

The Public Records (Scotland) Act 2011

NHS Golden Jubilee (National Waiting Times Centre Board)

Progress Update Review (PUR) Report by the PRSA Assessment Team

9th December 2022

Contents

1. The Public Records (Scotland) Act 2011.....	3
2. Progress Update Review (PUR) Mechanism.....	3
3. Executive Summary.....	3
4. Authority Background.....	4
5. Assessment Process.....	4
6. Records Management Plan Elements Checklist and PUR Assessment.....	5-10
7. The Public Records (Scotland) Act Assessment Team's Summary.....	11
8. The Public Records (Scotland) Act Assessment Team's Evaluation.....	11

1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for NHS Golden Jubilee. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

The National Waiting Times Centre Board is commonly known as the NHS Golden Jubilee and, although geographically situated in the NHS Greater Glasgow and Clyde catchment area, it operates outwith that NHS territorial Board.

The authority states: “The NHS Golden Jubilee is unique within the NHS. A national institution, independently run by its own NHS Board, the NHS Golden Jubilee is helping to re-define the concept of the public hospital, with a vision of “Leading Quality, Research and Innovation” for NHS Scotland. Set in a modern, purpose built environment the facility combines a top quality hospital with hotel, and conference facilities and centres for research, clinical skills and innovation. This integrated approach, with a focus on continuous learning and strong links to academia and industry, creates a crucible for innovation and a vibrant network for the spread of learning and best practice. Our patient-led approach to healthcare encourages an ethos that is open, questioning and participative; everyone is encouraged to speak out and be actively involved in the quest for continuous improvement and innovation.”

The Act of Parliament which created the Golden Jubilee allows for the creation of an overarching Board, which is responsible for setting strategic direction, monitoring performance against objectives and ensuring high standards of corporate governance. The Board has its own committee structure and can delegate responsibilities to these as it considers fit. Currently there are six Executive Directors and eight Non-Executive Directors, including the Chair and Employee Director.

The Board members are personally and corporately accountable for the Board's actions and decisions. They also scrutinise plans and proposals and hold the Chief Officer and Senior Leadership Team (SLT) to account.

<http://www.goldenjubileefoundation.org/>

5. Assessment Process

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

Key:

G	The Assessment Team agrees this element of an authority's plan.	A	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
----------	---	----------	---	----------	--

6. Progress Update Review (PUR) Template: National Waiting Times Centre Board Commonly known as 'NHS Golden Jubilee'

Element	Status under agreed Plan 05APR17	Progress status 08OCT21	Progress status 09DEC22	Keeper's Report Comments on Authority's Plan 05APR17	Self-assessment Update 30JUL21	Progress Review Comment 08OCT21	Self-assessment Update as submitted by the Authority since 08OCT21	Progress Review Comment 09DEC22
1. Senior Officer	G	G	G	Update required on any change.	No Change.	Thank you for letting the Assessment Team know there have been no changes to this element.	No Change. This remains Colin Neil, Director of Finance.	Thank you for letting the Assessment Team know there have been no updates to this Element. Update required on any change.
2. Records Manager	G	G	G	Update required on any change.	NHSGJ Information Governance Manager has taken the additional role of Vice Chair of the National NHS Scotland Records Management Forum. This will be for a period of 2 years and commenced in April 2021.	Thank you for this update.	No Change. This remains Sharon Stott, Information Governance Manager.	Update required on any change.
3. Policy	G	G	G	Update required on any change.	<p>NHSGJ continues to be committed to a planned approach to the management of records within the organisation from creation to disposal.</p> <p>The Board continues to review and develop policies and guidelines to support staff with records management. In the last 12 months, considerable time has been spent, by the Information Governance Assistant, with the support of the Information Governance Manager, reviewing and ensuring that existing documentation and guidelines are current and up to date.</p> <p>NHSGJ continue to work and develop guidance and supporting documentation in collaboration with the wider NHSScotland to support a consistent "Once for Scotland" approach. This includes documentation such as the NHS Scotland Intra Information Sharing Accord.</p>	<p>The Assessment Team acknowledges that NHSGJ is taking steps to maintain its records management policy framework. Periodical reviews of this framework are also encouraged.</p> <p>Working collaboratively with other NHS Boards is also to be commended as this is likely to result in a broader understanding of the NHS Scotland records management challenges and their remedies. The Assessment Team look forward to further updates on the implementation of 'Once for Scotland' in consecutive PURs.</p>	<p>NHSGJ Policies are accessible to all staff on the Board's Sharepoint site.</p> <p>The Information Governance Team are responsible for the review and update of all policies in relation to records management.</p> <p>The team will receive alerts from the Sharepoint site 3 months before a policy is due for renewal, this will ensure adequate time for review and update.</p> <p>The Effective Management of Records Policy is currently under review.</p> <p>Document Version Control and Naming Conventions Protocol is currently under review.</p> <p>Guidance for Information Asset Owners and Information Asset Administrators is currently under review.</p>	<p>The Assessment Team thanks you for this update on NHSGJ's Records Management policy suite accessibility, review schedule, and review procedure.</p> <p>Thank you also for letting us know that key policies are currently under review. The Assessment Team trusts the review of these will be completed as soon as practicable.</p> <p>Update required on any change.</p>
4. Business Classification	A	A	A	...this <i>Business Classification Scheme</i> is not yet fully operational in the Board. The <i>Plan</i> states (page 15): "The BCS will act as a foundation for a future document filing structure at the GTF [the Board], with a	Work continues to be developed at a National level with the Business Classification Scheme and Retention Schedule. These are reviewed and updated at the	Thank you for this update on the national-level 'Once for Scotland' development of Business classification Scheme and Retention Schedule.	National implementation of Microsoft365 and Sharepoint, as Boards' document management system, continues to be developed,	Thank you for this update which reflects commendable progress made collaboratively

				<p>commitment for the implementation of this structure within the next 2 years.” The Keeper agrees this action and requires that the Board update him as this project progresses. The Keeper notes that the Board committed to do this in a Senior Management Team meeting (October 2016) where the minutes record “Updates on the expected timeline for work on the implementation of the Business Classification Scheme will be shared with the Keeper of the Records” The Keeper thanks the Board for this commitment.</p> <p>The Keeper agrees this element of the National Waiting Times Centre Board’s Records Management Plan under ‘improvement model’ terms. This means that the authority has identified a gap in their records management provision (the Business Classification Scheme is not fully rolled-out in the authority), and the Keeper acknowledges that they have put processes in place to close that gap. His agreement is conditional on being updated as the project progresses.</p>	<p>monthly informal meetings for RM leads.</p> <p>The National NHS Records Management Forum continues to engage with the various different bodies involved in the implementation of M365.</p> <p>Locally, the Information Governance Assistant has attended PRSA Surgeries and Workshops to gain knowledge and understanding of the Act and the requirements of the organisation. The Information Governance Assistant supports IAO/As with records management, this includes supporting the delivery of training.</p>	<p>Working in collaboration with the NNHS Records Management Forum is reassuring as the M365 implementation is likely to take time. Continuing engagement with the PRSA through their surgeries is also commended, as this shows commitment to compliance and continuous improvement.</p> <p>This element remains at Amber while this work is ongoing.</p> <p>The Assessment Team looks forward to updates in subsequent PURs.</p>	<p>with consideration on the records management functionality and how this will be managed at Board level. Updates regarding the development of this is discussed at the national forums.</p> <p>The national BCS and retention schedule, which was developed with the national NHS Scotland Records Management Forum has now been completed. NHSGJ intends to adopt this BCS once Sharepoint has been fully implemented. Because of the nature of the work involved, across NHS Scotland, with consideration across all disciplines this will take some time to reach completion.</p> <p>The national RM Forum is also developing a change request process for the BCS that will be deployed across NHS Scotland. This is currently in draft. Once finalised, this will be submitted as evidence with future PURs.</p> <p>Evidence:</p> <p>1. NHSS BCS Retention Schedule v2.0 2021-12-16.xlsx</p>	<p>across the Scottish NHS Health Boards, and that conversations will remain ongoing with regard to meticulous implementation.</p> <p>The receipt of a copy of the NHS Scotland national Business Classification System Retention Schedule is acknowledged with thanks.</p> <p>This Element will remain at Amber until the Business Classification Scheme has been fully implemented. This can only take place after SharePoint and the M365 digital records management system is fully operational. As recognised by NHSGJ, it is likely to take some time to reach completion.</p> <p>The Assessment Team looks forward to updates in subsequent PURs and commends NHSGJ for continuing to make steady progress.</p>
5. Retention Schedule	G	G	G	<p>Update required on any change.</p>	<p>As stated in Element 4, the Board is implementing a “once for Scotland” NHS Scotland Business Classification Scheme and Retention Schedule.</p> <p>The Board currently has an NHSGJ Retention Schedule in place which was provided with the RMP. This Retention Schedule is regularly reviewed and updated. This will be replaced with the new NHS Scotland BCS and Retention Schedule once completed.</p> <p>The Board also adheres to the updated Scottish Government Records Management Code of Practice.</p>	<p>Thank you for this update confirming that NHSGJ continues to have appropriate systems in place for records retention. The Team are reassured by the adherence to the Scottish Government RM Code of Practice.</p> <p>We look forward to an update on the progress of this uniform NHS Scotland approach regarding retention schedules in consecutive PURs.</p>	<p>NHSGJ has adopted the national retention schedule, outlined in Element 4 above and submitted as evidence.</p> <p>The Board will also adopt the change request process, outlined above once it has been finalised and approved by the RM Forum.</p> <p>We are also assisting with the review of the current version of the Scottish Government’s Records Management Code of Practice. Further updates will be provided to the Assessment Team in future PURs.</p>	<p>Thank you for sharing this update with the Assessment Team. It is good to hear that the national retention schedule has now been adopted, and that a unified change request process is also soon to be implemented.</p> <p>Thank you also for letting us know that NHSGJ is assisting with the review of Scottish Government RM Code of Practice.</p>

6. Destruction Arrangements	A	G	G	<p><u>Paper (external)</u>: The authority holds paper records with a third party storage supplier. A redacted contract has been supplied for the Keeper's consideration. The records held with supplier are not currently subject to destruction under the agreed (30 year) retention schedules. The Keeper requires the Board to address the future arrangements for the disposal (destruction or archiving) of these records an update him when appropriate.</p> <p><u>Electronic</u>: The Board make the following statement regarding the controlled destruction of electronic records: "As part of the ongoing assessment and review of Records Management at GJF, a records audit will be undertaken and an Information Asset Register will be created. This register will identify Information Asset Owners and Information Asset Administrators who will take the lead in supporting a data cleanse within the organisation. This will be in conjunction with the development and adoption of a formalised Board procedure for all staff to adhere to on the retention and destruction of electronic records, including email." The Keeper agrees that the development of an information asset register will assist in the implementation of the systematic destruction of records held electronically.</p> <p>... He agrees the destruction of electronic records section of this element on 'improvement model' terms. This means that he is satisfied that the authority has put in place a programme to close an acknowledged gap in provision. His agreement is conditional on his being updated as this project progresses (see element 4).</p>	No change. The work highlighted in last year's PUR continues. Training also continues to be delivered to all Board IAOs and IAAs, this includes retention and destruction of records.	Thank you for letting us know that there have been no significant changes to this element. The Assessment Team encourages NHSGJ to keep providing the records management training at higher levels of staff as this is likely to result in better organisation-wide outcomes.	<p>Based on the Assessment Team's feedback on last year's PUR on Element 6, we have widened the training to include more senior managers. The uptake has been encouraging and the feedback from the training positive. As a result of this, we are seeing earlier engagement from Managers regarding the management of records with particular consideration to the retention and destruction, where appropriate.</p> <p>IAOs continue to provide update reports to the Information Governance Group. These reports highlight how their teams are managing their records and also evidencing the culling of old documents and records. This will also support good records management as we migrate fully to M365.</p>	<p>This update is a very positive one – it is great to hear that the PUR process has prompted the widened provision of records management training to senior management, and that this has proved beneficial.</p> <p>Thank you also for confirming that Information Asset Owners continue to keep the Information Governance Group up to date on a regular basis.</p> <p>The implementation of M365 will have significant implications on automated digital records retention and destruction processes. It is good to hear that NHSGJ continues to consider the implications of the M365 project.</p>
7. Archiving and Transfer	G	G	G	Update required on any change.	No Change.	Update required on any change.	No Change. This remains the National Records of Scotland as archivists to NHSGJ. A Memorandum of Understanding has been agreed between NHSGJ and National Records Scotland to house any records that may be of national interest.	<p>Thank you for confirming that an MoU with NRS continues to be operational.</p> <p>Update required on any change.</p>
8. Information Security	G	G	G	Update required on any change.	NHSGJ is currently in the process of a NIS Directive audit. We have submitted evidence and received some interim feedback, however the audit is scheduled to be completed at the end of 2021, with the site visit scheduled for	That NHSGJ is currently undertaking a Network and Information Systems Directive audit is welcome news. We look forward to hearing about the results of this in consecutive PURs.	The Board has completed its first NIS Directive audit. Results from this audit show compliance within the national NHS Scotland average. Some areas of the final audit report highlighted resource constraints within the	The Assessment Team is grateful for this update on the results of the recent NIS Directive audit. It is positive that NHSGJ is taking action based on

				<p>Nov 2021. A final report will be submitted to the Board by the auditor early 2022 which will highlight recommendations for the Board to complete.</p> <p>The NIS Directive Audit continues to be a standing agenda item on the Board's Information Governance Group and is supported at a senior level.</p> <p>Cyber Risk and Assurances are now a standing agenda item on the Board agenda with a cyber-presentation scheduled for the next Board meeting in September 2021.</p> <p>The Board continues to be Cyber Essentials accredited.</p>	<p>That Cyber Risk and Assurances are a standing item on the Board agenda is also noted with thanks. The Cyber Essentials Accreditation status of the Board is also to be commended.</p>	<p>department which could impact progression and development required for Board improvement. As a result, the Board Senior Management Team has approved an additional role within the Information Governance team to support information security and cyber compliance. The Cyber Compliance Officer post is currently being finalised by the HR team and ready to go out to advert in the coming weeks. Further updates will be provided to the Assessment Team in future PURs.</p>	<p>these results, namely by commencing the recruitment process for a Cyber Compliance Officer. The Team looks forward to hearing of further progress made in this area in subsequent PURs.</p>
9. Data Protection	G	G	G	<p>Update required on any change.</p> <p>Since the departure of the UK from the European Union, the Board recognises the development of the existing EUGDPR to fully support a UKGDPR. The Board continues to be advised and supported by the DPO regarding these continual changes to regulation. The Board's DPO is a member of the NHS Scotland Information Governance Forum and receives continual guidance and updates from that Forum, the ICO and other recognised authorities in relation to the ever changing landscape regarding international data transfer adequacy agreements, ensuring the Board's data processing is compliant.</p> <p>The NHSGJ current data protection training material has now been adopted across all national Boards. The programme will be taken to the national IG Forum for consideration for it to be adopted across all NHS Scotland Boards.</p>	<p>Thank you for this reassuring update on GDPR adherence, and awareness of relatively recent changes to this. It is also good to see that NHSGJ is actively liaising with other bodies in order to keep up with all changes to the UK data protection landscape.</p> <p>Data Protection training provision and the NHSGJ training materials' distribution across all national Boards is also noted with thanks. This is an excellent way to share best practice with colleagues.</p>	<p>NHSGJ is currently preparing for an audit from the Information Commissioner's Office (ICO). This audit will be across all NHS Scotland Boards. Early audit specification has been shared via the national IG Forum. Discussions are taking place with ICO regarding the format and timescale of the audit. Results of this audit will be shared at the next scheduled PUR.</p> <p>NHSGJ Senior Management team have also approved an additional permanent Information Governance post. This post, in addition to the one detailed above in element 8, is currently being finalised by the HR team and ready to go out to advert in the coming weeks.</p>	<p>Thank you for updating the Assessment Team on the upcoming ICO audit covering all NHS Scotland Boards, and agreeing to share the results with the Assessment Team in the next PUR.</p>
10. Business Continuity and Vital Records	G	G	G	<p>Update required on any change.</p> <p>No Change.</p>	<p>Update required on any change.</p>	<p>NHSGJ continues to develop and update Business Continuity Plans ensuring records management is a core part of the plans. A Board Resilience group has been stood up. This group oversees the management of Business Continuity Plans, working</p>	<p>Thank you for this positive update on increasingly robust Business Continuity overseeing arrangements through the establishment of a Board</p>

							<p>closely with the Information Governance Team.</p> <p>As the Information Governance Team develops and expands, a Business Continuity Manager post will be advertised to help support this area. The post holder will provide assurance around business continuity and disaster recovery systems and change processes within eHealth and the wider organisation. This has recently been approved. Updates will be provided to the Assessment Team on future PUR submissions.</p>	Resilience Group, and the planned Business Continuity Manager post.
11. Audit Trail	G	G	G	Update required on any change.	No Change.	Update required on any change.	<p>As we continue to migrate business and records to M365, the tools within the Microsoft platform will allow the Board to track end user and any administrative activity within records. It will also provide tools to support any necessary investigations.</p> <p>The Board is also currently undergoing changes to the Fairwarning system which is currently the platform to monitor end user access to clinical and non-clinical records. The Fairwarning system has been upgraded and currently being rolled out, in phases, to NHS Scotland. This upgrade will provide better interface across various systems, help produce more sophisticated and meaningful reports and help identify changes to information and records.</p>	<p>Thank you for this positive update on ongoing migration of records to the new platform (M365). Once fully implemented, this will assist NHSGJ to better track audit trail information.</p> <p>The Assessment Team also appreciates the update on the current clinical and non-clinical records access monitoring system (Fairwarning), and that this is undergoing an upgrade. This suggests that robust arrangements continue to be in place while the M365 implementation is ongoing.</p>
12. Competency Framework	G	G	G	Update required on any change.	<p>No change. Training continues to be delivered to staff in relation to their responsibilities regarding creating and processing records. All staff are required to complete the mandatory data protection training every 2 years, this training includes robust records management.</p> <p>There also continues to be specific training delivered to Board IAO/A regarding the further responsibilities that are required of them.</p>	The Assessment Team is grateful for this update on continuing commitment to staff training, including at Board level.	<p>The Information Governance Manager continues with own personal development in relation to Records Management, in particular the Microsoft 365 platform. Several workshops and training sessions over the last 12/24 months has helped to develop and increase knowledge and understanding of Records Management within the Microsoft environment.</p> <p>All staff within the organisation are aware of their responsibilities within</p>	<p>It is very reassuring to hear that the Information Governance Manager is engaging with training relevant to the new M365 platform while its implementation is still in progress. This will be beneficial in the long run in terms of understanding how the new system functions and where the possible challenges are likely to lie.</p>

							records management. Mandatory training, including records management, is compulsory for all staff to undertake, with renewal of this every 2 years. IAO/A training is also delivered, in conjunction with the mandatory training. This training (material has been provided to the assessment team in previous PURs as evidence) pays particular attention to records management, identifying owners, registering the record on the IAR and highlighting all the necessary requirements to be undertaken within UK GDPR, PRSA to name a few.	The Assessment Team is grateful for the update on continuing commitment to staff records management training, particularly highlighting the requirements of the legal framework.
13. Assessment and Review	G	G	G	Update required on any change.	The Board's RMP and review of records and systems continues to be a standing agenda item at the Information Governance Group. We publish our RMP and PUR reports from the Keeper's Assessment Team on our public facing website.	Thank you for this update which has been noted. The authority's continuing participation in the PUR process is also commended.	No change. The Board's RMP and review of records and systems continues to be a standing agenda item at the Information Governance Group. We will continue to engage with the Keeper's Assessment Team, submitting annual Progress Update Reviews.	Thank you for letting us know that there have been no major updates to this Element. The authority's continuing participation in the PUR process is commended.
14. Shared Information	G	G	G	Update required on any change.	There is no change to this element, however I would like to refer to the NHS Scotland Intra Information Sharing Accord, as previously mentioned. This Accord supports NHS Boards to share information as part of their BaU. These sharing of information are still appropriately risk assessed using the DPIA questionnaire.	Thank you for letting the Assessment Team know there have been no significant changes to this element, as well as the update on NHS Scotland Intra-Information Sharing Accord and its continuing support of business-as-usual operations.	No change. NHSGJ continues to share information, appropriately, with other organisations ensuring appropriate information governance and risk assessment measures are followed and in place. NHS Scotland's Intra-Information Sharing Accord is currently being updated with additional accords being developed to widen scope across the management of workforce. NHS Scotland Records Management Forum has also been involved in this exercise to ensure all disciplines are considered.	The Assessment Team thanks you for this update on information-sharing arrangements, including the review and update of NHS Scotland's Intra-Information Sharing Accord. It is positive to hear that NHSGJ continues to work with other Scottish NHS Boards to share approaches and improve records management practices at national level.

7. The Public Records (Scotland) Act Assessment Team's Summary

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 28 July 2022. The progress update was submitted by Sharon Stott, Information Governance Manager & Data Protection Officer (DPO).

The progress update submission makes it clear that it is a submission for **NHS Golden Jubilee**.

The Assessment Team has reviewed NHS Golden Jubilee's Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

NHS Golden Jubilee continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

8. The Public Records (Scotland) Act Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that NHS Golden Jubilee continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by



Iida Saarinen
Public Records Support Officer