

The Public Records (Scotland) Act 2011

NHS 24

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

02 December 2022

Contents

1. The Public Records (Scotland) Act 2011.....	3
2. Progress Update Review (PUR) Mechanism.....	4
3. Executive Summary.....	5
4. Authority Background.....	5
5. Assessment Process.....	6
6. Records Management Plan Elements Checklist and PUR Assessment.....	7-21
7. The Public Records (Scotland) Act Assessment Team's Summary.....	22
8. The Public Records (Scotland) Act Assessment Team's Evaluation.....	23

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 24. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

NHS 24 is a Special Health Board responsible to Scottish Ministers through the Scottish Government Health and Social Care Directorates. The NHS (Scotland) Act 1978 and subsequent legislation defines the overall aims for Health Boards, including NHS 24. NHS 24 was constituted on 6 April 2001 under the NHS 24 (Scotland) Order 2001, No. 137. For policy/administrative purposes, NHS 24 is a Non Departmental Public Body (NDPB), classified as an NHS body. The Board has corporate responsibility for ensuring that NHS 24 fulfils the aim[s] and objectives set by the Scottish Ministers and for promoting the efficient and effective use of staff and other resources by NHS 24 in accordance with the principles of Best Value. NHS 24 is also Scotland's provider of a national telehealth service. Specifically, the role of NHS 24 is to:

- Triage calls, assess patients' symptoms and refer patients to the most appropriate healthcare professional within an appropriate timescale based on clinical need;
- Work in partnership with local health services provided by NHS Boards, NHS staff organisations and local communities through integration with other parts of the NHS - in particular, the Primary Care Out-of-Hours Services provided by NHS Boards throughout Scotland, the Scottish Ambulance Service and the Acute Hospitals' Accident and Emergency Departments;
- Support the health improvement agenda across Scotland by working in partnership with local Boards to provide added value services where and, when required, utilising the IT telephony and infrastructure to benefit patients 24 hours a day.

Effective strategic engagement between the SG and NHS 24 is essential in order that they work together as effectively as possible to maintain and improve public services and deliver improved outcomes. Both the SG and NHS 24 will take all necessary steps to ensure that their relationship is developed and supported in line with the jointly agreed principles set out in the statement on 'Strategic Engagement between the Scottish Government and Scotland's NDPBs'.

<http://www.nhs24.com/>

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.
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6. Progress Update Review (PUR) Template: NHS 24

Element	Status of elements under agreed Plan 08DEC17	Status of evidence under agreed Plan 08DEC17	Progress assessment status 02DEC22	Keeper's Report Comments on Authority's Plan 08DEC17	Self-assessment Update as submitted by the Authority since 08DEC17	Progress Review Comment 02DEC22
1. Senior Officer	G	G	G	Update required on any change.	<p>Update as below:</p> <p>Chief Executive New Chief Executive in post from April 2021, Mr Jim Miller</p> <p>Senior Information Risk Owner Mrs Ann-Marie Gallacher, Chief Information Officer</p> <p>NHS 24 have identified Mrs Gallacher as the individual with overall responsibility for records management in the authority.</p> <p>We have provided the following evidence:</p> <ul style="list-style-type: none"> Updated signed CEO letter (Evidence item 1) 	The Keeper's Assessment Team thanks you for this update which has been noted. Thank you also for the letter from CEO acknowledging these updates.
2. Records Manager	G	G	G	Update required on any change.	No Change. Mr Sanny Gibson remains the individual with day-to-day responsibility within NHS 24 for implementing the Records Management Plan (RMP), although as stated in Element 1 our CEO and SIRO have	Thank you for confirming that the Records Manager named under Element 2 remains unchanged.

					changed, and an update has been provided.	Update required on any future change.
3. Policy	G	G	G	Update required on any change.	<p>NHS 24 continues to be committed to a planned approach to the management of records within the organisation from creation to disposal. The NHS 24 RMP has been endorsed by our Chief Executive, please see Evidence item 1.</p> <p>NHS 24 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 Administrator, with the support of the Head of Information Governance and Security & DPO and the Deputy Head of Information Governance and Security & Deputy DPO, reviewing and ensuring that existing documentation and guidelines are current and up to date.</p> <p>The review of policies has included the update of our Records Management Policy to version 3.</p> <p>We have provided the following evidence:</p> <ul style="list-style-type: none"> • Updated signed CEO letter (Evidence item 1) • Records Management Policy v3.0 (Evidence item 2) • Intranet Pages (Evidence item 3) 	<p>Thank you for this update, provided alongside Chief Executive's Endorsement of the NHS 24 RMP (received with thanks).</p> <p>It is also great to hear that Records Management Policy has been reviewed and updated alongside a suite of relevant policies and guidelines.</p> <p>We also acknowledge the receipt of v3.0 of NHS 24's Records Management policy, and an extract from the Intranet pages. Many thanks for providing these.</p> <p>The Assessment Team has no concerns over NHS 24's compliance under this Element.</p>

4. Business Classification	A	G	A	<p>The <i>Records Management Policy</i> (see element 3) requires that NHS 24 will “Establish a Business Classification Scheme” and “establish and maintain mechanisms through which all departments and services can register the records (and information assets) they create and maintain...” (<i>Records Management Policy</i> sections 2.1 and 4.2).</p> <p>With these commitments in mind NHS 24 are creating a <i>Business Classification Scheme</i>. This is shown in the Plan as being “still under development” and “The BCS will be developed to a new network share drive”</p> <p>The Keeper agrees this element of NHS 24’s <i>Records Management Plan</i> under ‘improvement model’ terms. This means that an authority has identified a gap in its records management provision (in this case that the <i>Business Classification Scheme</i> is not fully developed), but has put processes in place to close that gap. The Keeper’s agreement is conditional on his being updated as the project progresses.</p>	<p>NHS 24 were working to develop a Business Classification Scheme (BCS) based on the NHS National Services Scotland platform (NHS NSS). As part of the NHS Scotland national contract with Microsoft for the use of Microsoft 365 the decision was reached to move to Microsoft SharePoint Online (SPO), rather than move to the network share drive which had been set up as the new repository.</p> <p>NHS 24 are now working to develop our BCS using the NHS Scotland BCS structure on SPO.</p> <p>NHS 24 are continuing to work with internal stakeholders to develop our BCS to ease migration to SPO with the NHS Scotland design.</p> <p>We have provided the following evidence:</p> <ul style="list-style-type: none"> • SPO Document Library structure shared with Microsoft (Evidence item 4) • NHSS BCS (Evidence item 5) 	<p>Thank you for this update on NHS 24’s approach to the development of a Business Classification Scheme. While work had previously been undertaken with a different approach, it is noted that the current aim is to develop a BCS that adheres to the NHSS BCS structure on Microsoft SharePoint Online. This is an entirely reasonable approach.</p> <p>The receipt of SPO Document Library Structure document, and the NHS Scotland’s shared BCS, is noted with thanks.</p> <p>While progress has clearly been made, the Element will remain at Amber as the work is ongoing.</p>
	G	G	G	Update required on any change.	We have updated the NHS 24 Records Retention Schedule, incorporating	The Assessment Team is grateful for this

5. Retention Schedule					<p>elements from the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 and localised NHS 24 records retentions.</p> <p>It should also be noted that NHS 24 had elements inserted into the 2020 release of the Code of Practice relating to the retention periods for specific records.</p> <p>We have provided the following evidence:</p> <ul style="list-style-type: none"> • Records Retention and Destruction Policy (Evidence item 6) • Retention Schedule (Evidence item 7) • 2020 Code of Practice (Evidence Item 8) 	<p>update on records retention schedule arrangements. The recent review and update of the Retention Schedule is noted with thanks. NHS 24's involvement with the development of 2020 Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 is also a positive sign of continuing focus on best practice records management.</p> <p>The receipt of the evidence provided is acknowledged with thanks.</p>
6. Destruction Arrangements	A	G	A	<p>NHS 24 commit to establishing "Records Management good practice in relation to the...disposal of NHS 24 records." And to "ensure that records are retained and disposed of appropriately, using consistent and documented retention and disposal procedures" (<i>Records Management Policy – see element 3 – section 2.1</i>) and that "records management is a discipline which utilises an</p>	<p>NHS 24 completed the negotiation of the paper record destruction with the 3rd party contractor. There is now an agreement in place with the third-party contractor for the placement of tamper proof confidential waste containers in all sites and weekly collection for secure destruction.</p> <p>NHS 24 has appointed Information Asset Owners and Information Asset</p>	<p>Thank you for this update on both paper and electronic records destruction arrangements, including Information Asset Register administration, and the evidence provided. It is evident that NHS 24 is taking steps to improve</p>

				<p>administrative system to direct and control the...disposal of records in a way that is administratively sound, at the same time serving the operational needs of NHS 24..." (Policy and Record Retention and Destruction Policy – see below – section 4.1).</p> <p><u>Paper (internal)</u>: NHS 24 generally destroy hard-copy records internally using appropriate shredding specifications (shared with the Keeper). This is supported by statements in the <i>Records Retention and Destruction Policy (see element 5)</i> for example at section 4.24. Proposals to contract this service out to a third party are being actively pursued at the time of assessment. The Keeper requests that he is updated regarding this.</p> <p>Electronic: In common with many Scottish public authorities, NHS 24 is not satisfied that the controlled deletion of those records held electronically on shared drives is being universally carried out efficiently. With this in mind, they state in the Plan (page 15) "As the review of current network share drives continues then a data cleanse of information will take place and an NHS 24 wide procedure will be formalised for adoption by all NHS 24 staff to ensure</p>	<p>Administrators who monitor access to the data that they own. This information is shared with our managed services provider and reviewed by the Information Governance and Security team.</p> <p>The Information Governance and Security team have quarterly meetings with the Information Asset Administrators in relation to entries on the Information Asset Register, and request updates on the information for destruction.</p> <p>In preparation for the move to the new Active-Active data centre set-up developed as part of the Connect programme a review of the current network share drives is underway to remove redundant information.</p> <p>We have provided the following evidence:</p> <ul style="list-style-type: none"> • Folder Ownership cover sheet (Evidence item 9) • Paper Records Destruction (Evidence item 10) • Drive destruction (Evidence item 11) 	<p>accountable records destruction processes and practices, and that these are monitored on a regular basis.</p> <p>While progress is being made, this Element will remain at Amber while the review of network share drives is ongoing. The future data centre set-up should hopefully help NHS 24 make records destruction more consistent across the organisation, and the Assessment Team looks forward to future PUR updates on this Element.</p>
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				<p>compliance with the NHS 24 Records Retention and Destruction Policy.” This is supported by the ‘actions’ column against this element: “As the review of current network share drives continues then a data cleanse of information will take place and an NHS 24 wide procedure will be formalised for adoption by all NHS 24 staff to ensure compliance with the NHS 24 Records Retention and Destruction Policy.” The Head of Information Governance and Security (see element 2) is lead officer on this work. The Keeper agrees these actions and requires that NHS 24 report progress when appropriate.</p> <p>The Keeper agrees this element of NHS 24’s <i>Records Management Plan</i> under ‘improvement model’ terms. This means that an authority has identified a gap in its records management provision (in this case that the deletion of electronic records is not fully developed), but has put processes in place to close that gap. The Keeper’s agreement is conditional on his being updated as the project progresses.</p>		
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7. Archiving and Transfer	G	A	G	<p>NHS 24 have identified the National Records of Scotland (NRS) as the appropriate repository for records identified as suitable for permanent preservation.</p> <p>The Keeper agrees this element of NHS 24's Records Management Plan under 'improvement model' terms. This means that he acknowledges that the authority has identified a gap in provision (there is no formal transfer agreement with the archive) and have put processes in place to close that gap. The Keeper's agreement is conditional on his PRSA Assessment Team being provided with a copy of the signed MOU when available.</p>	<p>NHS 24 have finalised the Deposit Agreement and it is currently with the NRS procurement team for signature.</p> <p>NHS 24 currently have an agreement to archive their Websites (NHS24.scot, NHSInform.scot and SCTT.org.uk) with NRS Web Archive.</p> <p>NRS contacted NHS 24 seeking permissions to archive the NHS 24 Twitter content in relation to Covid-19; due to the key role that Twitter played in communicating key information and announcements to the public during the pandemic, the permissions note was signed by NHS 24 in August of 2020 and extended from 12 to 18 months in September of 2021.</p>	<p>Thank you for this positive update on imminent Deposit Agreement finalisation, and the arrangements regarding website archiving.</p> <p>The Keeper's Assessment team also thanks for the positive update on COVID-19 archiving with regard to announcements and information disseminated to the public via social media.</p>
8. Information Security	G	G	G	Update required on any change.	<p>NHS 24 have updated their eLearning and introduced a new module 'Stay Safe Online' (which is produced by the UK National Cyber Security Centre) in July 2020, which primarily focuses on information security issues that may arise.</p> <p>NHS 24 have been progressing group access controls, with the Information Governance & Security team providing advice, when required.</p> <p>NHS 24 are reviewing an updated MetaCompliance software package, that</p>	<p>This positive update on continuing and reviewed information security arrangements is noted with many thanks.</p> <p>The plan to obtain Cyber Essentials Accreditation this year is also a positive step.</p> <p>The policies provided as evidence are acknowledged with</p>

					<p>will allow additional functionality and allow monitoring of staff awareness of policies.</p> <p>As an Operator of Essential Service (OES) under the Network and Information Systems Regulations 2018 (NISIR) NHS 24 have the forthcoming NISR audit as a standing agenda item on the Information Governance and Security Group and this is supported at a senior level.</p> <p>NHS 24 is working towards obtaining Cyber Essentials accreditation in 2022.</p> <p>Our information security policies have been updated and in evidence we have provided the following updated policies:</p> <ul style="list-style-type: none"> • Clear desk Clear Screen Policy (Evidence 12) • Incident Management Policy (Evidence 13) • Information Security Policy (Evidence 14) • Password Management Policy (Evidence 15) 	<p>thanks. The Assessment Team and recognises that NHS 24 is taking steps to maintain its focus on this Element.</p>
<p>9. Data Protection</p>	G	G	G	<p>Update required on any change.</p>	<p>Following the introduction of The Data Protection Act 2018 and the UK GDPR, the Information Governance and Security team have been working with the Project Team and other authors, providing advice on the completion of Data</p>	<p>The Assessment Team thanks you for this update on Data Protection compliance on the course of NHS 24's data processing</p>

					<p>Protection Notices under Article 5 of the UK GDPR.</p> <p>The DPO & Deputy DPO of NHS 24 continue to advise and support directorates regarding continual changes to regulation. Both DPO & Deputy DPO are members of the NHS Scotland Information Governance Forum and continue to receive guidance and updates from that Forum, the ICO and other recognised authorities, ensuring NHS 24's data processing is compliant.</p> <p>NHS 24 publish their Data Protection Notice on their websites (Corporate policies NHS 24), and Patients calling in to NHS 24 are provided with Data Protection information on the Interactive Voice Response (IVR) system.</p> <p>All NHS 24 staff receive training on Data Protection and Information Governance at induction and must complete online refresher training every two years. This metric is measured and reported weekly internally by the Information Governance and Security Team, monthly to Information Asset Owners and quarterly at the Information Governance and Security Group.</p> <p>The public have access to the Data Protection (Our policy NHS 24) section within the NHS 24 external website,</p>	<p>activities. Thank you also for sharing NHS 24's Data Protection Notice, and other information available on NHS 24's public-facing website.</p> <p>It is clear from this update that NHS 24 continues to take its data protection and data processing responsibilities seriously.</p> <p>The receipt policy documents provided is acknowledged with thanks.</p>
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					<p>members of the public can view information in relation to their call, the NHS 24 Data Protection Notice and request a Data Subject Access Request using the webform (Data Protection form NHS 24).</p> <p>We have provided the following evidence:</p> <ul style="list-style-type: none"> • Records Management Policy v3.0 (Evidence item 2) • Subject Access Request Procedure V5.0 (Evidence item 16) • Access to Personal Information Policy v2.0 (Evidence item 17) • Data Protection Confidentiality and Privacy Policy v4.0 (Evidence item 18) 	
<p>10. Business Continuity and Vital Records</p>	<p>G</p>	<p>G</p>	<p>G</p>	<p>Update required on any change.</p>	<p>NHS 24 review their Business Recovery/Continuity Plans bi-annually.</p> <p>During the course of the pandemic NHS 24 contracted Ascensos to provide support to our frontline services for contacts regarding possible Covid-19 symptoms.</p> <p>NHS 24 were provided with weekly reports on the amount of contacts via the helpline and webchat. As per the agreed plan within NHS Scotland this programme of work ceased in April 2022.</p>	<p>Thank you for this welcome update on the impact of the COVID-19 pandemic on business continuity, and the steps taken to alleviate the increased pressure on operations by contracting a commercial provider to support frontline services.</p> <p>It is also great to hear that Business Recovery/Continuity</p>

					<p>NHS 24 are currently rolling out the Connect programme. This is a major programme which includes the migration to an Active-Active data centre set-up to improve business and operations continuity.</p> <p>The migration to SharePoint Online will also improve availability by the nature of the Microsoft Azure Tenancy.</p> <p>We have provided the following evidence:</p> <ul style="list-style-type: none"> • Business Continuity intranet page (Evidence item 19) • IT Malfunction intranet page (Evidence item 20) 	<p>Plans are continuing to be reviewed on a regular basis, and that the upcoming roll-out of Connect programme should improve overall business continuity and disaster-preparedness.</p> <p>Thank you for providing the Assessment Team with relevant extracts from NHS 24's intranet page.</p>
11. Audit Trail	G	G	G	Update required on any change.	<p>No Change. NHS 24 are moving to NHS Scotland SharePoint Online; this will provide full audit functionality and allow additional controls such as allowing information classification, automatic version control and retention labelling to be applied to documents and folders.</p>	<p>Thank you for letting the Team know there have been no major updates to this Element.</p> <p>The move to SharePoint Online is also noted with thanks. This, as NHS 24 recognises, will improve electronic record audit trail provision when fully implemented. The Assessment Team is keen to hear how this project progresses.</p>

12. Competency Framework	G	G	G	<p>NHS 24 have included Sanny Gibson's' <i>Job Description</i> (V3.0). This shows that he is responsible for providing "advice and leadership for the organisation's records management function and to manage NHS 24's Records Management Plan in accordance with the legislative framework and current good practice." The <i>Records Management Policy (see element 3)</i> confirms that the Head of Information Governance and Security: "will act as the Records Management lead and will provide guidance on all areas of Records Management. Ensuring relevant legislation and guidance are incorporated into NHS 24 practices." (<i>Policy</i> section 8.5).</p> <p>NHS 24 have provided the Keeper with their <i>Staff Handbook</i> and <i>Induction Day Agenda</i>. The Keeper agrees that both feature information governance guidance (such as "Information Governance signpost (Freedom of information). The Keeper thanks the authority for this inclusion and notes that a new staff handbook will be available shortly. If the information governance text has changed in the new version he would appreciate being sent a copy in order that he may keep NHS 24's submission up-to-date.</p>	<p>Individual training continues to be delivered to the Data champions formally the Information Asset Administrators (IAAs), highlighting their responsibilities regarding creating and processing records.</p> <p>All staff are required to complete the mandatory data protection training every two years (titled Safe Information Handling), this training includes information on records management.</p> <p>NHS 24's Information Governance & Security team are currently developing a bespoke records management eLearning module in conjunction with the NHS 24 Organisational Development Leadership and Learning team.</p> <p>NHS 24 have provided specific training to Information Asset Owners regarding the further responsibilities that are required of them, this will be aided by training with an external training provider in August 2022.</p> <p>NHS 24 no longer produce the staff handbook, although we have included the new 'Welcome to NHS 24' eLearning package which replaced the handbook.</p>	<p>Staff training and learning provision has been mentioned throughout this PUR, and it is reassuring to see that staff records management and data protection competency remains a priority at NHS 24. It is also good to hear about targeted individual training for IAAs and IAOs.</p> <p>The development of a bespoke RM eLearning module is also noted with thanks. It is understood this will complement existing, more general staff training.</p>
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				<p>NHS 24 is considering the development of further records management training for staff. Training proposals have been shared with the Keeper. He requests that he is informed if these proposals are adopted.</p> <p>The Keeper agrees that the individual identified at Element 2 has the authority and skills required to implement the <i>Plan</i> and that training is provided for staff.</p>		
<p>13. Assessment and Review</p>	<p>A</p>	<p>G</p>	<p>A</p>	<p>The Act requires a scheduled public authority to “keep its records management plan under review” (part 1 5.1 (a)).</p> <p>NHS 24 have not yet determined a methodology for reviewing implementation progress. They state (<i>Plan</i> page 26) “NHS 24 are currently reviewing the Scottish Council on Archives ARMS online self-evaluation tool for use as an assessment and review resource...” The action against this element states: “Records Management Group to assess ARMS tool with the aim of using the tool on an ongoing basis as an assessment mechanism / July 2017.” The Keeper has previously endorsed ARMS for use by Scottish public authorities. However, he also notes that NHS 24 refer to “...business tool reports, internal</p>	<p>As NHS 24 moves out of our Covid-19 pandemic measures, we have re-commenced meetings of our Records Management Group with the first meeting taking place on the 25th May 2022 and monthly thereafter. We have enclosed a copy of the updated Terms of Reference for the Records Management Group.</p> <p>During the Covid-19 pandemic measures the Information Governance and Security team meet with the IAAs from each directorate on a quarterly basis to review their Information Asset Register, and Record of Processing entries.</p> <p>This review has also been a mechanism for the Information Governance and Security team to discuss any queries the IAAs may have during the Covid-19 pandemic, prior to the re-commencement of the Records Management Group.</p>	<p>Thank you for this update on Element 13, which is concerned with the regular review of an authority’s Records Management Plan, and the accompanying suite of policies.</p> <p>Regular meetings of the Records Management Group are a reasonable way to assess continuous progress, and show commitment to records management within the organisation. It appears that NHS 24 was already prioritising this issue during the pandemic, which is great to see.</p>

				<p>and external audits...” in the <i>Records Management Policy</i> (section 5.1). Might these solutions be employed in the review of the <i>Plan</i>? The Keeper request that he is updated in the self-assessment mechanism adopted.</p> <p>The Keeper can agree this element on an ‘improvement model’ basis. This means that NHS 24 has identified a gap in provision (lack of a self-assessment mechanism) and are clearly working to identify a solution to close this gap. This agreement is conditional upon the Keeper being kept informed of progress.</p>	<p>We have provided the following evidence:</p> <ul style="list-style-type: none"> • Records Management Group ToR (Evidence item 21) • Records Management Policy v3.0 (Evidence item 2) • Records Retention and Destruction Policy (Evidence item 6) • Clear desk Clear Screen Policy (Evidence item 12) • Incident Management Policy (Evidence item 13) • Password Management Policy (Evidence item 15) 	<p>The receipt of the Terms of Reference and the suite Policies are acknowledged with thanks. NHS 24 is reminded that best practice would require them to adhere to scheduled policy review dates where possible.</p> <p>It is evident that NHS 24 has made progress in matters relevant to the assessment of the implementation of the Records Management Plan (RMP). The review of the RMP is, however, not addressed. Whilst NHS 24 should be commended for the steps it has taken to accountably implement its RMP, this Element will remain at Amber. The Team look forward to being updated on RMP review in the future.</p>
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<p>14. Shared Information</p>	<p>G</p>	<p>G</p>	<p>G</p>	<p>Update required on any change.</p>	<p>NHS 24 is part of the Intra NHS Information Sharing Accord ('the Accord'), which was agreed by all NHS Scotland Boards in 2020. The Accord was developed to facilitate the legitimate, justifiable and proportionate sharing of personal data between NHS organisations as referenced in section 2A of the National Health Service (Scotland) 1978 Act for health care purposes. The Accord supports NHS Boards to share information as part of their business-as-usual activities. This sharing of information is still appropriately risk assessed using our DPIA questionnaire.</p> <p>NHS 24 also enter into Data Sharing and Data Processing agreements, where required, when sharing data with both public bodies and private companies</p> <p>We have provided the following evidence:</p> <ul style="list-style-type: none"> • Police Scotland Information Sharing Agreement (Evidence item 22) 	<p>NHS 24's participation in the Intra-NHS Information Sharing Accord is noted with thanks. This is a good way to increase consistency in the way data is shared across NHS Boards.</p> <p>Thank you also for confirming that Data Sharing and Data Processing Agreements continue to be relevant to NHS 24.</p>
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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 24th June 2022. The progress update was submitted by Andrea Craig, Information Governance & Security Administrator.

The progress update submission makes it clear that it is a submission for **NHS 24**.

The Assessment Team has reviewed NHS 24'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 24 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 24 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

A handwritten signature in blue ink, reading "Iida Saarinen". The signature is written in a cursive style and is positioned above the printed name and title.

Iida Saarinen
Public Records Officer