicates, working material and drafts). | Electronic Communications Systems – Policy Standards and Guidelines |
| Transitory Record | A record that is required for a limited time to complete a routine action, is used in the preparation of final records, or is retained as information or a convenience copy by offices or individuals who do not have the primary responsibility for them. | By-law # 65-2017 |
| Transitory Record | A record that has temporary value and is not required to meet statutory obligations, set policy, establish guidelines or procedures, e.g. draft versions, personal messages, and duplicate copies. | RIM Program Brochure |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Term | Definition | Definition Source |
|--|---|------------------------------------|
| Unstructured data (or unstructured information or unstructured records) | Information that cannot be represented in the row and column format of traditional databases. Examples of this information include metadata and text content contained in files, e-mails, and content management systems such as SharePoint. | 2017 Data Inventory Report |
| Vital Records | Records essential to the resumption and/or continuation of operations where the loss of such information could result in legal penalties, staff time to recreate, tarnish public image, financial loss, public safety/health and./or availability of decision-making information. | RIM Manual – Glossary of RIM Terms |

Appendix 3: Data Collection Participants

This appendix lists the employees who participated in the interviews and focus groups. It also describes the survey distribution methods and provides demographic information about the survey respondents.

Subject Matter Expert Interviews

Ergo interviewed 8 subject matter experts.

Figure 56 – Subject Matter Expert Interviews: Interview Objectives and Participants

| Area of Expertise | Interview Objectives | Employee Name | Position Title |
|---|---|------------------|--|
| Corporate Policy and Strategy | Discuss the relationship between the EIM Strategy that will be developed and the Region’s strategic planning process and its 2015-2019 strategic plan | Angela Gibson | Director, Corporate Policy and Strategic Initiatives |
| IT Administration | Discuss the Region’s infrastructure for managing the in-scope electronically stored information (ESI), identify any challenges, constraints, or risks in managing ESI, and discuss any IT plans, strategies, or initiatives that relate to or which may affect the future management of ESI | John Baric | Manager, Infrastructure |
| | | Jason Ingram | Supervisor, Security and Networking |
| Intranet Administration – CS-IT | Discuss the creation, storage, retention, and deletion of the Region’s Intranet content | Samantha Wilson | IT Programmer |
| Intranet Administration – Health Dept. | | Glendene Collins | Manager, Community Research and Development |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Area of Expertise | Interview Objectives | Employee Name | Position Title |
|---|--|------------------|---|
| Legal | Discuss any EIM challenges, constraints, or risks experienced when responding to discovery requests during litigation | Jason Hunt | Director of Legal Services |
| Privacy | Discuss any EIM challenges, constraints, or risks experienced when responding to access to information requests | Cindy Boyd | Solicitor |
| RIM | Discuss the RIM Program's mandate and services | Jackie Nielsen | Manager, RIM |
| Social Media Administration – Health Dept. | Discuss the creation, storage, retention, and deletion of the Region's social media content | Glendene Collins | Manager, Community Research and Development |
| Website Administration – CS-IT | Discuss the creation, storage, retention, and deletion of content on the Region's public/external website (durham.ca) | Samantha Wilson | IT Programmer |
| Website Administration – Health Dept. | | Glendene Collins | Manager, Community Research and Development |

The employees listed below were unable to meet with Ergo as scheduled.

| Area of Expertise | Employee Name | Position Title |
|--|-----------------|---|
| Internal Audit | Lori Ostafichuk | Internal Auditor |
| Intranet Administration – Corporate Communications Office | Sherri Munns | Director, Corporate Communications Office |
| Social Media Administration – Corporate Communications Office | Jennifer Santos | Manager, Corporate Communications Office |
| Website Administration | Sherri Munns | Director, Corporate Communications Office |

Note: Jennifer Santos provided a written response to the interview discussion points.

Focus Group – Department Heads

The Department Heads declined to attend the ‘management’ focus group included in the Statement of Work.

Focus Groups – Department/Division/Program Employees

Each department head was asked to select 5-6 employees from his/her department. 9 focus groups were held (see Figure 57 below). **Yellow** below indicates an employee who did not attend as scheduled.

Figure 57 – Focus Group Participants by Department

| Employee Name | Position Title |
|--------------------------------|--|
| CAO | |
| Lorraine Dunn | Administrative Assistant I |
| Angela Gibson | Director, Corporate Policy and Strategic Initiatives |
| Tina Lee | Executive Assistant |
| Warren Leonard | Director, Emergency Management |
| Sherri Munns | Director, Corporate Communications |
| Corporate Services | |
| Cheryl Bandel | Deputy Clerk |
| Cindy Boyd | Senior Solicitor |
| Mitch Denault | Senior Systems Analyst (CS-IT) |
| Leigh Fleury | Legislative Officer |
| Leni Jaklin | Administrative Assistant, Legal |
| Tanya Mason | Supervisor, Legal POA |
| Corporate Services – HR | |
| Joanne Darroch | Administrative Assistant |
| Jennifer Elliott | HRIS Specialist |
| Melony Godfrey | HR Analyst, Compensation |
| Tracey Macaulay | Manager, Talent Acquisition |
| Emma Thompson | HR Coordinator, Work Safety and Insurance |
| Finance | |
| Terri Barton | Senior Financial Coordinator |
| Teresa Gluftsis | Accounting Clerk |
| Shirley Harrison | Business Analyst |
| Wendy Hunter | Financial Analyst (budgets) |
| Tom Kelly | Supervisor, Purchasing Operations |
| Wendy MacLeod | Senior Risk and Insurance Examiner |
| Steve Tsenis | Economic Analyst - Transit |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Employee Name | Position Title |
|---|--|
| Health | |
| Shelley Chamberlain | Manager, Administration |
| Katherine Chow | Public Health Inspector |
| Anthony Di Pietro | Manager, Environmental Health |
| Sharan Dosanjh | Manager, Information, Privacy and Security |
| Jackie Banas-Fass | Administrative Assistant I |
| Vicky Olmstead | Manager, Public Health Nutrition and Nursing |
| Planning and Economic Development | |
| Pam Aguilera | Assistant Secretary/Treasurer |
| Lori Riviere-Doersam | Principal Planner |
| Kiersten Allore-Engel | Senior Planner |
| Stephanie Jones | Manager, Data Mapping and Graphics |
| Chris Leitch | Principal Planner |
| Laurie Noland | Clerk Stenographer |
| Lindsey Schoenmakers | Administrative Assistant I |
| Social Services | |
| Brittany Brunt | Supervisor, Applications Support |
| Denise Dalton (replaced Karen Chapman) | Clerk Stenographer |
| Vicki Madsen | Coordinator |
| Nataliya Wijesinghe | Coordinator, Applications Support |
| Transit | |
| James Gould | Planning Assistant |
| Cindy McGarry | Coordinator, Technical Service |
| Christina Miller | Office Coordinator |
| Jack Phelan | Planning Assistant |
| Karen Reynolds | Administrative Assistant II |
| Works | |
| Allan Henning | Project Manager, Specs and Support |
| Marek Krynski | Engineer, Environmental Services Division |
| Janet Mosher | Project Manager, Transportation Infrastructure |
| Angelo Novis | Supervisor, Waste Contracts and Administration |

Focus Group – RIM Program Employees

The Manager, RIM invited 5 RIM Program employees to attend the focus group.

Figure 58 – RIM Program Focus Group Participants

| Employee Name | Position Title |
|----------------------|-----------------------|
| Kim Alford | RIM Analyst |
| Lindsay Egan | Clerk-Steno |
| Debbie Gardner | RIM Analyst |
| Mira Gimon-Keeler | Clerk 3 |
| Brandon Pottle | Clerk 3 |

EIM Survey

The survey was widely promoted:

- The CAO sent an e-mail to the 'AllRegionalStaff' account (4,455 e-mail accounts) inviting staff to complete the survey. The CAO also sent a reminder message a few days prior to the survey deadline. A direct link to the survey was included in each message.
- The survey (and the EIM Strategy project) was promoted in the fall 2017 edition of the RIM Newsletter published by the RIM Program. A direct link to the survey was included in the article.
- The survey information in the RIM Newsletter was also posted to the RIM Awareness page on the Intranet. Again, it included a direct link to the survey.

A prize draw for a gift basket was offered to incent participation. At the end of the survey, a respondent had the option to enter the prize draw by providing his/her name, e-mail address, and telephone number.

Ergo administered the survey in its SurveyMonkey account. 786 surveys were submitted from November 10 to November 24, 2017 for a response rate of approximately 17.6%.

As anticipated and as illustrated in Figure 59, the highest number of responses were received from employees in the largest departments (Health, Social Services, and Works).

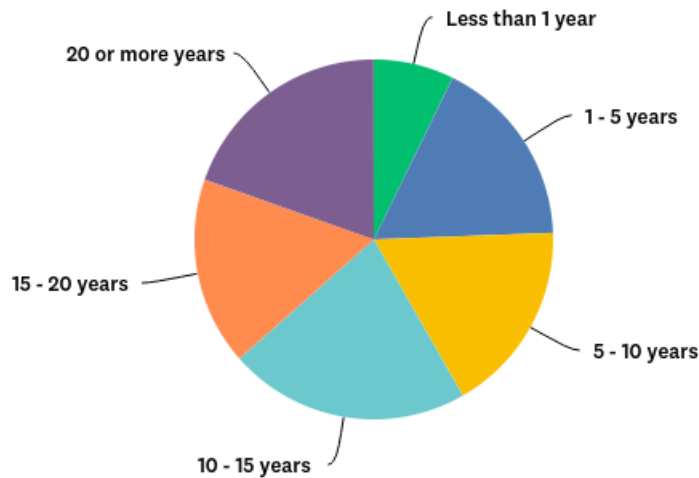
Figure 59 – Number of Responses by Department
 (n = 758)

| Department | Number of Responses |
|---------------------------------|---------------------|
| CAO | 21 |
| Corporate Services | 90 |
| Finance | 63 |
| Health | 144 |
| Planning & Economic Development | 22 |
| Social Services | 229 |
| Transit | 25 |
| Works | 164 |

The highest number of responses by division were received from Health – Public Health Nursing and Nutrition (74 responses), Social Services – Long Term Care and Services for Seniors (70 responses), and Social Services – Income and Employment Support and Works – Transportation and Field Services (56 responses each).

The distribution of responses by tenure of employment with the Region was fairly even as shown in Figure 60 below.

Figure 60 – Distribution of Responses by Tenure of Region Employment
 (n = 786)



Appendix 4: Region Documentation/Data Reviewed by Ergo

Ergo reviewed the following documentation/data provided by the Region.

Figure 61 – Region Documentation/Data Reviewed by Ergo

| Document/Data Name | Date (Issue/Revision) |
|--|--------------------------|
| Corporate Guidelines, Protocols or Other Documents | |
| Alternative Work Arrangements Reference Guide | May 2012 |
| Corporate Communications Protocol: Regional Photography/Videography Use | December 2016 |
| Electronic Communications Systems (E-mail, Internet, and Intranet) – Policy Standards and Guidelines | May 10, 2017 |
| Social Media Guidelines for Personal Use | September 2013 |
| Social Media Protocols for Corporate Use | January 2017 |
| Corporate Policy and Procedures Manual | |
| Backup and Recovery (policy # 14.16) | February 27, 2017 |
| Code of Ethics (policy # 2.10) | June 30, 2003 |
| Conduct and Behaviour (policy # 2.20) | June 30, 2003 |
| Confidentiality (policy # 2.30) | June 30, 2003 |
| Corporate Complaint Handling Policy & Guidelines (policy # 2.14) | May 2016 |
| Data Protection (policy # 14.20) | February 27, 2017 |
| Electronic Communications Systems (policy # 14.10) | May 10, 2017 |
| Email (policy # 14.13) | May 10, 2017 |
| Employee Code of Conduct (no policy #) | April 26, 2016 |
| Employee Exit Survey (policy # 13.10) | October 24, 2005 |
| Network Security (policy # 14.17) | February 27, 2017 |
| Open Data (policy # 14.22) | April 13, 2017 |
| Personal Computer (policy # 14.19) | February 27, 2017 |
| Portable Computers (policy # 14.11) | May 10, 2017 |
| Removable Media (policy # 14.12) | May 10, 2017 |
| Social Media (policy # 2.11) | May 12, 2017 |
| System Acquisition, Maintenance, and Disposal (policy # 14.21) | February 27, 2017 |
| Miscellaneous | |
| 2014 Annual Report (for the year ended December 31, 2014) | No date |
| 2015 Annual Report (for the year ended December 31, 2015) | No date |
| 2016 Annual Report (for the year ended December 31, 2016) | No date |
| Data Inventory (prepared by CS-IT) | December 16, 2016 |
| Data Inventory (prepared by CS-IT) | October 20, 2017 |
| Establishment of a Corporate Privacy Office (report # 2016-COW-42 to Committee of the Whole) | October 5, 2016 |
| Growing Together, Reaching Further, Aspiring Higher A New Strategic Plan for Durham Region: 2015 – 2019 | No date |
| Information Technology – Cloud Computing Review and Update (report # 2016- | May 10, 2016 |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Document/Data Name | Date (Issue/Revision) |
|--|---|
| A-11 to Finance and Administration Committee) | |
| Region of Durham Departments and Divisions (organization chart) | March 2017 |
| ZyIMAGE information | No date |
| RIM Documentation/Data Provided by Focus Group Participants | |
| Finance – Guideline for Filing Documentation in Tender Files (Green Folders) | No date |
| Health – ‘Managing Records’ section of the Environmental Health Division’s Administration Policy and Procedure Manual | April 2012 |
| Health – ‘Records Management’ section of the department’s Administration Policy and Procedures Manual | November 2014 |
| Records/RIM Policy and Procedure Manuals developed by a Records Analyst during a RIM Improvement Project in each of the following areas: <ul style="list-style-type: none"> • Health – Infectious Diseases Prevention and Control Program, Environmental Health Division • Health – Oral Health Division (draft) • Health – Oral Health Division claim files (draft) • Health – Public Health Nursing and Nutrition Division | May 15, 2015 November 2017 November 21, 2014 July 2016 |
| Social Services – Procedures for the creation of new client files for the Income and Employment Support Division | No date |
| RIM Program Documentation/Data | |
| Access and Privacy Manual: Working with the Municipal Freedom of Information and Protection of Privacy Act (draft) | December 2016 |
| A Guide to MFIPPA (brochure) | June 2017 |
| A Guide to PHIPA (brochure) | June 2017 |
| An Organization Approach to Managing Information (presentation) | 2017 |
| Best Practices for Document Imaging (Using Outside Scanning Vendor) | No date |
| Business System Information Management Assessment Tool | No date |
| By-law # 65-2017 <ul style="list-style-type: none"> • By-law # 65-2017 • Corporate Classification Scheme (Schedule A) • Summary of Changes for Council Approval Corporate Classification Scheme 2016 – 2017 (Schedule B) • Citation Tables (Schedule C) • Records Management Procedures (Schedule D) | November 8, 2017 August 2017 No date September 2017 No date |
| Corporate Classification Scheme Change Requests by Department 2015 – 2017 | No date |
| Directory of Records and Personal Information Banks | 2017 |
| E-mail Quick Reference | March 2017 |
| Family Services Scanning Policy and Procedure | April 2015 |
| IPC Order Statistics | No date |
| Job Description: Manager, RIM (084) <ul style="list-style-type: none"> • Management Job Description | January 2012 |
| Job Description: Records Analyst (019) <ul style="list-style-type: none"> • Part A Core Job Duties • Job Information Questionnaire Part A (Job Description) • Job Information Questionnaire Part B (Factor Information) | No date |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Document/Data Name | Date (Issue/Revision) |
|--|---|
| Job Description: Records Analyst – FOI (382) <ul style="list-style-type: none"> • Part A Core Job Duties • Job Information Questionnaire Part A (Job Description) • Job Information Questionnaire Part B (Factor Information) | No date |
| Job Description: Clerk 3 (051) <ul style="list-style-type: none"> • Part A Core Job Duties • Job Information Questionnaire Part A (Job Description) • Job Information Questionnaire Part B (Factor Information) | No date |
| Job Description: Clerk-Steno (022) <ul style="list-style-type: none"> • Part A Core Job Duties • Job Information Questionnaire Part A (Job Description) • Job Information Questionnaire Part B (Factor Information) | No date |
| Managing Electronic Records Guidelines | March 29, 2017 |
| MFIPPA/PHIPA Statistics 2006 – 2017 | No date |
| MFIPPA and PHIPA (training presentation) | No date |
| Official and Transitory Records: A Guide for Region of Durham Employees | March 2017 |
| Personal Information Privacy Policy | June 27, 2012 |
| Regional Archives (brochure) | No date |
| Records Disposition and Transfer Process | No date |
| Records Security Classification (draft) | April 2017 |
| RIM Awareness/CCS Overview (training presentation) | No date |
| RIM Manual | September 20, 2012 (some sections from December 12, 2012) |
| RIM Program (brochure) | No date |
| RIM Program Budget Status Report 2015 | October 11, 2017 (report run date) |
| RIM Program Budget Status Report 2016 | October 11, 2017 (report run date) |
| RRC Fact Sheet | No date |
| RRC Statistics 2015 – 2017 | No date |
| The Information Exchange (the RIM Program newsletter) | Fall 2017 |
| Tips for Managing Electronic Records | No date |
| Versatile Enterprise information | No date |
| Versatile Enterprise 7.2 User Manual | July 2013 |
| Versatile Enterprise Web Module 7.4 User Manual | July 2013 |
| What Information is Private? How Should I handle it? (brochure) | No date |

Appendix 5: Maturity Model Benchmarking

This appendix contains Ergo's assessment of the Region's RIM Program and EIM practices using the Information Governance Maturity Model (Maturity Model) benchmarking tool. The requirements of each maturity level are stated verbatim in the table in this appendix with the exceptions noted below.

The maturity level requirements in the table were excerpted from the following ARMA International publication which is registered with the American National Standards Institute (ANSI): *Implementing the Generally Accepted Recordkeeping Principles®* (ARMA International TR 30-2017)

Notes:

1. References to 'information management' were abbreviated as 'IM'.
2. References to 'information management program' were abbreviated as 'IM Program'.
3. References to 'information governance program' were abbreviated as 'IG Program'.
4. References to 'information governance' were abbreviated as 'IG'.

Figure 62 – Benchmarking the RIM Program and EIM Practices Using the Maturity Model

| The Principle, the Region's Current Level, and a Target Level | Level 1 (Substandard) | Level 2 (In Development) |
|--|---|---|
| <p>Accountability: “A senior executive (or a person of comparable authority) shall oversee the IG Program and delegate responsibility for IM to appropriate individuals.”</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>Ergo's Ratings</u></p> <p><u>Current Level: 2</u></p> <ul style="list-style-type: none"> Regional Clerk oversees the RIM Program RIM responsibility delegated to Manager, RIM No RIM policy; however, several procedures and guidelines have been developed RIM Program's focus is paper records No auditing of RIM compliance CS-IT is the <i>de facto</i> lead for electronic records Conflicts between CS-IT's approach to RIM versus that of the Manager, RIM Manager, RIM has minimal involvement in discussions about electronic systems and was unable to secure revisions to better address RIM in several policies/other documents for which other departments are responsible RIM training is primarily for employees with RIM program responsibilities <p><u>Target Level: 3</u></p> </div> | <p>No senior executive (or person of comparable authority) is aware of the need to manage records or other information assets.</p> <p>The information manager role is largely non-existent, or it is an administrative or clerical role distributed among general staff.</p> <p>Employees are not made aware of their responsibilities for managing the information assets they create or receive.</p> <p>Information assets are managed inconsistently or not at all.</p> | <p>A senior executive (or person of comparable authority) is aware of the need to manage information assets but is not actively engaged in coordinating with individual departments.</p> <p>The information manager role is recognized, but the person in that role is responsible only for tactical operation of the IM Program, which is concerned primarily with managing specific records rather than all information assets.</p> <p>The IM Program primarily covers only paper records.</p> <p>The information technology function or department is the <i>de facto</i> lead for storing electronic information, and the information manager is not involved in discussions about electronic systems; information assets are not stored in a systematic fashion.</p> <p>Only those employees with direct IM Program responsibilities receive training about managing information assets, but that training is limited to their program responsibilities.</p> |
| Level 3 (Essential) | Level 4 (Proactive) | Level 5 (Transformational) |
| <p>A senior executive (or person of comparable authority) is both responsible for and actively engaged in setting strategy for managing information.</p> <p>The information manager role is recognized within the organization, and the person in that role is responsible for the tactical operation of the established IM Program on an organization-wide basis.</p> <p>The IM Program is responsible for electronic, as well as paper, records.</p> <p>The information manager is occasionally engaged in strategic IM initiatives with executive management.</p> <p>Senior management is aware of the IM Program and its value to the organization.</p> | <p>A senior executive (or person of comparable authority) is responsible for and involved in setting the strategy for managing all of the organization's information assets.</p> <p>The organization has appointed an IG professional who oversees the IM Program.</p> <p>The information manager is a senior officer responsible for all tactical and strategic aspects of the IM Program, which is an element of the IG program.</p> <p>An IG stakeholder committee, representing all functional areas, meets periodically to review disposition policy and other IG-related issues.</p> <p>All employees receive ongoing, documented training regarding their IM responsibilities.</p> | <p>The organization's governing board and senior management place great emphasis on the importance of IG.</p> <p>The information manager directs the IM Program and reports to an individual at the senior level of management (e.g. chief IG officer).</p> <p>The chief IG officer and the information manager are essential members of the organization's governing body.</p> <p>The organization's initial goals related to accountability for information-related business processes have been met, and it has an established, routinized process to ensure goals for accountability are reviewed and revised, as needed.</p> |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| | | |
|---|--|---|
| <p>The organization envisions establishing a broader-based IG program to direct various information-driven business processes throughout the organization.</p> <p>The organization has created specific goals related to accountability for records assets and information-driven business processes.</p> <p>All employees receive training regarding their IM responsibilities, but only during orientation.</p> | | <p>All employees receive ongoing, documented training regarding their IM responsibilities, and compliance with this training is audited and documented regularly.</p> |
|---|--|---|

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| The Principle, the Region's Current Level, and a Target Level | Level 1 (Substandard) | Level 2 (In Development) |
|--|--|---|
| <p>Transparency: "An organization's business processes and activities, including its IG Program, shall be documented in an open and verifiable manner, and that documentation shall be available to all personnel and appropriate, interested parties."</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>Ergo's Ratings</u></p> <p><u>Current Level: 2</u></p> <ul style="list-style-type: none"> Some challenges encountered in responding to requests for information, discovery for litigation, regulatory response, or FOI No routine disclosure procedure No written policy regarding transparency in business operations and RIM No defined goals related to IG transparency Not all business and RIM processes are documented <p><u>Target Level: 3</u></p> </div> | <p>It is difficult to obtain information about the organization, its business, or its IM Program in a timely manner.</p> <p>Business and IM processes are not well-defined, and no clear documentation regarding these processes is readily available.</p> <p>Employees are not made aware of their responsibilities for helping ensure transparency.</p> <p>The organization puts no emphasis on transparency.</p> <p>The organization cannot readily accommodate requests for information from regulators, the courts, potential business partners, investors, buyers, or other entities.</p> <p>The organization has no controls to ensure the consistency of information disclosure.</p> | <p>The organization realizes that some degree of transparency is important in its business processes and IM Program to meet the organization's business or regulatory needs.</p> <p>Although a limited amount of transparency exists in areas where regulations demand it, there is no systematic or organization-wide drive to transparency.</p> <p>Only those employees with direct IM Program responsibilities receive training related to transparency, but that training is limited to their program responsibilities.</p> <p>The organization has begun to document its business and IM processes.</p> |
| Level 3 (Essential) | Level 4 (Proactive) | Level 5 (Transformational) |
| <p>Transparency in business practices and IM is taken seriously, and information is readily and systematically available, when needed.</p> <p>There is a written policy regarding transparency in business operations and in IM.</p> <p>Employees receive training about the importance of transparency and the specifics of the organization's commitment to transparency, but only during orientation.</p> <p>The organization has defined specific goals related to IG transparency.</p> <p>Business and IM processes are documented.</p> <p>The organization can accommodate most requests for information from regulators, the courts, potential business partners, investors, buyers, or other entities.</p> | <p>Transparency is an essential part of the corporate culture.</p> <p>On a regular basis, the organization monitors compliance with its transparency policy.</p> <p>Documentation of business and IM processes is monitored and updated consistently.</p> <p>All employees receive ongoing, documented training about the importance of transparency and the specifics of the organization's commitment to transparency.</p> <p>Requests for information from regulators, the courts, potential business partners, investors, buyers, or other entities are managed through routinized business processes.</p> | <p>The organization's senior management considers transparency as a key component of IG.</p> <p>Software tools are in place to help ensure transparency.</p> <p>All employees receive ongoing, documented training about the importance of transparency and the specifics of the organization's commitment to transparency; compliance with this training is audited and documented regularly.</p> <p>Regulators, the courts, potential business partners, investors, buyers, or other legitimately interested parties are consistently satisfied with the transparency of the organization's processes.</p> <p>The organization's initial transparency goals have been met and it follows a routinized process to ensure its goals for transparency are reviewed and revised, as needed.</p> |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| The Principle, the Region's Current Level, and a Target Level | Level 1 (Substandard) | Level 2 (In Development) |
|---|--|--|
| <p>Integrity: "An IG Program shall be constructed so the information assets generated by or managed for the organization have a reasonable guarantee of authenticity and reliability."</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>Ergo's Ratings</u></p> <p>Current Level: 1.5</p> <ul style="list-style-type: none"> No systematic audits or defined processes for showing the authenticity of information assets Legitimacy of methods to demonstrate the authenticity of information assets and chain of custody cannot be verified easily No formal process for metadata storage or chain of custody safeguards Hybrid paper and electronic records environment in which it is time-consuming and often difficult to assemble the complete record of an activity, project, etc. <p>Target Level: 3</p> </div> | <p>There are no systematic audits or defined processes for showing that an information asset is authentic, i.e., the information asset's origin, time of creation or transmission, and content are what they are purported to be.</p> <p>Various organization functions use haphazard methods to demonstrate authenticity and chain of custody; the legitimacy of those methods cannot be verified easily.</p> | <p>Some of the organization's information assets are stored with metadata that demonstrate their authenticity, but there is no formal process for metadata storage or chain of custody safeguards.</p> <p>Metadata storage and chain of custody safeguards are deemed important, but they are left to the departments to handle in their own ways.</p> <p>Only those employees with direct IM Program responsibilities receive training related to ensuring the integrity of information assets, but that training is limited to their program responsibilities.</p> |
| Level 3 (Essential) | Level 4 (Proactive) | Level 5 (Transformational) |
| <p>The organization has a formal process to ensure that chain of custody and the required levels of authenticity can be integrated into its systems and processes.</p> <p>The organization captures the appropriate metadata elements to demonstrate compliance with its policies. All employees receive training related to ensuring the integrity of information assets, but only during orientation.</p> <p>The organization has specific goals related to integrity.</p> | <p>For all systems, business applications, and records, there is a clear definition of metadata requirements that will ensure the authenticity of information assets.</p> <p>The organization's metadata requirements include security, signature, and chain of custody safeguards to demonstrate authenticity.</p> <p>Metadata-related processes are an integral part of IM practices.</p> <p>All employees receive ongoing, documented training related to ensuring the integrity of information assets.</p> | <p>There is a formal, defined process for introducing record-generating systems, capturing metadata, and meeting other authenticity requirements, including those related to chain of custody.</p> <p>Controls for ensuring the integrity of information assets are audited regularly.</p> <p>The organization's initial goals related to integrity have been met, and there is a routinized process to ensure goals for integrity are reviewed and revised, as needed.</p> <p>All employees receive ongoing, documented training related to ensuring the integrity of information assets, and their compliance with that training is audited.</p> |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| The Principle, the Region's Current Level, and a Target Level | Level 1 (Substandard) | Level 2 (In Development) |
|--|---|--|
| <p>Protection: "An IG Program shall be constructed to ensure an appropriate level of protection to information assets that are private, confidential, privileged, secret, classified, essential to business continuity, or that otherwise require protection."</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>Ergo's Ratings</u></p> <p>Current Level: 2</p> <ul style="list-style-type: none"> Extensive collection of policies, procedures, and other documents addressing security/protection, including policies for transmitting protected information assets internally and externally Centralized access controls for protecting electronically stored information Most vital records are identified in the CCS; however, there are no mechanisms to protect paper vital records No disaster recovery plan for records No RIM audits are conducted <p>Target Level: 3</p> </div> | <p>No consideration is given to the organization-wide protection of information assets. For example, information is not backed up, and virus protection is absent.</p> <p>Employees are not made aware of their responsibilities for protecting information assets.</p> <p>Information assets are stored haphazardly and without centralized access controls; if controls exist, they are assigned by the document's author or owner.</p> <p>Protection methods, if used at all, are left to the discretion of the divisions and departments within the organization.</p> | <p>Some protection of information assets is exercised. For example, anti-virus protection may be in place and information may be backed up sporadically.</p> <p>There is a written policy for select information assets requiring protection (e.g. paper personnel records); however, the policy does not give clear and definitive guidelines for all information assets in all formats and on all media.</p> <p>Only those employees with direct IM Program responsibilities receive training about protecting information assets; but that training is limited to their program responsibilities.</p> <p>Protection policies do not address how to transmit protected information assets among internal or external stakeholders.</p> <p>Access controls for information are determined by individual content owners.</p> |
| Level 3 (Essential) | Level 4 (Proactive) | Level 5 (Transformational) |
| <p>The organization has a formal written policy for protecting information assets, and it has centralized access controls. For example, firewalls are in place, anti-virus software is installed, information is backed up regularly, and the breach response and business continuity plans are documented.</p> <p>Confidentiality and privacy considerations for information assets are well-defined throughout the organization.</p> <p>The importance of chain of custody is defined.</p> <p>Employees receive training about how to protect information assets, but only during orientation.</p> <p>Information asset audits are conducted in regulated areas of the business; audits in other areas may be conducted, but they are left to the discretion of each functional area.</p> <p>The organization has created specific goals related to information asset protection.</p> | <p>The organization has implemented systems that provide for the protection of information assets. Firewalls are in place, anti-virus software is installed across the enterprise, there are centralized access controls, information is backed up routinely, and the breach response and business continuity plans are reviewed and updated regularly.</p> <p>Employees receive ongoing, documented training about how to protect information assets.</p> <p>Auditing of compliance and protection measures is conducted regularly.</p> | <p>Executives, senior management, and other governing bodies (e.g. board of directors) place great value in the protection of information.</p> <p>All information protections are in place, including anti-hacking tools, offsite data backups, and business continuity and breach response plans; plans are reviewed, tested, and updated regularly.</p> <p>Employees receive ongoing, documented training about how to protect information assets, and compliance with that training is audited.</p> <p>Audits are conducted and results are examined regularly; continuous improvement is a priority.</p> <p>Incidents of inappropriate or inadvertent information asset disclosure or loss are rare.</p> <p>The organization's initial goals related to information protection have been met, and there is an established, routinized process to ensure that goals for protection are reviewed and revised, as needed.</p> |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| The Principle, the Region's Current Level, and a Target Level | Level 1 (Substandard) | Level 2 (In Development) |
|---|--|---|
| <p>Compliance: "An IG Program shall be constructed to comply with applicable laws, other binding authorities, and the organization's policies."</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>Ergo's Ratings</u></p> <p>Current Level: 1.5</p> <ul style="list-style-type: none"> RRS, when used, is applied almost exclusively to paper records <i>Ad hoc</i> electronic file naming and version control No measurement of RIM compliance Many departments/divisions systematically manage paper records No systematic management of electronic records RRS citation table requires updating to capture all applicable laws and other binding authorities <p>Target Level: 3</p> </div> | <p>There is no clear understanding or definition of the information assets the organization is obligated to keep.</p> <p>Employees are not made aware of their responsibilities for complying with IM policies and processes.</p> <p>Information is not systematically managed; groups within the organization manage information as they see fit, based upon their own understanding of their responsibilities, duties, and requirements.</p> <p>There is no central oversight or guidance and no consistent, defensible position on compliance.</p> <p>There is no formally defined or generally understood policy for imposing legal, audit, or other processes in relation to information asset production.</p> <p>The organization has significant exposure to adverse consequences from poor compliance practices.</p> | <p>The organization has identified some of the rules and regulations that govern its business and introduced some compliance policies and practices; the policies are incomplete, and there are no structured accountability controls for compliance.</p> <p>Only those employees with direct IM Program responsibilities receive training about the importance of compliance with IM policies and processes, but that training is limited to their program responsibilities.</p> <p>There is an information asset hold process, but it is not well-integrated with the organization's IM and discovery processes; the organization lacks full confidence in it.</p> |
| Level 3 (Essential) | Level 4 (Proactive) | Level 5 (Transformational) |
| <p>The organization has identified key compliance laws and regulations.</p> <p>Information creation and capture are, in most cases, systematically carried out in accordance with IM principles.</p> <p>The organization has a code of business conduct that is integrated into its overall IG structure and policies.</p> <p>All employees receive training about the importance of compliance with IM policies and processes, but only during orientation.</p> <p>Compliance is highly valued, and it is measurable and verifiable.</p> <p>The information hold process is integrated into the organization's IM and discovery processes, and it is generally effective.</p> <p>The organization has created specific goals related to compliance.</p> <p>The organization's exposure to adverse consequences from poor IM and IG practices is reduced.</p> | <p>The organization has implemented systems to capture, protect, and dispose of information assets in a legally defensible manner.</p> <p>Records are linked with the metadata, which are used to demonstrate and measure compliance.</p> <p>Employees receive ongoing, documented training about the importance of compliance with IM policies and processes.</p> <p>Training and audit-related information is available for review.</p> <p>Lack of compliance is consistently remedied by defined corrective actions.</p> <p>Legal, audit, and other processes that require producing information assets are well-managed and effective, with defined roles and repeatable processes that are integrated into the organization's IG Program.</p> <p>The organization is at low risk of adverse consequences from poor IM and IG practices.</p> | <p>The importance of compliance in the management of information assets is clearly recognized at the board and senior management levels. Auditing and continuous improvement processes are well-established and monitored by senior management.</p> <p>The roles and processes for IM are discovery are integrated, well-developed, and effective.</p> <p>All employees receive ongoing, documented training regarding the importance of compliance with IM policies and processes; compliance with this training is audited and documented regularly.</p> <p>The organization suffers few or no adverse consequences related to IG and compliance failures.</p> <p>The organization's goals related to compliance have been met, and it has an established, routinized process to ensure its goals for compliance are reviewed and revised, as needed.</p> |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| The Principle, the Region's Current Level, and a Target Level | Level 1 (Substandard) | Level 2 (In Development) |
|---|--|--|
| <p>Availability: "An organization shall maintain its information assets in a manner that ensures their timely, efficient, and accurate retrieval."</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><u>Ergo's Ratings</u></p> <p>Current Level: 1.75</p> <ul style="list-style-type: none"> • Some challenges prevent the timely, efficient retrieval of information • Lack of version control • FOI request processing sometimes challenging because it is not clear where information resides, many repositories must be searched, and there is considerable duplication • Differentiation of 'official' vs. 'transitory' records not widely understood or practiced • Some clearly defined policies for handling records and information • Legal discovery and information request processes are not systematic <p>Target Level: 3</p> </div> | <p>Information assets are not readily available when needed, and/or it is unclear whom to ask when assets need to be produced.</p> <p>It is too time-consuming to find the appropriate version of an information asset, if it can be found at all.</p> <p>Employees are not made aware of how and where to store information assets.</p> <p>The organization lacks finding aids, such as indices or metadata, for information assets.</p> <p>Legal discovery and information requests are difficult to fulfill because it is not clear where information assets, including specific versions of those assets, are located.</p> | <p>Information retrieval mechanisms have been implemented in some areas of the organization.</p> <p>In those areas with information asset retrieval mechanisms, it is possible to distinguish among official records, duplicates, and other items.</p> <p>There are some policies on where and how to store official records and other information assets, but a best practice is not imposed across the organization.</p> <p>Only those employees with direct IM Program responsibilities receive training about how and where to store information assets, but that training is limited to their program responsibilities.</p> <p>Responding to legal discovery and information asset requests is complicated and costly due to the inconsistent treatment of information.</p> |
| Level 3 (Essential) | Level 4 (Proactive) | Level 5 (Transformational) |
| <p>There is a best practice for where and how information assets are stored, protected, and made available.</p> <p>There are clearly defined policies for handling information assets.</p> <p>Information asset retrieval mechanisms are consistent and effective.</p> <p>All employees receive training about how and where to store information, but only during orientation.</p> <p>Most of the time, it is easy to determine where to find the authentic, final version of any information asset.</p> <p>Discovery and information asset request processes are well-defined and systematic.</p> <p>Systems and infrastructure contribute to the availability of information assets.</p> <p>The organization has created specific goals related to the availability of information assets.</p> | <p>IG policies have been clearly communicated to all employees and other parties.</p> <p>All employees receive ongoing, documented training about how and where to store information.</p> <p>There are clear guidelines and an inventory that identify and define information assets and systems, so information assets are consistently and readily available, when needed.</p> <p>Appropriate systems and controls are in place for discovery and other requests for information assets, including the use of automation for consistent processing of requests.</p> | <p>The senior management and board provide support to continually upgrade processes that affect information asset availability.</p> <p>All employees receive ongoing, documented training about how and where to store information, and they are audited for compliance regularly.</p> <p>There is a measurable return on investment because of the availability of information assets.</p> <p>The organization's goals for information asset availability have been met, and there is an established, routinized process to ensure that these goals are reviewed and revised, as needed.</p> |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| The Principle, the Region's Current Level, and a Target Level | Level 1 (Substandard) | Level 2 (In Development) |
|---|--|---|
| <p>Retention: "An organization shall maintain its information assets for an appropriate amount of time, taking into account its legal, regulatory, fiscal, operational, and historical requirements."</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>Ergo's Ratings</u></p> <p><u>Current Level: 2</u></p> <ul style="list-style-type: none"> RRS available but not well-known or consistently used, particularly for electronic records Few employees understand their responsibilities for keeping or disposing of the information assets they create and receive RRS citation table not regularly updated Education and training about records retention is available <p><u>Target Level: 3</u></p> </div> | <p>There is no current, documented records retention schedule or policy.</p> <p>Rules and regulations defining retention are not identified or centralized; retention guidelines are haphazard, at best.</p> <p>In the absence of retention schedules and policies, employees either keep everything or dispose of information assets based on their own business needs, rather than on organizational needs.</p> | <p>A records retention schedule and policies are available, but they do not encompass all information assets, have not undergone an official review, and are not well-known throughout the organization.</p> <p>Only those employees with direct IM Program responsibilities receive training about the requirements for keeping or disposing of the information assets they create and receive, but only as the requirements relate to their program responsibilities.</p> <p>The records retention schedule and policies are not updated or maintained regularly.</p> <p>The litigation hold process is in place, but it may not be monitored to ensure its effectiveness so relevant information may be missed.</p> <p>Educational materials and training activities related to retention policies are not available.</p> |
| Level 3 (Essential) | Level 4 (Proactive) | Level 5 (Transformational) |
| <p>The organization has instituted a policy for the retention of information assets; a formal records retention schedule that is tied to rules and regulations is consistently applied throughout the organization.</p> <p>All employees receive training about the requirements for keeping or disposing of the information assets they create and receive, but only during orientation.</p> <p>The litigation hold process is in place and compliance is monitored.</p> <p>The organization has created specific goals related to information asset retention.</p> | <p>Employees understand how to classify records and other information assets appropriately.</p> <p>All employees receive ongoing, documented training about the requirements for keeping or disposing of the information assets they create and receive.</p> <p>Records retention schedules are reviewed on a regular basis and there is a process to adjust retention schedules, as needed.</p> <p>The appropriate retention of information assets is a major organizational objective.</p> | <p>The appropriate retention of information assets is an important consideration at the senior management and board levels.</p> <p>All employees receive ongoing, documented training about the requirements for keeping or disposing of the information assets they create and receive, and compliance with this training is audited and documented regularly.</p> <p>Retention is applied to all information assets in an organization and is not limited to official records only.</p> <p>Information assets are consistently retained for the appropriate periods, per retention schedules.</p> <p>The litigation hold process is in place, routinely monitored, and actively reminds employees of requirements throughout the litigation action.</p> <p>The organization's information asset retention goals have been met, and there is an established, routinized process to ensure goals are reviewed and revised, as needed.</p> |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| The Principle, the Region's Current Level, and a Target Level | Level 1 (Substandard) | Level 2 (In Development) |
|--|---|---|
| <p>Disposition: "An organization shall provide secure and appropriate disposition for information assets no longer required to be maintained, in compliance with applicable laws and the organization's policies."</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>Ergo's Ratings</u></p> <p><u>Current Level: 2</u></p> <ul style="list-style-type: none"> Documented processes to guide the transfer and disposition of paper records <i>Ad hoc</i>, undocumented disposition of electronic records Importance of consistently suspending disposition of information assets, when required, not universally known Identification of records to be disposed of by transfer to an archives not made by a professionally trained Archivist No enforcement or auditing of information asset disposition <p><u>Target Level: 3</u></p> </div> | <p>There are no processes or there is no documentation of processes for transferring or disposing of information assets.</p> <p>Employees are not made aware of their information disposition responsibilities.</p> <p>A process for suspending the disposition of information assets in the event of investigation or litigation is non-existent or applied inconsistently throughout the organization.</p> | <p>Preliminary guidelines for the disposition of information assets are established.</p> <p>There is a realization of the importance of consistently suspending the disposition of information assets, when required.</p> <p>Only those employees with IM Program responsibilities receive training about their information disposition responsibilities, but that training is limited to their program responsibilities.</p> <p>The disposition of information assets is not audited or enforced.</p> |
| Level 3 (Essential) | Level 4 (Proactive) | Level 5 (Transformational) |
| <p>Official policy and procedures for the disposition of information assets have been developed.</p> <p>Official policy and procedures for suspending the disposition of information assets have been developed.</p> <p>Although policies and procedures for the disposition of information assets exist, they may not be standardized throughout the organization.</p> <p>All employees receive training about their information disposition responsibilities, but only during orientation.</p> <p>The organization has created specific goals related to the disposition of information assets.</p> | <p>All employees receive documented, ongoing training about their information disposition responsibilities.</p> <p>Information asset disposition procedures are applied consistently throughout the organization.</p> <p>The process for suspending the disposition of information assets is defined, understood, and used consistently throughout the organization.</p> <p>Information assets are disposed of in a manner appropriate to the assets' content, media, and format in accordance with retention policies.</p> | <p>The information asset disposition process covers all information assets, regardless of media or format.</p> <p>Information asset disposition is assisted by technology and is integrated into all applicable data applications, repositories, and systems.</p> <p>All employees receive documented, ongoing training about their information disposition responsibilities, and compliance with this training is audited and documented regularly.</p> <p>Information asset disposition processes are applied consistently and effectively.</p> <p>Processes for information asset disposition are regularly evaluated and updated to account for operational changes.</p> <p>The organization's information asset disposition goals have been met and it has an established, routinized process to ensure goals are reviewed and revised, as needed.</p> |

Appendix 6: Top 3 Recordkeeping Challenges

Survey respondents were asked to identify the top 3 challenges they are experiencing in managing paper records. Figure 63 summarizes the challenges experienced by the 364 employees who responded affirmatively to this question. For ease of reference, the highest ranked # 1, # 2, and # 3 challenge is highlighted in red text below and in the following figures in this appendix. The highlighting of two percentages in the same row indicates a virtual tie.

Figure 63 – Challenges in Managing Paper Records

| Challenge | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|--|---------------------|------------|------------|------------|
| Retrieving (or locating) records | 157 | 43% | 39% | 18% |
| Insufficient storage space | 155 | 60% | 22.5% | 17.5% |
| Organizing records (classification) | 147 | 37% | 23% | 40% |
| Not knowing where to file/store a record | 140 | 18.5% | 35% | 46.5% |
| Duplication | 135 | 32% | 41% | 27% |
| Version control | 82 | 32% | 40% | 28% |
| Knowing how long to keep records (retention) | 78 | 26% | 42% | 32% |
| Keeping records secure | 37 | 22% | 46% | 32% |
| Managing personal information | 47 | 28% | 25% | 47% |

Note: 197 survey respondents are not experiencing any challenges in managing paper records.

Survey respondents were also asked to identify the top 3 challenges they are experiencing in managing electronic records. Figure 64 summarizes the challenges experienced by the 389 employees who responded affirmatively to this question.

Figure 64 – Challenges in Managing Electronic Records

| Challenge | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|---|---------------------|------------|------------|------------|
| Inconsistent naming practices | 221 | 55.5% | 22.5% | 22% |
| Retrieving (or locating) records | 185 | 42% | 36% | 22% |
| Duplication | 134 | 20% | 42.5% | 37.5% |
| Not knowing where to file/store a record | 109 | 8% | 47% | 45% |
| Insufficient storage space | 96 | 43% | 31% | 26% |
| Version control | 92 | 25% | 38% | 37% |
| Inability to access records when working remotely | 92 | 42.5% | 16% | 41.5% |
| Knowing how long to keep records (retention) | 72 | 30% | 35% | 35% |
| Managing personal information | 40 | 20% | 42.5% | 37.5% |
| Keeping records secure | 20 | 30% | 35% | 35% |

Note: 155 survey respondents are not experiencing any challenges in managing electronic records.

Survey respondents were asked to identify the top 3 challenges they are experiencing in managing e-mails in the Region's e-mail system. Figure 65 summarizes the challenges being experienced by the 411 employees who responded affirmatively to this question.

Figure 65 – Challenges in Managing E-mails in the Region's E-mail System

| Challenge | Number of Responses | Ranked # 1 | Ranked # 2 | Ranked # 3 |
|--|---------------------|------------|------------|------------|
| Organizing messages (classification) | 139 | 35% | 30% | 35% |
| Retrieving (or locating) messages | 194 | 40% | 30% | 30% |
| Insufficient storage space | 130 | 57% | 27% | 16% |
| Duplication | 63 | 21% | 38% | 41% |
| Knowing how long to keep messages (retention) | 109 | 26% | 41% | 33% |
| Keeping messages secure | 12 | 25% | 33% | 42% |
| Managing messages containing personal information | 30 | 26.5% | 47% | 26.5% |
| Insufficient time to read and respond to an ever-increasing volume of messages | 152 | 45% | 36% | 19% |
| Difficulty in reading an e-mail attachment on my smartphone, tablet, or other device | 56 | 25% | 46.5% | 28.5% |
| Inability to access e-mails when working remotely | 96 | 37.5% | 26% | 36.5% |
| Receiving (as a CC or BCC recipient) too many messages that I don't need | 111 | 24% | 29% | 47% |

Note: 124 survey respondents are not experiencing any challenges in managing electronic records.

Appendix 7: Employee Suggestions for RIM/EIM Improvement

This appendix lists the suggestions for RIM/EIM improvement made by survey respondents and focus group participants.

7.1 Suggestions Made by Survey Respondents

Survey respondents were invited to suggest improvements in the Region's management of records or e-mails. Figure 66 summarizes the suggestions made by 173 survey respondents.

Figure 66 – Survey Respondents' Suggestions for RIM/EIM Improvement

| Subject ⁸⁰ | Number of Responses |
|--|---------------------|
| Information Creation, Capture, and Declaration | 6 |
| <ul style="list-style-type: none"> • Reduce the volume of e-mails that are not necessarily important/relevant to our work | 1 |
| <ul style="list-style-type: none"> • Reduce the volume of e-mails | 1 |
| <ul style="list-style-type: none"> • Prevent the sending of e-mails which are irrelevant to staff at remote locations (e.g. events, etc. at HQ which we cannot attend) | 1 |
| <ul style="list-style-type: none"> • Use the telephone or speak to someone in-person instead of sending e-mails like a conversation | 1 |
| <ul style="list-style-type: none"> • Determine whether e-mails about Ontario Works clients are part of the client's record | 1 |
| <ul style="list-style-type: none"> • Digitize the paper client files so you don't have to access a paper file and an electronic file to find all records/information about a client | 1 |
| Information Classification, Search, and Retrieval | 26 |
| <ul style="list-style-type: none"> • Introduce (corporate) naming conventions/standards | 10 |
| <ul style="list-style-type: none"> • Implement a file structure used by everyone | 1 |
| <ul style="list-style-type: none"> • Implement file organization structures that are consistent throughout the office | 1 |
| <ul style="list-style-type: none"> • Develop a file structure for shared directories | 1 |
| <ul style="list-style-type: none"> • Have common usage of classification and eliminate duplication so files are more easily found and contain the necessary information | 1 |
| <ul style="list-style-type: none"> • Force all employees to follow your scheme [presumably a reference to the CCS] or permit each department to manage information via a method that works for them | 1 |
| <ul style="list-style-type: none"> • Modify the CCS to add a sub-code for the year | 1 |
| <ul style="list-style-type: none"> • Implement an easy way to locate resources (e.g. tip sheets) in electronic format | 1 |

⁸⁰ Ergo reviewed the responses and grouped them into categories based on the main section headings in Section 5 of this report. Ergo created additional categories for responses pertaining to RIM Program services and different aspects of technology, and also created a miscellaneous category.

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Subject⁸⁰ | Number of Responses |
|---|----------------------------|
| <ul style="list-style-type: none"> Establish central access to all records based on policies, OHS programs, etc. | 1 |
| <ul style="list-style-type: none"> Improve the organization of policies and procedures – it is difficult to find things and time is wasted searching | 1 |
| <ul style="list-style-type: none"> Make everything store itself in a yearly folder (2015, 2016, 2017, etc.) | 1 |
| <ul style="list-style-type: none"> Improve ZylIMAGE to make it easier to find reports – it is slow, you can't search properly by date, and it is organized by report # instead of report name/title | 1 |
| <ul style="list-style-type: none"> Replace ZylIMAGE because it is almost impossible to find anything in it | 1 |
| <ul style="list-style-type: none"> Provide better searching capability [no further information provided] | 1 |
| <ul style="list-style-type: none"> Implement a comprehensive, intuitive, and user-friendly system of data storage and retrieval | 1 |
| <ul style="list-style-type: none"> Improve access to achieved [archived?] information, i.e. folders, etc. | 1 |
| <ul style="list-style-type: none"> Provide bigger screens on smartphones to be able to read documents and Region web pages (e.g. phone numbers) | 1 |
| Information Collaboration, Sharing, and Workflow | 4 |
| <ul style="list-style-type: none"> Use Microsoft Teams to communicate and pass along work-related information | 1 |
| <ul style="list-style-type: none"> Provide project-based digital filing and collaboration tools | 1 |
| <ul style="list-style-type: none"> Introduce newer technologies such as collaborative software to reduce redundancy | 1 |
| <ul style="list-style-type: none"> Better collaboration tools that manage versioning, collaboration, and keywording to aid in efficiencies in using and finding documents | 1 |
| Information Storage | 22 |
| <ul style="list-style-type: none"> Create places to store important documents that all employees in a department need instead of each employee saving to his/her own personal directory or e-mail archive | 1 |
| <ul style="list-style-type: none"> Store on an accessible, external site with a login function the presentations which have been developed for multiple external users on multiple topics | 1 |
| <ul style="list-style-type: none"> Don't create a folder for each employee on the main drive – this means ownership of information so it creates duplication in other folders as employees save documents into multiple locations | 2 |
| <ul style="list-style-type: none"> Provide more space to store e-mails | 5 |
| <ul style="list-style-type: none"> Provide more storage space [type of space not specified] | 6 |
| <ul style="list-style-type: none"> Provide more storage space for both paper and electronic records | 1 |
| <ul style="list-style-type: none"> Develop a divisional policy on shared drive storage to be implemented and monitored by the applicable manager | 1 |
| <ul style="list-style-type: none"> Determine criteria for identifying the electronic records that need to be printed to save a lot of paper (e.g. electronic records of workgroup meetings are created but the printed copies made for storage aren't requested/used and this redundant work process takes a lot of time to perform) | 2 |
| <ul style="list-style-type: none"> Increase the computer bandwidth for storage | 2 |
| <ul style="list-style-type: none"> Keep medical charts electronically to reduce the amount of paper that is kept | 1 |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Subject | Number of Responses |
|--|---------------------|
| Information Security | 1 |
| <ul style="list-style-type: none"> Provide secure access to documentation software in the community [no additional information provided] | 1 |
| Information Retention and Disposition | 6 |
| <ul style="list-style-type: none"> Make a mandatory purge time (everything > 5 years = delete) | 1 |
| <ul style="list-style-type: none"> Create a method for determining the length of time electronic records need to be kept | 1 |
| <ul style="list-style-type: none"> Create a method for destruction of electronic records using Versatile | 1 |
| <ul style="list-style-type: none"> Ensure management understands records retention policy and protocol and ensure they are following them – file management protocol is difficult to adopt if the leaders don't follow it | 1 |
| <ul style="list-style-type: none"> Delete or remove data in personal individual folders when an employee leaves (there are folders on the drive for individuals who left the Region 5+ years ago) – make the supervisor/manager responsible for the folders and direct them to act vs. ignore | 1 |
| <ul style="list-style-type: none"> Ensure there is a clear understanding of who is responsible to save messages | 1 |
| RIM, EIM and Technology – e-mail (see also RIM, EIM and Technology – remote access) | 14 |
| <ul style="list-style-type: none"> Allow use of the preview pane in Microsoft Outlook so an e-mail can be quickly scanned without having to open it | 1 |
| <ul style="list-style-type: none"> Increase the size of attachments that can be sent/received by the e-mail system | 3 |
| <ul style="list-style-type: none"> Make e-mail accessible to all employees | 1 |
| <ul style="list-style-type: none"> Provide the ability to view e-mail attachments on a smartphone | 1 |
| <ul style="list-style-type: none"> Provide instructions on how to save important e-mails which are automatically deleted because I don't have sufficient time to store them before automatic deletion occurs | 1 |
| <ul style="list-style-type: none"> Provide a filter that deletes long strings of conversations | 1 |
| <ul style="list-style-type: none"> Implement a year-based e-mail filter | 1 |
| <ul style="list-style-type: none"> Get rid of e-mail as the main method of mass communication such as the communiK, United Way event, and reminders of dress policy and instead use something like Yammer or another internal platform | 1 |
| <ul style="list-style-type: none"> Issue clarification that e-mail is a communication tool, not a document management system | 1 |
| <ul style="list-style-type: none"> Automatically empty the Trash at a specified period | 1 |
| <ul style="list-style-type: none"> Provide project-based e-mail storage with group access that keeps the Microsoft Outlook properties with the e-mail and does not convert to a .msg format | 1 |
| <ul style="list-style-type: none"> Provide a way to easily store e-mail records for others to access | 1 |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Subject | Number of Responses |
|---|---------------------|
| RIM, EIM and Technology – e-mail archive | 46 |
| <ul style="list-style-type: none"> Provide more frequent opportunities to clear personal or non-Region e-mails before archiving | 1 |
| <ul style="list-style-type: none"> Allow more time and/or more opportunities to access archived e-mails to clean them up | 2 |
| <ul style="list-style-type: none"> Allow access to e-mail archive to review and delete messages all the time, not just at the end of the year when we are all on vacation | 1 |
| <ul style="list-style-type: none"> Program the e-mail system to give a warning prior to system purge so employees have an opportunity to save important e-mails | 1 |
| <ul style="list-style-type: none"> Program the e-mail system to give a warning prior to putting a message in the archive so employees have an opportunity to review and delete a message before it is saved | 2 |
| <ul style="list-style-type: none"> Increase the 3-month/90-day time limit until e-mails are archived⁸¹ | 6 |
| <ul style="list-style-type: none"> Have the e-mail system automatically delete an e-mail the user has deleted rather than moving it into the archive | 1 |
| <ul style="list-style-type: none"> Allow me to move my own files into the archive because I often have to toggle between the two to access all information regarding a particular item | 1 |
| <ul style="list-style-type: none"> Allow employees to manage their own e-mail archives using .pst files in Microsoft Outlook – the current automatic archive system archives everything in your e-mail account, making it almost impossible to manage and find documents | 1 |
| <ul style="list-style-type: none"> Improve the Netmail archive because it is slow, difficult to use/navigate, difficult to search, time-consuming to use, and/or messages sometimes cannot be found⁸² | 16 |
| <ul style="list-style-type: none"> Provide the ability to delete messages from the e-mail archive | 6 |
| <ul style="list-style-type: none"> Improve searchability so mobile devices can easily search archived e-mail messages | 1 |
| <ul style="list-style-type: none"> Restore the link to my archived e-mails which was lost when Microsoft Outlook was updated [the employee requested an e-mail be sent explaining how it works] | 1 |
| <ul style="list-style-type: none"> Get rid of the e-mail archive [some respondents provided a rationale for eliminating it: to eliminate the need to look in two different places for e-mails, it isn't user-friendly, and it is challenging to find messages] | 6 |

⁸¹ One respondent described the ensuing operational constraint as follows: Many procedural and policy changes are e-mailed so we need to refer to them months later. Not having them handy (and not being able to save them to a personal e-mail folder) makes it difficult to do my job which impacts our customers and reflects poorly on the Region.

⁸² An employee said the searches s/he performs in the archive do not provide 99% of the e-mails s/he expects to find.

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Subject | Number of Responses |
|---|---------------------|
| RIM, EIM and Technology – electronic recordkeeping | 15 |
| • Switch to electronic records only | 1 |
| • Have less paper, everything should be electronic | 1 |
| • Go paperless | 1 |
| • Completely rethink recordkeeping because the current system is based on 1970's technology using paper records – the system should be based in electronic storage that is accessible remotely | 1 |
| • Avoid duplication of paper and electronic records to help in reducing our carbon footprint and go with electronic records | 1 |
| • Recognize electronic records as official records where appropriate | 1 |
| • Extend process to cover digital records in hybrid clouds [the process was not described] | 1 |
| • Allow access to the archives to allow deletion of files at anytime | 1 |
| • Use digital document management (versus paper records) and move to digital records | 1 |
| • Provide access to document management software like SharePoint to manage divisional policies and procedures because linking documents throughout the network is a hassle and forwarding attachments with tracked changes is a cumbersome way to collaborate on a document | 1 |
| • Use alternative electronic storage media to manage electronic assets (e.g. SharePoint) | 1 |
| • Provide a system like LiveLink or OpenText software for departmental files to eliminate most hardcopy provided access is provided when off-site | 1 |
| • Provide an electronic file management system to save time and space and ensure everyone follows the guidelines | 1 |
| • Provide a central database so there are not so many copies of records and they are easier to locate | 1 |
| • Provide a central document id system in which every document has its own ID and is created with version 1, version 2, etc. | 1 |
| RIM, EIM and Technology – remote access | 8 |
| • Give remote access to all employees who need it | 2 |
| • Allow secure access to records/e-mail at home | 1 |
| • Provide every nurse with remote access to records and e-mail | 1 |
| • Provide staff with access to e-mails when off-site | 1 |
| • Allow employees who work in the field and who cannot currently access e-mail unless they visit a Region office to access e-mail by phone or tablet | 1 |
| • Allow management who do not have a Blackberry to access e-mails from home | 1 |
| • Allow employees who do not have a Region-provided cellphone to access e-mail remotely | 1 |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Subject | Number of Responses |
|---|---------------------|
| RIM, EIM and Technology – new software (see also Information Sharing, Collaboration, and Workflow and RIM, EIM, and Technology – electronic recordkeeping) | 3 |
| • Introduce newer technologies such as e-signing of contracts | 1 |
| • Use Slack as a communication tool | 1 |
| • Provide access to DropBox and GoogleDocs | 1 |
| RIM Program Services - Training | 22 |
| • Provide training [no additional information provided] | 5 |
| • Provide training on topics such as: - E-mailing/e-mail management requirements - A consistent approach for organizing, accessing, and storing records - Train a new employee on RIM policies/practices as they pertain to the employee's specific department/division, including clear requirements for retaining paper vs. electronic records - Information sessions on retention/destruction and document naming/filing expectations - Document retention requirements, file naming conventions, and recommended folder set-up - Setting up/managing electronic files - Best practices/policy for e-mail vs. file vs. paper - Information on how MFIPPA relates to paper and electronic data retention - The CCS process, records retention, and supplies needed - How to manage electronic records | 10 |
| • Train all employees | 1 |
| • Offer monthly corporate training session on topics such as this because the Region has lots of retirements coming up and new staff are constantly being hired | 1 |
| • Make training mandatory for all employees [one employee suggested an ELM online course] | 2 |
| • Offer refresher courses for staff on basic clerical duties, policies, and programs | 1 |
| • Train staff ongoing – it is a lot of information to maintain [retain?] when you are new | 1 |
| • Have RIM Program staff participate in/provide general overview of records practices/retention and the importance of properly kept records at departmental staff meetings because employees would be more diligent and careful with records storage if they understood the process | 1 |

Regional Municipality of Durham
Records & Information Management (RIM) Program and
Enterprise Information Management (EIM) Practices Assessment Report

| Subject | Number of Responses |
|--|---------------------|
| Miscellaneous | 19 |
| • Ensure clear direction to staff from management | 1 |
| • Change the perspective – managing records and e-mails is viewed as low priority in many departments/divisions | 1 |
| • Forward policy to all staff for refresher [no additional information provided] | 1 |
| • Improve the consistency with which information is kept and the consistency in what people do in other's offices [no additional information provided] | 1 |
| • Have consistency [no additional information provided] | 1 |
| • Make sure it is consistent throughout the division [no additional information provided] | 1 |
| • Come up with a standard process quickly [no additional information provided] | 1 |
| • Work with each division to have clear, similar, Region-approved, and consistent labelling, retention policy, and procedures | 1 |
| • Develop clear and easy to understand policies – you shouldn't have to be a lawyer to understand how long to keep documents | 1 |
| • Provide examples of what works best [no additional information provided] | 1 |
| • Develop data management procedures | 1 |
| • Provide the resources (human) needed to establish a records system | 1 |
| • Create a 'File Clerk' position for each division and make this individual responsible for coding and maintaining all records for the particular division | 1 |
| • Ensure there is a designated admin staff person to manage the records | 1 |
| • Make file management a defined task and ensure management knows that person's role is to set procedures for the entire division/section | 1 |
| • Provide easier and faster access to RIM staff for employees working in satellite offices who have RIM questions and, ideally, have a RIM Analyst on-site (full or part-time) | 1 |
| • Have a designated [dedicated?] RIM Analyst assigned to each department who works within the department | 1 |
| • Make sure employees are aware of changes made to any system | 1 |
| • Implement a Region-wide print reduction strategy such as printing only when necessary, mandatory use of duplex printing, and using colour printing only when necessary | 1 |

Note: The total number of suggestions exceeds 173 because many respondents made more than one suggestion.

7.2 Suggestions Made by Focus Group Participants

Focus group participants were asked, “If you could change one thing about how documents/information/records are managed in your department/division/program, what would it be?”

Figure 67 summarizes the improvement suggestions made by focus group participants.

Figure 67 – Focus Group Participants’ RIM/EIM Improvement Suggestions

| Subject ⁸³ | Number of Responses |
|---|---------------------|
| Information Classification, Search, and Retrieval | 7 |
| • Develop a file naming standard for electronic records | 2 |
| • Use the CCS to organize records in shared drives | 2 |
| • Add metadata to electronic files so you don’t have to find files only by name | 2 |
| • Ensure information is available to those who need it | 1 |
| Information Collaboration, Sharing, and Workflow | 8 |
| • Facilitate more and easier sharing of information within departments and across the Region (some called this ‘breaking down the siloes’) | 5 |
| • Provide automated workflow software | 2 |
| • Have the ability to e-mail larger sized files | 1 |
| Information Storage | 5 |
| • Provide more space in offices to store paper records | 2 |
| • Reduce the amount of paper records to save money and be environmentally friendly | 1 |
| • Ability to transfer inactive records to the RRC faster (it sometimes takes weeks or months for space to become available) | 1 |
| • Stop using e-mail as a file cabinet | 1 |
| RIM, EIM and Technology – e-mail (see also RIM, EIM and Technology – remote access) | 1 |
| • Provide encrypted e-mail for the sending/receipt of sensitive information or personal information | 1 |
| RIM, EIM and Technology – electronic recordkeeping | 8 |
| • Develop specifications to be used when buying systems such as determining the deletion method (i.e. a ‘true’ delete or merely removing the index pointer) | 1 |
| • Make information available electronically and stop relying on one person as the gatekeeper of critical information in hardcopy | 1 |
| • Implement an EDRMS/ECM system | 3 |
| • Implement a system in which electronic records are the Region’s official records | 1 |
| • Have more complete electronic records so you can rely on them and don’t have to also look at paper records to get the complete picture | 2 |

⁸³ Ergo reviewed the responses and grouped them using the same categories (where applicable) as in Section 7.1 of this appendix.

Regional Municipality of Durham
 Records & Information Management (RIM) Program and
 Enterprise Information Management (EIM) Practices Assessment Report

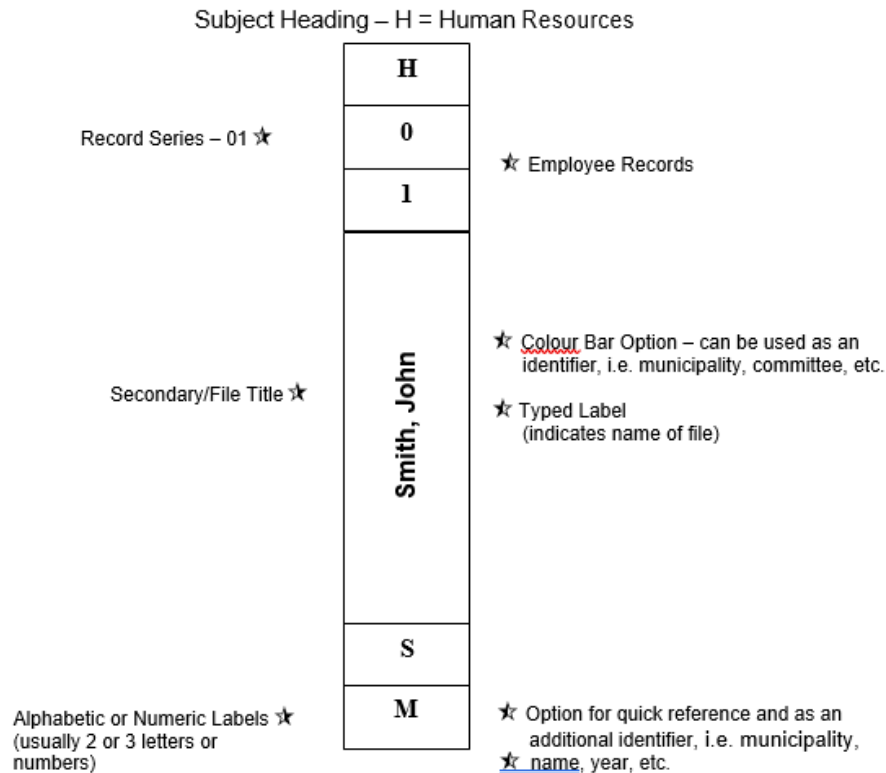
| Subject⁸³ | Number of Responses |
|---|----------------------------|
| RIM, EIM and Technology – remote access | 3 |
| <ul style="list-style-type: none"> • Provide employees with mobile devices so they can access information in the field, including giving more employees access to laptops to use at meetings to eliminate the need to print and bring paper documents to meetings | 2 |
| <ul style="list-style-type: none"> • Provide the functionality to allow employees to access files in network drives from their phones | 1 |
| RIM Program Services - Training | 2 |
| <ul style="list-style-type: none"> • Train employees to manage records | 1 |
| <ul style="list-style-type: none"> • More frequent and more user-friendly RIM communications | 1 |
| Miscellaneous | 10 |
| <ul style="list-style-type: none"> • Provide 1 Records Analyst for every department or hire more RIM staff | 2 |
| <ul style="list-style-type: none"> • Provide rules and staff resources to clean-up shared drives | 1 |
| <ul style="list-style-type: none"> • Conduct RIM compliance audits | 1 |
| <ul style="list-style-type: none"> • RIM Program is viewed as rigid, inflexible, and a barrier and RIM staff are seen as rule-keepers or police – fewer, simpler, and easier to follow rules which fit the way work is done/how departments operate and greater flexibility are needed | 3 |
| <ul style="list-style-type: none"> • Consistency of processes and terminology | 1 |
| <ul style="list-style-type: none"> • More employees in departments to manage records | 2 |

Appendix 8: File Folder Identification Templates

This appendix provides the identification templates for end/side tab and top-tab file folders.

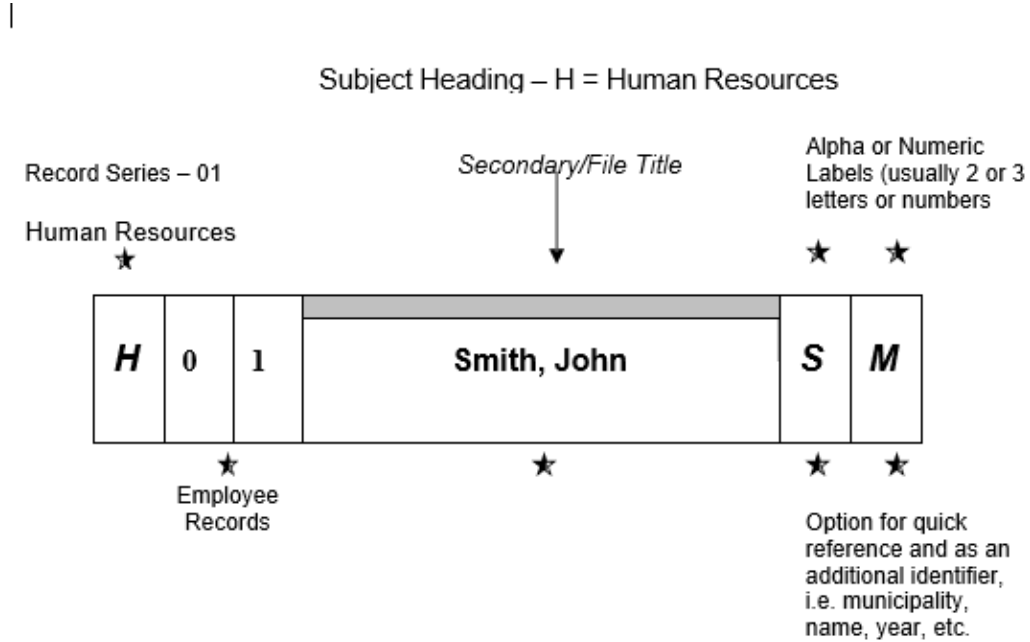
8.1 End/Side Tab Folders

Figure 68 – End/Side Tab Folder Identification Template



8.2 Top Tab Folders

Figure 69 – End/Side Tab Folder Identification Template



Appendix 9: Version Control Log

This appendix provides the history of the drafting and finalization of the RIM Program and EIM Practices Assessment Report.

Figure 70 – Version Control Log

| Date | Description | Author |
|-------------------|---|---|
| December 20, 2017 | Draft report submitted to the Region's Project Team | Sheila Taylor Ergo Information Management Consulting |
| January 10, 2017 | Minor revisions made to the draft report for clarity | Sheila Taylor Ergo Information Management Consulting |
| January 11, 2017 | Revisions made to the draft report in response to feedback from the Project Team at the January 11 th meeting | Sheila Taylor Ergo Information Management Consulting |
| January 16, 2017 | Revisions made to the draft report to reflect additional feedback from the Project Team and the Manager, RIM, the updated 2017 MFIPPA statistics provided by the Manager, RIM, and the revised descriptions of the Generally Accepted Recordkeeping Principles® and Information Governance Maturity Model on ARMA International's website | Sheila Taylor Ergo Information Management Consulting |
| January 22, 2018 | Final report submitted to the Region's Project Authority | Sheila Taylor Ergo Information Management Consulting |



The Regional Municipality of Durham Information Report

From: Commissioner and Medical Officer of Health
Report: #2018-INFO-86
Date: May 25, 2018

Subject:

Mandatory On-Site Sewage System Maintenance Inspection Program

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on the Mandatory On-Site Sewage Maintenance Inspection Program Agreement between the Township of Brock and the Region of Durham.

2. Background

- 2.1 The *Ontario Building Code (OBC)* was amended by Ontario Regulation 315/10 which establishes and governs on-site sewage system maintenance inspection programs. These programs are to be administered by principal authorities (i.e. municipalities, conservation authorities and/or boards of health) in certain areas and within a prescribed time frame.
- 2.2 Under the OBC, principal authorities such as the Township of Brock are to administer on-site sewage system maintenance inspection programs. Boards of health may also administer on-site sewage system maintenance inspection programs.
- 2.3 The Region of Durham currently has a Sewage System Management Agreement in place with the Township of Brock for the administration of Part 8 (Sewage Systems) of the OBC. The Durham Region Health Department (DRHD) administered the first round of phase I mandatory on-site sewage system maintenance inspections between 2013 and 2015 for the Township of Brock.

3. Current Status

- 3.1 On May 14, 2018, Council of the Township of Brock endorsed the agreement for the second round of phase 1 of the Lake Simcoe Protection Plan mandatory on-site sewage system maintenance inspections by DRHD.
- 3.2 As approved by Regional Council on May 15, 2013, the Regional Chair and Clerk are authorized to execute any legal agreements and any and all amendments thereto between the Region and the area municipalities with respect to the Mandatory On-site Sewage System Maintenance Inspection Program, provided that such agreements are substantially in the same form as the previous agreement.

4. Next Steps

- 4.1 The Regional Chair and Clerk will execute the agreement using previously approved authority.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2018-INFO-87
Date: May 25, 2018

Subject:

Program Reports

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on Durham Region Health Department (DRHD) programs and services.

2. Highlights

- 2.1 DRHD reports for April – May 2018 include the following key highlights:
- a. Health Analytics, Policy & Research – Health Analytics Information Products and Ethics updates;
 - b. Health Protection – Food Safety update;
 - c. Healthy Families – Healthy Families Program updates and Healthy Babies Healthy Children update;
 - d. Healthy Living – Chronic Disease Prevention, Injury Prevention and Substance Misuse updates;
 - e. Infectious Diseases – Immunization and Infectious Diseases Prevention & Control updates; and
 - f. Paramedic Services – Administration, Logistics, Operations and Quality Development updates.
- 2.2 Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to

public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA). Accordingly, the Health Information Update is a component of the Health Department’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, Performance Reports, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

ABBREVIATIONS

- ACP – Advanced Care Paramedic
- CCC – Child Care Centre
- CCHS – Canadian Community Health Survey
- CDSS – Canadian Drugs and Substances Strategy
- CELHIN – Central East Local Health Integration Network
- CHC – Community Health Centre
- DCAS – Durham Children's Aid Society
- DCDSB – Durham Catholic District School Board
- DDSB – Durham District School Board
- DHCL – Durham Health Connection Line
- DRHD – Durham Region Health Department
- DRPS – Durham Regional Police Service
- ED – Emergency Department
- EDI – Early Development Instrument
- EMS – Emergency Medical Services
- ERC – Ethics Review Committee
- HARP – Health Analytics, Research & Policy Team
- HBHC – Healthy Babies Healthy Children
- HC – Health Canada
- HCP – Healthcare Provider
- HKCC – Healthy Kids Community Challenge
- HP – Health Protection Division
- IPAC – Infection Prevention and Control
- JHSDR – John Howard Society of Durham Region
- KE – Knowledge Exchange
- LD – Lyme Disease
- LH – Lakeridge Health
- LHAP – Lakeridge Health Ajax Pickering
- LHO – Lakeridge Health Oshawa

- LTCH – Long-Term Care Home
- MNRF – Ontario Ministry of Natural Resources and Forestry
- MOHLTC – Ontario Ministry of Health and Long-Term Care
- MTO – Ontario Ministry of Transportation
- NDCF – North Durham Childcare Forum
- OPHS – *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*
- OSDUHS – Ontario Student Drug Use and Health Survey
- PCP – Primary Care Paramedic
- PEAR – Panorama Enhanced Analytical Reporting
- PHI – Public Health Inspector
- PHN – Public Health Nurse
- PHO – Public Health Ontario
- PHU – Public Health Unit
- PSS – Personal Services Settings
- RPC – Rabies Prevention and Control
- RDPS – Region of Durham Paramedic Services
- RRFSS – Rapid Risk Factor Surveillance System
- RSV – Respiratory Syncytial Virus
- SC – Social Competence
- SFT – Secure File Transfer
- STIX – Student Information Exchange
- TAMI – Talking About Mental Illness
- TB – Tuberculosis
- UOIT – University of Ontario Institute of Technology
- VBD – Vector-Borne Disease
- VSH – Vaccine Storage and Handling
- WNV – West Nile Virus



Health Analytics, Research & Policy

Report For April – May 2018

Health Analytics Information Products

Benzodiazepine overdose emergency department visits at a glance

In 2016, there were 295 visits to the ED as a result of benzodiazepine overdose in local residents. Females were involved in two out of three of these visits. Youth between 15 to 19 years were most likely to visit the ED for a benzodiazepine overdose in 2016; their rate has doubled in the last five years. The report will be available on durham.ca shortly.

Quick Facts: Past year opioid use, and Trends In: Opioid use in students

In Durham Region, one in ten (10%) students used prescription opioid pain relievers non-medically in the last year, and this rate has declined since 2009.

<https://www.durham.ca/en/health-and-wellness/resources/Documents/HealthInformationServices/HealthStatisticsReports/PastYearOpioidUse.pdf>

<https://www.durham.ca/en/health-and-wellness/resources/Documents/HealthInformationServices/HealthStatisticsReports/Opioid-Use-Trends-in-Students.pdf>

RRFSS Routine Reports January to December 2016

The RRFSS Routine Reports have been updated with data from January to December 2016. New reports are available on Marijuana – Awareness of Health Effects, Marijuana – Support for Policy, Mental Health, Importance of Neighbourhood Characteristics, Sedentary Time, Family Violence Awareness, Falls, Road Safety, Safe Water, Flu Immunization, West Nile Virus and much more. RRFSS Routine Reports are available to DRHD staff to support program planning.

RRFSS Trend Reports

The RRFSS Trend Reports have also been updated with 2016 data. These reports examine changes in health indicators or behaviours over time. RRFSS Trend Reports are available to DRHD staff to support program planning.

Ethics

From March to May 2018, the ERC received **one** study, which is under consideration.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health



Health Protection

Report For April – May 2018

Food Safety

On July 1, 2018, the current Food Premises Regulation (O. Reg. 562) will be revoked and replaced with O. Reg. 493/17. Significant changes include:

- Every operator of a food service premise shall ensure that there is at least one food handler or supervisor on the premise who has completed food handler training during every hour in which the premise is operating, and
- Every operator of a food premise shall ensure that the results of any inspections conducted by a PHI are posted in accordance with the inspector's request.

Since March 2, 2009, the *DineSafe Durham* disclosure by-law has required food establishment operators to post the most recent *DineSafe Durham* inspection summary sign and make available the most recent inspection report upon request. The website component launched in January 2011 will be enhanced to include inspections based on complaints and provide further details of legal activities as per the OPHS requirements.

The new *Operational Approaches for Food Safety Guidelines* have been released by MOHLTC which outline a new Provincial Food Handler Training Plan. HP is currently reviewing new requirements to identify required changes to its current food handling training strategies.

In conjunction with the new Regulation the first Food Safety Code of Practice for PHUs and Food Premises Operators has been developed. This new Code of Practice will support a modernized regulatory framework that is flexible, responsive and evidence-based with the ultimate aim to support new innovations in the food industry. The MOHLTC shared a draft version of the Code of Practice at an information session held on May 1 and it is expected to be released prior to July 1, 2018.

Respectfully submitted,

Original signed by

Ken Gorman
Director, Health Protection Division



Healthy Families

Report For April – May 2018

Durham Children's Aid Society Presentation

Infants placed in foster care are often at high risk for emotional, behavioral and physical challenges due to adverse environments and experiences. Foster parents provide a stable and supportive home environment for these vulnerable infants who are in need of a safe, temporary place to live.

Foster parents in Durham Region must meet specific requirements and receive training in order to maintain this role. Despite this training, it is sometimes difficult for foster parents to stay abreast of the evolving best practices in basic infant care.

In February, DCAS requested educational support for foster parents of infants and DCAS staff in the area of basic infant care. These health education and capacity building sessions were provided by a PHN on April 18 and April 25 and included topics such as safe sleep, introduction to solids, preventing flat head, oral health and car seat safety. There were **24** foster parents and **16** DCAS staff in attendance. Evaluations of these sessions indicated that **100%** of attendees are more informed in these topic areas and the resources are an asset to their work with vulnerable children.

Early Development Instrument Presentation in North Durham

The EDI is a questionnaire that measures senior kindergarten children's readiness to learn. Health neighbourhood maps for Brock, Scugog and Uxbridge, focusing on EDI, indicate children in these neighbourhoods are particularly vulnerable in SC. SC incorporates the ability to form social relationships easily, try new experiences, control own behaviour, respect adults and follow rules.

On April 26 in Uxbridge, PHNs attended the NDCF and presented to **150** frontline staff servicing preschool children such as early childhood educators, EarlyON staff, library staff and recreation staff. Topics included preschoolers EDI scores in north Durham Region and an interactive game to test EDI knowledge. Participant feedback was positive with interest for additional educational sessions on specific EDI domains. A total of **16** key

stakeholders and frontline staff are interested in meeting to address north Durham EDI scores, with the overall goal of enhancing preschool children's readiness for school. In addition to this presentation, a PHN also developed a comprehensive report on the SC domain in Durham Region, outlining best practices to improve SC which was distributed at the NDCF.

Healthy Babies Healthy Children

The HBHC screen is a validated tool, consisting of 32 questions, that seeks to identify families that are potentially at risk for compromised parenting and child development. Challenges such as newcomer status, teen parenthood, precarious housing, financial difficulty, cognitive disability, drug abuse and mental illness may present barriers for families achieving optimal child development. The HBHC screen is designed to identify those families that may be struggling with these and other factors so that they may be offered a more in depth assessment and support through the HBHC program. The screen is administered locally by HCPs including PHNs, hospital nurses, midwives, social workers and physicians.

The HBHC program utilizes a screening liaison model to facilitate strong relationships with community partners and ensure a quality screening program for families. DRHD partners with area hospitals and midwifery services as well as other HCPs and community agencies to support and facilitate screening of families at three stages: prenatally, postpartum, and early childhood (6 weeks to school entry). Two liaison PHNs work closely with community partners to train HCPs to administer the HBHC screen, ensure understanding of the screening questions and develop strategies to help with asking sensitive screening questions. Liaison nurses also provide quality control of screening by reviewing screens for completion. When screens do not meet program standards, liaison nurses will follow up with the health care professional to provide support and education to ensure the questions are properly understood and answered.

Local community agencies are made aware of the HBHC program and encouraged to have their clients call DHCL to self-refer for screening by a PHN. Liaison PHNs visit LH hospitals daily Monday to Friday in order to support the screening process. In addition to support for screening, this partnership encompasses collaboration on additional shared outcomes for clients including smooth transition to the community with adequate knowledge of how to access local community supports and services. Postpartum patients that are ready for discharge from LHO are given the opportunity to attend a Home with Baby class. The PHN participates in this class by providing information about transition home with baby and promotes local resources including DRHD programs and services. Content from this class is currently being developed into a video for use on hospital networks and online to ensure accessibility for all families. This class is not currently offered at LHAP but is planned to begin in June. Liaison nurses will participate in delivery of the class at this site. Currently at LHAP, PHNs visit clients individually in their rooms to discuss community supports and services and promote the HBHC program.

In addition to postpartum screening following the birth of a baby, access to HBHC screening for families in the prenatal stage as well as with infants six weeks of age and older is another shared outcome between the HBHC program and local hospitals and agencies. PHNs liaise with staff in prenatal clinics, pediatrics, emergency and social services to ensure understanding of the HBHC program and how to refer or connect their patients. They also enhance knowledge of the HBHC program among physicians and midwives through information sessions, office visits and mail.

Between January 1 and May 4, **152** visits were made to LH hospital sites (Oshawa and Ajax) by liaison PHNs. Liaison nurses also visited midwifery practices in Durham a total of 5 times in the past 4 months to support screening and promote DRHD programs and services. Between January 1 and May 4, **1,641** HBHC screens were completed for local families. A total of **1,486** screens were completed at a hospital or birthing centre; of those screens **588** were completed at LHO, **345** were completed at LHAP and **553** were completed at out of area hospitals. Local midwifery services completed **9** HBHC screens and **146** screens were completed by PHNs. The birthrate for Durham Region is approximately **500** babies born per month making the screening rate for postpartum families just over **80%**.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Population Health Division
Chief Nursing Officer



DURHAM
REGION
HEALTH
DEPARTMENT



Healthy Living

Report For April – May 2018

Chronic Disease Prevention

The HKCC is an initiative through the MOHLTC with the goal to support the well-being of children and promote healthier weights. Selected communities were tasked to develop and implement programs related to four themes that promote healthy, active lifestyles among children through community-led action. The four themes incorporated physical activity, healthy eating, choosing water to drink, and reducing screen time.

The program is a response to a call to action emanating from evidence which revealed that almost **30%** of Ontario children and youth are overweight or obese; a trend that has been developing for the last 30 years. The potential consequence of this trend is children developing chronic illnesses such as type 2 diabetes, heart disease and hypertension much younger, resulting in significant costs to the healthcare system. In addition, the 2016 ParticipACTION Report Card gave Canada a failing grade for sedentary behaviour. Research suggests that screen time with inactivity can harm child development, and physical and psychosocial health.

Local and Canadian trends are concerning:

- Only **38%** of local residents 12 to 17 years eat fruit and vegetables five or more times daily (CCHS, 2014).
- **40%** of grade 7 and 8 students, and secondary school students consume soda pop and/or sports drinks two to four times a week (OSDUHS, 2012-2013).
- Only **30%** of grade 7 and 8 students and **20%** of secondary school students participate in 60 minutes of moderate to vigorous physical activity each day (OSDUHS, 2012-2013).
- Less than one quarter of children in Canada meet national screen time guidelines. (ParticipACTION, 2016).

DRHD continues to be a HKCC partner and participates on the three HKCC local steering committees supporting the four themes in the initiative:

Community Initiatives

- Supported planning and implementation of theme three and four initiatives by facilitating training sessions on healthy eating for city staff, community partners and community members in Ajax, Oshawa and Uxbridge.
- Continued support and engagement with participating communities through HKCC events.
- Support of ongoing planning and implementation of HKCC programs, policies and activities.

School Initiatives

- Supported the planning and implementation of training days for **11** Ajax and **42** Oshawa elementary schools for theme three: Choose to Boost Veggies and Fruit.
- Supported the planning and implementation of two train the trainer conferences for **five** Ajax and **six** Oshawa high schools who are leading the initiative for 53 elementary schools for theme four: Power Off and Play.
- Supported Uxbridge schools in promoting active transportation, where children and youth will learn to read a map and use local trails to get to school and around the community.
- Coordinated and supported the sustainability of HKCC activities in schools through assigned school PHNs for all four themes of the initiative.

DRHD has shared evidence informed content about key health messages for each theme with the creators of resources for the initiative. Municipalities have included these messages on printed banners, web content, social media, handouts and signage over the last four years.

Injury Prevention

Concussion Prevention

In 2015, local youth accounted for **48%** of the sports-related hospitalizations and **55%** of ED visits. Young male athletes are over **2** times more likely to visit the ED or be hospitalized than females. ED visit rates for local youth are consistently higher than the provincial rates (Injuries at a Glance – Sports Injuries, May 2017). Approximately **1** in every **13** ED visits is a traumatic brain injury, increasing to **1** in every **5** for hospitalizations (Counts of ED and Hospitalizations for Sports Injuries 2015, Health Analytics, Research and Policy).

On March 7, Rowan's Law received Royal Assent. This legislation will establish mandatory requirements for all amateur sport surrounding concussion awareness education, removal from sport and return to sport protocols and codes of conduct to decrease the risk of concussion in sport. The Province released a consultation paper, requesting input from multiple sector partners to help inform the development of regulations, policies and guidelines pertaining to Rowan's Law. DRHD submitted a response which outlined key recommendations applicable to the health sector.

Social media was used to raise awareness on the passing of Rowan's Law. Posts on the DRHD platforms ran from March 29 to April 30 resulting in a reach of **49,494** and **602** engagements to date. Posts on Durham Healthy Families platforms on April 13 resulted in a reach of **4,807** and **524** engagements.

A needs assessment was conducted with seven local soccer and hockey association executive boards to assist DRHD in developing supports related to concussion prevention, education and recognition which align with the needs of the community. The main needs identified by the community were parent/coach education, increasing concussion awareness with parents, concussion assessment tools for coaches/trainers and support with implementing organizational changes related to Rowan's Law. These results, along with the local health assessment data related to concussions will be used to inform DRHD's role in local concussion prevention.

Durham Connect: Community Safety and Well Being Action Group

The Community Safety and Well Being Action Group is a sub-committee under DRPS' Durham Connect Situational Table and members include DCAS, DCDSB, DDSB, DRHD, JHSDR and UOIT. The committee held 3 meetings in 2017 and the first meeting of 2018 is scheduled at the end of May.

The plan for 2018 is to complete a literature review identifying risk factors and indicators for student disengagement and school absenteeism. The literature review will inform development of measurement indicators and a review of currently available data will be completed. Phase 2 of the action plan is to identify data gaps, plan for data sharing agreements as required and to develop a collaborative plan to implement effective strategies to increase student engagement.

Road Safety

One PHN is participating on both the advisory and stakeholder committees for Durham Vision Zero. The PHN's role is to provide a road safety and injury prevention perspective to both the advisory and stakeholder groups. This includes sharing relevant data, key target audiences and evidence with these groups.

In efforts to support implementation of the Durham Vision Zero Strategic Road Safety Action Plan, DRHD is piloting MTO's 'Weed Out the Risk' program in local high schools. The 'Weed Out the Risk' program engages young people through creative games and activities that bridge communication gaps and assist in developing an open dialogue and awareness around smoking marijuana and driving. To date, **13** PHNs have completed 'Weed Out the Risk' facilitator training and plans are being developed for the program to be implemented in the fall in collaboration with DCDSB, DDSB, and DRPS.

Substance Misuse

Opioid Response

Since 2003, the number of ED visits due to an opioid overdose in local residents doubled from **138** to **274** in 2016. The number of hospitalizations from an opioid overdose in local residents increased from **59** to **82** in 2016. The number of deaths increased **2.5** times from **17** in 2005 to **41** deaths by 2016 (PHO, 2017).

In August, 2017, the MOHLTC announced that PHUs across the province were accountable under MOHLTC's Harm Reduction Program Enhancement plan to address the opioid situation through three key components:

- Local opioid response
- Naloxone distribution and training
- Opioid overdose early warning and surveillance

Local Opioid Response Plan

Local opioid response requirements include building on and leveraging existing programs and services to increase access. It is expected that PHUs will engage stakeholders and identify partners to support development and implementation of a local overdose response plan, informed by population health and a situational assessment to identify local needs, gaps, community challenges and issues.

Following the implementation of the [Durham Region Opioid Forum](#) in October, 2017, the Durham Region Opioid Task Force was formed and began working on the development of a local opioid response plan. Task Force membership includes:

- AIDS Committee of Durham Region
- Bawaajigewin Aboriginal Community Circle Board
- Brock Township Fire Services
- Canadian Mental Health Association Durham
- Clarington Fire Services
- DCDSB
- DDSB
- Durham Mental Health Services
- DRPS
- Founder of Inspire by Example
- JHSDR
- Oshawa Fire Services
- Pinewood Centre, LH

The local opioid response plan, which aligns with the four pillars of HC's [CDSS](#), was fully developed by February, 2018.

Durham Region Opioid Response Plan: Priority Areas for Action

1. Coordinate Surveillance Activities and Use of 'Real-time' Data from Across Sectors (CDSS Pillar: Prevention)
 - Determine long-term and 'real-time' data requirements that support clear and accurate communication, planning and early warning alerts.
 - Identify opportunities to leverage data sharing through collaborative partnerships between first responders, public health and community agencies.
 - Develop and implement an active surveillance plan and real-time alert system, including appropriate response plans, for key stakeholders.
2. Support Ongoing KE/Intelligence Sharing Related to Opioids (CDSS Pillar: Prevention)
 - Establish a Durham Region specific community of practice to support ongoing KE and intelligence sharing across key stakeholder organizations and groups.
3. Increase Public and Service Provider Awareness of the Connection Between Mental Health, Trauma and Substance Use (CDSS Pillar: Prevention)
 - Identify current views and beliefs about opioid use among local residents.
 - Develop key messaging related to opioids and harm reduction that aim to destigmatize people with opioid addictions and can be utilized by educators, stakeholders and media.
 - Implement a plan to provide access to trauma informed care training for community stakeholder groups in the region.
 - Identify opportunities to build on existing programs and partnerships, in order to coordinate de-stigmatization efforts and foster a collective understanding about opioid addictions (e.g. TAMI Durham and shared health communication strategies).
4. Increase Treatment Options that are Relevant and Accessible within Durham Region (CDSS Pillar: Treatment)
 - Align efforts with the CELHIN opioid strategy, where possible, to ensure a comprehensive, coordinated approach to local problematic opioid use and overdose.
 - Foster stakeholder commitment to include/consult with people who have lived experience, as part of service planning and evaluation processes.
 - Assess gaps in treatment options, utilizing the results of the CELHIN environmental scan.
5. Develop a Local Evidence-Based Harm Reduction Strategy that Fosters Service Coordination and Increased Access to Harm Reduction Services and Supplies for Priority Populations (CDSS Pillar: Harm Reduction)
 - Coordinate and leverage naloxone distribution services across the Region.

- Develop an advocacy plan that identifies naloxone access issues and barriers.
 - Assess the results of the CELHIN environmental scan of current harm reduction services to identify gaps and opportunities to coordinate and/or reorient services for priority populations in the region.
6. Continue Addressing Illicit Drug Production, Supply and Distribution (CDSS Pillar: Enforcement)
- Investigate opportunities to expedite drug testing through existing community resources and laboratories.
 - Providing education regarding the Good Samaritan Drug Overdose Act to law enforcement and first responder agencies.
 - Investigate opportunities for collaboration across law enforcement and first responder agencies in order to develop consistent approaches to addressing and responding to overdose scenes.

Naloxone Distribution

Naloxone blocks or reverses the effects of opioid medications, including extreme drowsiness, slowed breathing, or loss of consciousness. Naloxone distribution requirements for PHUs include assuming the role of naloxone ordering and distribution leads for community organizations, which are responsible for distributing naloxone to their clients/patients. Responsibilities also include providing training on: recognizing the signs of overdose, reducing the risk of overdose, and administering naloxone in cases of opioid overdose.

PHUs will be required to collate data from community organizations, support policy development at community organizations, and increase awareness of community organizations of naloxone availability.

As per the MOHTLC, organizations that are eligible to receive naloxone from PHUs include:

- AIDS service organizations
- CHCs (including Aboriginal Health Access Centres)
- EDs
- Outreach programs
- Police and fire services
- Shelters
- Withdrawal management programs

DRHD began naloxone distribution in February 2018. Since that time DRHD has partnered with approximately **15** community agencies/organizations to provide training, assistance with policy development as well as access to naloxone. As of April 30, 2018 approximately **300** naloxone kits have been ordered and distributed to eligible community agencies.

Opioid Response Implementation Plan

To address the work of the local opioid response plan, three implementation tables have convened and begun to complete work as follows:

1. Coordinating surveillance activities and data indicators and the development of a real-time response plan.
2. Addressing stigma and supporting the connection between mental health, trauma and substance use.
3. Developing a harm reduction strategy that fosters service coordination, access to treatment and harm reduction supplies for priority populations.

Opioid Overdose Early Warning and Surveillance System

The opioid overdose early warning and surveillance requirements include involving relevant sector partners to establish formal data collection and reporting mechanisms to identify surges in opioid overdoses, and develop an integrated community response including an action plan to respond to surges in opioid overdoses. The development of an early warning and surveillance plan will be completed as part of the local opioid response plan. To date, key stakeholders have met to complete an analysis of data requirements and current access. In response to this analysis, data sharing agreements are currently under development.

Tobacco Use Prevention

Leave The Pack Behind is a comprehensive, evidence-based tobacco control initiative tailored for young adults ages 18 to 29 years and post-secondary students in Ontario. Each year, Leave The Pack Behind hosts the Wouldrather... contest, which challenges young adults to quit, reduce, or stay smoke-free for a six-week period (January 29 to March 11). A Region-wide promotion plan was implemented with focus on areas where young adults learn, work and play including independent colleges and trade schools. The plan also included a wide variety of community agencies who work with or service young adults. This included four independent colleges/trade schools, two alternative secondary schools in Oshawa, two CHCs in Ajax and Brock, three Sexual Health Clinics in Bowmanville, Oshawa and Pickering, one First Nations community/health centre in Scugog, six employment service agencies in Ajax, Clarington, Oshawa, Pickering and Whitby, and 13 identified community agencies, and one workplace. Promotion also included the use of Facebook, Instagram and Twitter.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Population Health Division
Chief Nursing Officer



Infectious Diseases

Report For April – May 2018

Immunization

Panorama

Panorama is the MOHLTC public health electronic surveillance system that is designed to provide high quality and timely access to immunization information. The Immunization Module of the system allows DRHD nurses to better manage and assess immunizations for children attending schools and licensed CCCs in Durham Region. The Inventory Module of the system helps to support better management of vaccine inventories by DRHD staff.

In order to support proper management of vaccines inventory, the following accomplishments were achieved in 2017:

- Developed and implemented workflow for the Ontario Inventory Integration Administration extension to assist in entering and maintaining distribution information for influenza vaccines distributed to pharmacies enrolled in the 2017-18 Universal Influenza Immunization Program through the third-party distribution by MOHLTC.
- Collaborated with HARP to develop and implement the PEAR system to assist in monitoring vaccine distribution and wastage.
- Participated in regular webinars and teleconferences hosted by the MOHLTC Panorama Inventory Best Practices Working Group.
- Reviewed bi-weekly newsletters prepared by the MOHLTC Panorama Team, Inventory Periodicals, and provided updates to nurses and administrative support staff.
- In the spring of 2018, the DRHD Panorama Team revised/developed and implemented workflows to better align with best practice guidelines to facilitate the enhanced vaccine inventory management process.
- Provided training and ongoing support to all VSH administrative support staff regarding vaccine ordering and distribution procedures within the Inventory Module of the Panorama system.

In order to continue to support children attending schools and licensed CCCs to receive childhood immunizations in accordance with the Publicly-Funded Immunization Schedules for Ontario, the following accomplishments were achieved in 2017:

- Developed and implemented the Mass Immunizations (Imms) Event consent function in the Immunization Module to track consent status and school clinic details.
- Revised policies and procedures, workflows and processes to provide guidance to nurses and administrative support staff prior to and during the suspension period.
- Collaborated with HARP to develop a more reliable and efficient method for generating suspension numbers, notices and exemption reports using the PEAR system.
- Developed Panorama data audit policies and procedures to outline the processes and timelines for the DRHD Panorama Team to perform regular audits to ensure proper access by the DRHD users.
- Provided seven training sessions regarding the Panorama Immunization Module for newly hired nurses.
- Provided eight training sessions for administrative support staff to facilitate creating and managing notices for elementary and secondary school students.
- Provided training sessions for **42** PHNs about the use of mobile technology (e.g. rocket mobile stick) to support accessing and using the Panorama system offsite.
- Provided offsite Panorama connectivity support to **15** local schools/community clinics.
- Participated in regular webinars and teleconferences hosted by the MOHLTC Panorama Data Standard and Best Practices Working Group.
- Reviewed bi-weekly newsletters prepared by the MOHLTC Panorama Team, Immunization Periodicals, and provided updates to nurses and administrative support staff.
- Completed two STIX uploads for all public schools in Durham Region and one STIX upload for all local private schools.
- Provided offsite support to **36** child care centres using SFT to submit immunization records to DRHD.
- Received monthly attendances and immunization record updates from all licensed child care sites in the region via SFT, and completed submissions to Panorama using STIX.
- Reconciled **702** duplicate immunization records.
- Logged **50** tickets to the MOHLTC Panorama Team for technical issues, facility additions/deletions, forecaster logic questions and report questions.

Vaccine Storage and Handling

Vaccine wastage is a concern for immunization programs given the associated financial cost and the potential health impact related to administration of improperly stored vaccine. In an effort to reduce wastage of provincially funded vaccine and to promote vaccine safety and efficacy, PHNs adhere to MOHLTC established standards and annually report on accountability indicators set to monitor the wastage percentage of vaccine that is stored, transported or administered by PHUs and HCPs. The indicators, which are specific to three vaccines (mumps, measles and rubella administered by HCPs, HPV administered primarily in school based clinics and influenza administered by HCPs including pharmacists), are intended to reflect the effectiveness of vaccine storage and handling management practices by PHUs and HCPs.

PHNs are responsible for optimal vaccine management in **10** DRHD fridges in three office locations that store publicly funded vaccine for distribution and in **399** HCP sites, which includes **124** pharmacies. In 2017, HCPs reported **108** cold chain incidents resulting from site fridge failures or out of range temperature readings resulting in **\$79,764** of vaccine wastage. There have been **35** cold chain incidents reported to date this year with **\$47,546** of vaccine wasted. Return of expired vaccine also contributes to wastage.

Nurses follow the provincial Vaccine Storage and Handling Protocol, working with HCPs to ensure adherence to proper vaccine management including storage and handling and inventory management. Sites have an assigned nurse who provides comprehensive information and education to HCPs which includes training on optimal vaccine management practices, distribution of new vaccine information, guidance on effective inventory management and intensive support for new providers. Additional actions to ensure individuals handling publicly funded vaccines are compliant with requirements include; annual fridge inspections, development of site contingency plans, required submission of site documentation of temperature logs, Fax About communication, biannual newsletters, Link N' learn Module available on durham.ca/HCPs web pages, monthly review of orders, returns, wastage and usage history and drop in visits if required.

Beginning in 2016, Panorama provides nurses with access to monthly site inventory reports that reveal stock level and wastage. These reports are shared with HCPs during annual fridge inspections to review past practices and wastage history. The reports are also used by nurses to adjust orders based on inventory and usage, and to ensure that sites rotate stock routinely, remove expired vaccine and maintain only one month of supplies thereby reducing the risk of wastage in the event of a fridge failure.

Pharmacies who participate in the annual publicly funded flu program are managed in the same manner as HCP sites. However, vaccine is distributed through a MOHLTC third-party vendor which presents challenges in managing and tracking vaccine that is released to pharmacy sites. In 2017, flu vaccine wastage was calculated at **11.5%** which included pharmacy wastage. The MOHLTC is currently working with PHUs to develop joint solutions, such as decreased inventory allotments for pharmacies, which will reduce flu vaccine wastage.

Designated staff members are also assigned to DRHD fridges to ensure the supply of publicly-funded vaccines through proper storage and handling practices and proper inventory management. DRHD fridges are connected to a 24-hour alarm system that alerts on-call staff if the vaccine fridge temperatures fall outside the recommended range. Contingency plans are in place to ensure the safe transport of vaccine to back up locations if required.

Challenges that impact wastage and vaccine efficacy include: unreported cold chain incidents identified during the monthly order process, resistance of HCPs and pharmacists to reduce orders based on monthly inventory and discrepancies found with site self-reported inventory on inspection. PHNs will continue to work with physicians and pharmacists to reduce vaccine wastage and ensure safe practices through careful monitoring and ordering approval.

Infectious Diseases Prevention and Control

Child Care Centres

In accordance with the new OPHS requirements for public disclosure of inspection results, HP has formed a disclosure committee to prepare and implement a plan to meet these new requirements for the posting of all inspections including CCCs. The plan will include discussions with and input from the stakeholders.

IPAC Lapses

Since the last report, **two** complaints in health clinics have been received and investigated that did not lead to any posting. **One** IPAC lapse complaint was received and investigated in a PSS establishment which required posting and was subsequently posted on durham.ca.

A final report was posted for the dental clinic investigation indicating that all the complaint issues were resolved.

Outbreak Summary

Between March and April, **21** outbreaks (**14** respiratory and **seven** enteric) in LTCHs, retirement homes, CCCs, hospitals and community settings were investigated. The causative agents include: **four** Influenza A, **one** metapneumovirus, **one** norovirus, **one** RSV, **four** pending and **10** no isolates.

The new OPHS highlight that enhanced transparency is a key priority. As such, HP is exploring the best way to publicly disclose institutional outbreaks on durham.ca. Currently, it is not a requirement to publicly post institutional outbreaks but PHUs are required to notify a number of key stakeholders (e.g. physicians in the community, adjacent PHUs, EMS/RDPS, other LTCHs and institutions in the community, Provincial Transfer Authorization Centre) as appropriate, of outbreaks in institutions. With that in mind and with the aim at reducing the transmission of disease in our community, public disclosure on durham.ca is considered an effective and efficient method to inform the public to assist them to make informed decisions about their health.

Personal Services Settings

HP is currently implementing a new database for all programs and inspections. The current *Know Before You Go* disclosure program results in a coloured sign (green, yellow or red) posted at the entrance to the establishment following each inspection. The new OPHS require all inspection results to be posted on the Region's website similar to the established *DineSafe Durham*. Plans to post inspection results related to *Know Before You Go* will move forward shortly following implementation of an engagement and notification plan for owners and operators of these establishments.

Rabies Prevention and Control

To date **315** reports of animal bites have been investigated compared to the **345** reports during the same time period in 2017. DRHD has also issued **20** anti-rabies treatments to victims. In 2017 a total of **129** treatments were issued for the entire year.

HP has submitted a total of **eight** animals for rabies testing in 2018 compared to **45** animal submissions in total for 2017. There have been no animals testing positive for rabies to date this year in the Region. In 2017 **one** bat tested positive for rabies in the region. In 2018 in Ontario, **275** animals have been submitted for rabies testing resulting in **21** testing positive for rabies including bats (**four**) raccoons (**11**) and skunks (**six**).

DRHD hosted the annual Rabies Interagency Stakeholder meeting at Regional Headquarters during "**Rabies Awareness Month**" on Tuesday May 15. Presentations were given by key stakeholders including the MOHLTC, MNRF and a local company that specializes in the removal of bats from private homes. Attendees at the event included local animal control agencies, HCPs, veterinarians, and RPC staff from HP as well as a number of neighbouring PHUs.

DRHD continues to collaborate with stakeholders to support and promote low-cost rabies immunization clinics in the region. PHIs inform animal owners the dates and times of the clinics during animal bite investigations. In addition, information on the clinics is posted on the Regional website and social media.

Effective July 1, the revised Rabies Immunization Regulation (O. Reg 497/17) will require, in addition to a cat, dog or ferret three months of age or older, that every owner of a bull, cow, horse, sheep, steer, or other livestock that has regular contact with the public, shall ensure the animal is immunized against rabies. The MOHLTC has communicated these new requirements to veterinarians in Ontario and DRHD will send communication to the affected stakeholders, including owners of petting zoos and horse riding stables, in the region.

Reportable Diseases

HP investigated **163** confirmed sporadic reportable diseases from March to April. These include in descending order: influenza (**96**); salmonellosis (**26**); campylobacter (**14**); giardiasis (**eight**); **five** each of amebiasis and yersiniosis; **two** each of brucellosis and cryptosporidiosis; **one** each of legionellosis, LD, malaria and typhoid fever.

Tuberculosis

TB is a disease which is preventable and curable but remains an epidemic in much of the world. TB is responsible for the death of 1.5 million people each year, mostly in developing countries endemic with TB, and disproportionately affects those facing social inequities and lack of access to health services.

World TB Day is an opportunity to recognize that TB continues to have an impact across Canada, including at the local community level.

DRHD recognized World TB Day on March 24 in an effort to promote public awareness about TB. Social media posts were created for Facebook, Twitter and Instagram on March 23. The social media posts provided facts and common myths about TB, and links to the Stop TB Partnership. Additionally, a display was set up at both Welcome Centre Ajax and Welcome Centre Pickering on March 23. Welcome Centre clients and staff were able to speak with a nurse and were provided general information on TB.

DRHD plays an active role in the management of all active TB, latent TB, medical surveillance and any identified contacts of TB. In 2017, DRHD investigated **31** potential cases of TB of which **15** were confirmed. Nurses also followed up with **68** contacts of active TB cases and investigated **84** clients on medical surveillance. In addition to active TB disease, nurses managed **278** cases of latent TB infection (LTBI).

Vector-borne Diseases

The MOHLTC declared May as “Lyme Disease Awareness Month” and is sending out information to the public through a variety of communication platforms across the province. DRHD will also issue news releases and social media to inform persons on steps they can take to protect, themselves, their families and their pets from being exposed to LD from black-legged ticks while enjoying the outdoors.

New for 2018, DRHD will identify known risk areas for tick activity on a map on durham.ca based on active and passive surveillance results. DRHD will also continue to receive ticks from the public and submit them to the government laboratories for identification and, if applicable, testing for the LD bacteria. DRHD will send information to our local HCPs reminding them of the importance of early diagnosis and treatment of patients who have been exposed to a tick bite where LD may be suspected.

The WNV prevention and control program will begin early in May and continue through September. The program includes: weekly surveillance of potential breeding sites for WNV vector mosquitoes, larviciding of stagnant water sites identified as breeding mosquitoes, three rounds of larviciding of roadside catch basins, including the treatment of private backyard catch basins and the trapping, lab identification, and testing of adult mosquitoes at a number of sites in the region. DRHD will continue to investigate all reports received of possible human disease associated with WNV and LD. Regular communication will be sent out to stakeholders throughout the season, including a weekly summary report on VBD activities in the Region.

DRHD recently provided feedback on the proposed revisions to the MOHLTC *West Nile Virus Preparedness and Prevention Plan, 2018* and will ensure that its local plan is consistent with the revised provincial plan once it is complete.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Population Health Division
Chief Nursing Officer

Original signed by

Ken Gorman
Director, Health Protection Division



Paramedic Services

Report For April – May 2018

Administration

Regional Council has directed DRHD to develop a plan to establish a paramedicine model which would target hard to reach priority populations. The scope of the proposed program is currently being developed.

Logistics

The official opening for the Sunderland station was held on April 18, 2018. RDPS is anticipating a significant reduction in response times to North Durham as a result of the build. Not only will the new station deploy an ACP crew 24/7 but it will also store contingency supplies for the Region as well as house a second fully stocked spare ambulance which can be used for emergency deployment.

Operations

RDPS is in its first week of new hire orientation. After a five month hiring process **18** candidates have been selected to begin their practice with the Region as PCPs. It will be another five weeks before the new hires are active in operations and RDPS wishes them much success in their new careers.

Quality Development

The lead for the recent PCP hires as well as delivery of the orientation program is the Quality Development group. For the next five weeks the new hires will be reviewing both Regional and DRHD policy and procedures, receiving certification with the local Base Hospital, driver training and resiliency training.

Paramedic Services Week is May 27 to June 2. A number of events will be held around the region to promote the work that paramedics perform every day.

Respectfully submitted,

Original signed by

Troy Cheseboro
Chief/ Director



The Regional Municipality of Durham Information Report

From: Commissioner of Social Services
Report: #2018-INFO-88
Date: May 25, 2018

Subject:

Seniors' Month in Ontario

Recommendation:

Receive for information

Report:

1. Purpose

1.1 The purpose of the report is to highlight that June is Seniors' Month in Ontario.

2. Background

2.1 June is Ontario's 34th annual Seniors' Month. This year's theme, "Now's the time to start something new," highlights how aging does not prevent any of us from leading fulfilling lives. Seniors continue to contribute to our community and we can all benefit from their wisdom, friendship, and experience. Seniors' Month is an annual celebratory tradition in which the contributions, experience and wisdom of seniors are acknowledged and celebrated throughout the province. Seniors' Month events include award ceremonies, recognition events, socials and seniors' information fairs.

2.2 The Region's Long-Term Care Homes (LTCHs) and three Adult Day Programs (ADPs), join their peers in communities across Ontario participating in the celebration and recognition of the contributions of Ontario's seniors. The LTCHs and ADPs will be hosting a number of special events to celebrate and recognize their knowledge, experience and contributions.

2.3 In further recognition of our seniors, June 15th has been proclaimed 'World Elder Abuse Awareness Day'. The day is in support of the United Nations International Plan of Action which aims to focus global attention on the significance of elder abuse as a growing social and financial concern, a public health matter, and a human rights issue. It also seeks to bring together thought leaders to exchange

ideas about how best to reduce incidence of violence toward elders, increase reporting and to develop elder friendly policies.

- 2.4 The wearing of purple on this day will be recognized as a show of support for the prevention of abuse and neglect of older persons and vulnerable adults. Staff strongly encourage everyone to participate in this tradition in support of their commitment to zero tolerance of resident abuse.

3. Conclusion

- 3.1 Seniors have worked hard and continue to contribute much to the prosperity we all enjoy today. Celebrating Seniors' Month has become our collective way of recognizing their contribution to making the community a better place to live. The Region's Long-Term Care Homes and Adult Day Programs are pleased to pay tribute to Durham's seniors.
- 3.2 The Region's Long-Term Care Homes and Adult Day Programs proudly proclaim their commitment to zero tolerance of resident abuse within our homes and ADPs.

Respectfully submitted,

Original signed by:

Dr. Hugh Drouin
Commissioner of Social Services



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2018-INFO-89
Date: May 25, 2018

Subject:

Smoke-Free Ontario Strategy

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the province's [Smoke-Free Ontario \(SFO\) Strategy](#).

2. Background

2.1 The [Smoke-Free Ontario Act, 2017](#) (SFOA), which comes into effect on July 1, 2018, will regulate the sale, supply, use, display and promotion of tobacco and vapour products and the smoking and vaping of medical cannabis.

2.2 On May 3, 2018, the Ministry of Health and Long-Term Care (MOHLTC) released the SFO Strategy which is the government's plan of action to further reduce the burden of tobacco addiction and reduce smoking prevalence to 10% by 2023.

3. Smoke-Free Ontario Strategy

3.1 The SFO Strategy addresses tobacco, vapour products such as e-cigarettes and heat-not-burn products, and the smoking and vaping of medical cannabis. All these products will be regulated under the SFOA.

3.2 The SFO Strategy focuses on three strategic priorities of tobacco control: cessation, prevention and protection. Across each strategic priority, the goal is to influence change at three different levels to ensure integration and comprehensiveness: individual and community level; program and service level; and system level.

3.3 The following actions are outlined for each strategic priority:

a. Cessation – Ontario will:

- Provide access to quality cessation services through one window.
- Ensure evidence-based smoking cessation services are implemented in public hospitals and in community settings.
- Ensure people receive consistent, high-quality cessation services.
- Increase access to cessation aids.
- Offer more intensive supports for priority populations.
- Inspire people to quit.
- Explore increasing the tobacco tax rate.

b. Prevention – Ontario will:

- Focus on those most at risk with tailored support.
- Raise awareness of prevention.
- Keep youth and young adults safe from tobacco and vapour products.

c. Protection – Ontario will:

- Close the gaps on tobacco and vapour product laws.
- Create more smoke- and vapour-free spaces.
- Give front-line partners the tools they need.

4. Next Steps

4.1 The SFO Strategy includes possible future considerations for the province as well as a commitment to prioritize a research and evidence-based approach.

4.2 The MOHLTC has committed to development of a comprehensive evaluation plan to measure progress and will continue to work with its partners on the evolving strategy.

4.3 The Durham Region Health Department will continue to seek opportunities to provide input to the implementation of the SFO Strategy and development of the evaluation plan.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health



Provision of additional water supply capacity and water storage capacity to service the Port Perry Urban Area

Notice of Completion

Works Department

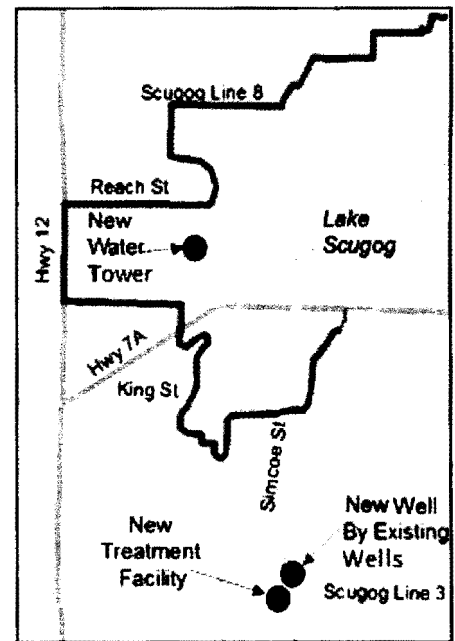
Public Notice

The Regional Municipality of Durham has completed a Schedule C Class Environmental Assessment (Class EA), to plan for additional water supply and storage capacity to service the Port Perry Urban Area, and to improve naturally occurring aesthetic characteristics of the existing municipal water supply (taste, odour and colour).

The Region has consulted with the public and agencies on the objectives of the study, water supply alternatives, water storage alternatives and the criteria used to evaluate the alternatives.

Considering comments received, the recommended approach is to:

- Install a new municipal well next to the existing municipal wells in order to supplement the capacity of the existing wells;
- Construct a new water supply plant at Scugog Line 3 and Simcoe Street to treat all water supplied to Port Perry Urban Area;
- Construct a new water storage tower (elevated tank) east of Taylor Boulevard in order to supplement the capacity of the existing water storage tower (standpipe) on Silver Street.
- Consider a new bulk water filling station at the new water storage tower site (and the existing bulk water filling station on Simcoe Street would be decommissioned).



The Environmental Study Report (ESR) documents all relevant study information, including the planning and decision-making processes followed during this Class EA. Reference copies of the ESR will be available for viewing during a 60-day review period from June 1 to July 30, 2018. The ESR will be available at the following locations starting on June 1, 2018:

| | | |
|---------------------------------|--------------------------------|--|
| Township of Scugog Office | Scugog Memorial Public Library | Region of Durham Headquarters (Clerks Department) |
| 181 Perry Street, Port Perry | 231 Water Street Port Perry | 605 Rossland Road East Whitby |

An electronic version will also be available on the Region's Website at: durham.ca/WorksProjects.

How can I provide comments?

The intention of the review period is to resolve any remaining issues regarding the project. Please provide comments to the Project Team below by July 30, 2018.

Beata Golas, M.Sc.P.Geo.

Durham Region, Project Manager
Project Manager

905- 668-7711, Ext. 3447

Beata.Golas@durham.ca

Rika Law, P.Eng.

R.V. Anderson Associates Limited,

416- 497-8600, Ext. 1209

rlaw@rvanderson.com

Subject to comments received as a result of this Notice, and receipt of necessary approvals, the Region intends to proceed with the design and construction of these projects.

If concerns arise regarding this project, which cannot be resolved in discussion with the Project Team, a person or party may request that the Minister of the Environment and Climate Change order a change in the project status and require a higher level of assessment under an individual Environmental Assessment process (referred to as a Part II Order). The form is now available on-line at Part II Order Form , you can find it by searching either "Part II Order" or "012-2206E" (the form ID number) on the Repository's main page. The request must provide reasons, and must be received by the Minister and Director noted below within the 60-day review period. A copy of the written Part II Order request must be sent to the above noted Project Team contacts as well.

Minister of the Environment and Climate Change
77 Wellesley St. W, Floor 11
Toronto, ON, M7A 2T5

Director, Environmental Assessment & Permissions Branch
135 St. Clair Ave West, 1st Floor
Toronto, ON, M4V 1P5

Information will be collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. With the exception of personal information, all comments will become part of the public record.

If you require this information in an accessible format, please contact 1-800-372-1102 ext. 3547.

 www.facebook.com/RegionOfDurham

 www.twitter.com/RegionOfDurham

The Regional Municipality of Durham Works Department
605 Rossland Rd. E., Whitby Ont. L1N 6A3
Telephone: 905-668-7711 or 1-800-372-1102
www.durham.ca



*The Corporation of the Municipality of Killarney
32 Commissioner Street
Killarney, Ontario
P0M 2A0*

MOVED BY: Nancy Wirtz

SECONDED BY: Michael Reider

RESOLUTION NO. 18-159

WHEREAS municipal governments in Ontario do not have the right to approve landfill projects in their communities, but have authority for making decisions on all other types of development;

AND WHEREAS this out-dated policy allows private landfill operators to consult with local residents and municipal Councils, but essentially ignore them;

AND WHEREAS municipalities already have exclusive rights for approving casinos and nuclear waste facilities within their communities;

AND FURTHER that the province has recognized the value of municipal approval for the siting of power generation facilities;

AND WHEREAS the recent report from Ontario's Environmental Commissioner has found that Ontario has a garbage problem, particularly from Industrial, Commercial and Institutional (ICI) waste generated within the City of Toronto, where diversion rates are as low as 15%;

AND WHEREAS municipalities across Ontario are quietly being identified and targeted as potential landfill sites;

AND WHEREAS municipalities should be considered experts in waste management, as they are responsible for this within their own communities, and often have decades' worth of in-house expertise in managing waste, recycling, and diversion programs;

AND WHEREAS municipalities should have the right to approve or reject these projects, and assess whether the potential economic benefits are of sufficient value to offset any negative impacts and environmental concerns;

THEREFORE BE IT RESOLVED THAT the Municipality of Killarney supports *Bill 16, Respecting Municipal Authority Over Landfilling Sites Act* introduced by MPP Ernie Hardeman and calls upon the Government of Ontario, and all political parties, to formally grant municipalities the authority to approve landfill projects in or adjacent to their communities;

AND FURTHER THAT the Municipality of Killarney send copies of this resolution to MPP Ernie Hardeman and all municipalities.

CARRIED

I, Candy K. Beauvais, Clerk Treasurer of the Municipality of Killarney do certify the foregoing to be a true copy of Resolution #18-159 passed in a Regular Council Meeting of The Corporation of the Municipality of Killarney on the 16th day of May 2018.



Candy K. Beauvais
Clerk Treasurer

May 17, 2018

Project #
60566558

Ralph Walton
Regional Clerk
The Regional Municipality of Durham
605 Rossland Road E
P.O. Box 623
Whitby, ON L1N 6A3

| |
|---------------|
| Original |
| To: CIP |
| By: B. Badger |
| |
| |
| |
| |
| |
| |
| |
| |

Dear Mr. Walton:

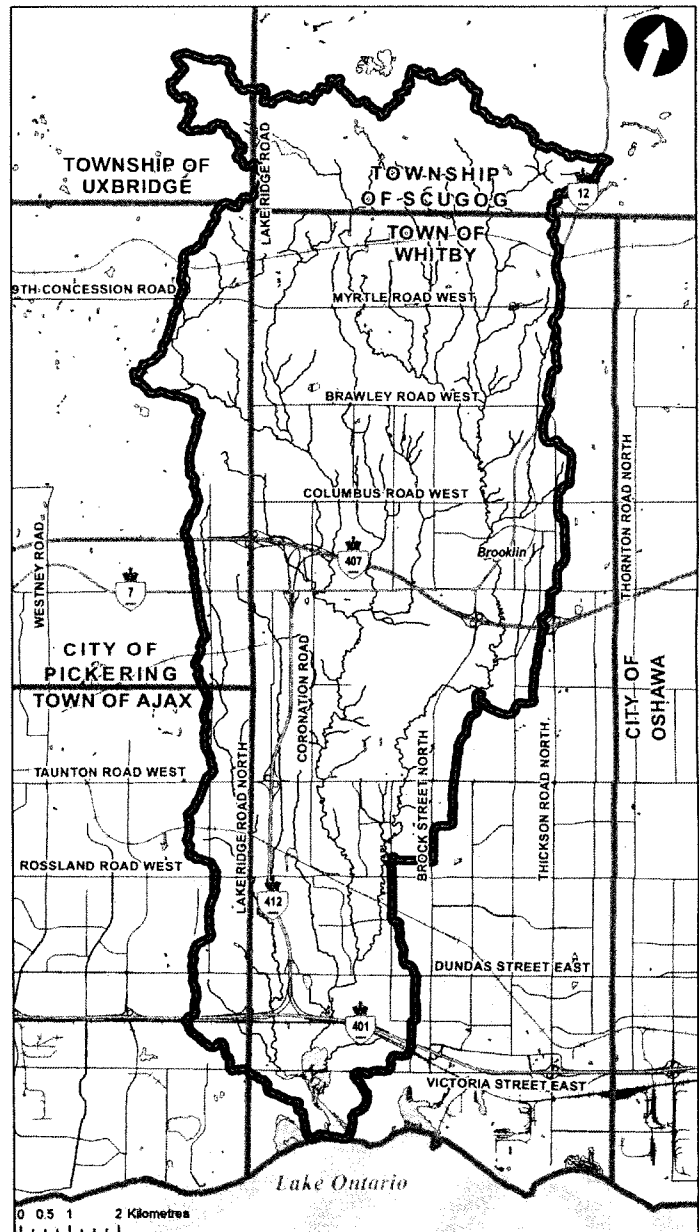
**Subject: Notice of Public Information Centre #1
Lynde Creek Master Drainage Plan Update - Municipal Class Environmental Assessment**

The Town of Whitby, in partnership with the Central Lake Ontario Conservation Authority (CLOCA) is currently undertaking a Municipal Class Environmental Assessment (Class EA) study for the preparation of a Master Drainage Plan Update for the Lynde Creek Watershed (see map). The Lynde Creek Watershed is predominantly located in the Town of Whitby and also extends into adjacent municipalities to the north and west.

The study will update the original 1988 Master Drainage Plan and consider a number of additional reports that have been prepared since 1988. The purpose of this update is to provide guidance to both the Town of Whitby, CLOCA and other affected municipalities in continued management of the Lynde Creek watershed and stream corridors, in terms of flows and erosion, resources protection and development. The Study will also support watershed management objectives as directed by the 2012 Lynde Creek Watershed Plan (CLOCA).

The Process

The Class EA study is keeping with the Ontario Environmental Assessment Act and is following the Class EA Schedule B requirements (Master Plan Approach #2) of the Municipal Class EA document (2000, as amended in 2007, 2011 and 2015) published by the Municipal Engineer's Association.



Public Information Centre

Input from the public is important to this study. The first of two (2) Public Information Centers (PICs) for this Class EA study is scheduled for:

Date: June 5, 2018

Location: Council Chambers Lobby, 575 Rossland Road East, Town of Whitby

Time: 6:00 PM - 8:00 PM

The PIC will be conducted in an open house (drop-in) format with display material available for review. The focus of the PIC will be to present the purpose and scope of the study with assessment of existing conditions (e.g. natural heritage, ecosystem health) within the watershed including study area, problems being addressed (e.g. flooding, erosion and future land use). Representatives from the Study Team will be in attendance to answer questions and discuss the next steps in the process. To learn more, visit the project website:

<https://www.whitby.ca/en/townhall/currentstudies.asp>.

If you have any questions, comments, require further information or would like to be added to the study mailing list, please contact:

Antony Manoharan, P. Eng.

Water Resources Engineer, Project Manager
Town of Whitby
575 Rossland Road East
Whitby, Ontario L1N 2M8
Telephone: 905.430.4300, ext. 2346
Email: manoharana@whitby.ca

Eric Cameron

Infrastructure Planner / Enforcement Officer
Central Lake Ontario Conservation Authority
100 Whiting Avenue
Oshawa, Ontario L1H 3T3
Telephone: 905.579.0411, ext. 158
Email: ecameron@cloca.com

Karl Grueneis

Senior Environmental Planner
AECOM
45 Goderich Road, Suite 201
Hamilton, Ontario, L8E 4W8
Telephone: 905.390.2025
Email: karl.grueneis@aecom.com

Please note the information gathered throughout the study is being collected in accordance with the *Freedom of Information and Protection of Privacy Act*. With the exception of personal information, all comments received become part of the public record and may be included in study documentation which will be available for public review.

If you prefer to receive further notifications for this study by email, please advise one of the Study Team members (contact information above) by email and/or letter.

Sincerely,

AECOM Canada Ltd.



Senior Environmental Planner
Karl.grueneis@aecom.com

Cc: Antony Manoharan, P. Eng. (Town of Whitby)
Eric Cameron (CLOCA)
Paul Frigon, P.Eng (AECOM)