

The Public Records (Scotland) Act 2011

NHS Dumfries and Galloway

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

11th November 2022

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

4. Authority Background

NHS Dumfries and Galloway serves a population of 150,000 but within a large geographical area of about 2,400 square miles. Dumfries and Galloway stretches from Langholm in the East to Drummore in the West, and from Kirkconnel and Carsphairn in the North down to Sandyhills on the Solway Coast. The Health Board employs around 4500 staff excluding GPs and Dentists.

Dumfries and Galloway Royal Infirmary is based in Dumfries and is the main hospital for the region providing a wide range of inpatient and outpatient health services. The Galloway Community Hospital serves Stranraer and the west of the region, is an intermediate unit providing maternity services, and medical & surgical beds. There are bedded units within eight cottage hospitals which provide care services such as minor injuries units. Midpark Hospital provides inpatient facilities for mental health patients.

NHS Dumfries and Galloway is comprised of directorates which includes Nursing, Midwifery and Allied Health Professionals (Occupational Therapists, Physiotherapists etc.), Medical, Finance, Workforce, Public Health, Commissioning and Strategic Planning and Health Services. The Board itself is led by the Chair and the Chief Executive, and comprises of executive team of four directors, there are ten appointed non-executive members, which include the chair, an Employees Director, Chair of the Area Clinical Forum and local authority representative.

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 Dumfries and Galloway

Element	Status of elements under agreed Plan 21MAR17	Status of evidence under agreed Plan 21MAR17	Progress review status 11NOV22	Keeper's Report Comments on Authority's Plan 21MAR17	Self-assessment Update as submitted by the Authority since 21MAR17	Progress Review Comment 11NOV22
1. Senior Officer	G	G	G	Update required on any change.	Since the last report was submitted Dr Angus Cameron has retired. The current Medical Director is Dr Kenneth Donaldson, who also fulfils the role of Senior Information Risk Officer. Jeff Ace is still the Chief Executive.	The Assessment Team thanks you for this update which has been noted.
2. Records Manager	G	G	G	Update required on any change.	NHS Dumfries & Galloway currently do not have a Corporate Records Manager, the post is vacant/not assigned to anyone. This post is being reviewed again in the near future. Laura Geddes is the Corporate Business Manager. She is no longer the named contact for Public Records Scotland. This should now be Gillian Jamieson, Head of Information Governance.	Noted with thanks.

3. Policy	G	G	G	Update required on any change.	No change to this. All NHS Dumfries & Galloway Information Governance policies and procedures are available through the Intranet.	Thank you for letting us know there have been no major changes to this Element. Update required on any future change.
4. Business Classification	A	G	A	<p>The <i>Plan</i> makes it clear that the authority has set itself targets to complete the <i>Business Classification Scheme</i> in 2016-18 and then roll it out to departments (the implementation phase) over the next two years. The Keeper agrees that, with an organisation the size of NHS Dumfries and Galloway, it is inevitable that progress will be made on an incremental basis. However, the Keeper will expect to see continual progress over the next year or so.</p> <p>... Also, see Information Asset Register under General Comments below.</p> <p>The Keeper agrees this element of NHS Dumfries and Galloway's records management plan under 'improvement model' terms. This means that the authority has identified a gap in provision (a full business classification scheme has not yet been rolled-out in the organisation) and have put measures in place to close that gap. The Keeper's agreement is conditional on him</p>	<p>NHSDG have not implemented a Business Classification Scheme as yet. NHSDG are in the early stages of migrating to cloud storage provision. Microsoft O365 services are to be used for records storage. NHSDG is a member of the NHSS Records Management Forum and have been involved in the development of the NHSS Business Classification Scheme Retention Schedule so we may choose to implement that in the future.</p> <p>Information Asset Registers are to be kept by each department individually. There is no master copy of an Information Asset Register within NHSDG.</p> <p>As mentioned above, the Business Classification Scheme has not yet been implemented in NHSDG.</p>	<p>Thank you for providing the Assessment Team with this update. Considering the ongoing O365 migration project, it is understandable that a Business Classification Scheme has not been implemented as indicated in the 2017 RMP (Records Management Plan) Agreement Report.</p> <p>The Keeper expects an authority to have properly considered business classification mechanisms, so it is good to hear that departmental Information Asset Registers are in place. It is noted, however, that these do not offer an organisation-wide Register that would fully reflect the functions of the authority.</p> <p>As the gap in provision ('a full business classification scheme has not yet been rolled out in the organisation') has not been closed, this Element remains at Amber. It is likely going to take NHSDG a significant amount of time to fully implement O365 systems, but the Assessment Team would like to encourage the authority to continue to consider and record how information is structured under this new system.</p>

				receiving updates as the BCS project progresses. NHS Dumfries and Galloway have committed to do this.		See also Elements 5 and 6. We look forward to being updated on the progress of this project in subsequent PURs.
5. Retention Schedule	G	G	G	Update required on any change.	No change – NHS Dumfries & Galloway have their own Health & Administrative Records Management Policy. Also adheres to the Scottish Government Records Management: NHS Code of Practice.	An authority's RMP must continue to demonstrate the existence and adherence to corporate records retention procedures. It is good to hear that the NHS-specific Scottish Government Records Management COP is continuing to be used on retention scheduling implementation. This Element remains at Green. However, the Assessment Team would like to highlight that the implementation of O365 cloud-based systems discussed under Element 4 above will likely have implications on this Element, as retention schedules will likely be automatically implemented for born-digital records.
6. Destruction Arrangements	A	G	A	Paper (external): Under element 7 NHS Dumfries and Galloway mentions third party storage. On this issue the authority has stated "A new project to recover records stored off site has just begun. Records will be reviewed, scanned and the original paper copies destroyed in accordance with guidance received from the NHS Central	Confidential Waste Procedure was written and released to NHS Dumfries & Galloway in December 2016. There is also the Waste Disposal Operational Policy that covers Confidential Waste in Section 5.5. NHS Dumfries & Galloway	Thank you for the update concerning confidential waste destruction procedures, and the continuing use of SG NHS Code of Practice (2020) document. The continuing systematic digitisation of paper patient records is also noted with thanks. This Element will remain at Amber as the work is ongoing. The implementation of

				<p>Legal Office. The project end date is still to be confirmed.” The Keeper agrees this action but requires updates as the project progresses.</p> <p>Electronic: NHS Dumfries and Galloway provide instructions for staff on the procedure for permanent deletion of clinical records in section 6 of the <i>Policy</i> (see element 3). However, the Scottish Government COP for NHS Records Management which NHS Dumfries have adopted does not include these instructions for the destruction of administrative records. The NHS Dumfries and Galloway policy will updated to include reference to the procedure to be followed for non-clinical records. This will be done after the new Scottish Government COP for NHS Records Management has been published later in 2017. The Keeper requires an updated version as soon as it is available.</p> <p>The Keeper agrees this element of NHS Dumfries and Galloway’s <i>Records Management Plan</i> on ‘improvement model’ terms. This means that the authority has identified gaps in provision (instructions on deletion of electronic administrative</p>	<p>follow the updated Scottish Government COP (2020) which has administrative records covered from page 76 onwards. NHSDG do not have a separate retention schedule policy.</p> <p>NHSDG Scanning Bureau has started to scan paper patient records in to the system to convert them to an electronic format.</p>	<p>O365 will have an impact on digital record destruction procedures.</p> <p>The Keeper’s Assessment Team looks forward to hearing of progress in subsequent PURs.</p>
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				records are wanting and a project to scan records held in a third-party outstore is not complete). However, the Keeper is convinced of a commitment to close these gaps. His agreement is conditional on being updated as these projects progress.		
7. Archiving and Transfer	G	G	G	Update required on any change.	<p>NHSDG Scanning Bureau has started scanning in legacy documents. These are files that were originally stored off site that have now been brought back to NHSDG estates. This will create a digital archive.</p> <p>The Deposit Agreement is still in place, records marked for permanent preservation are sent to Dumfries & Galloway Council Archive Service.</p>	<p>Thank you for this update. The Assessment Team would be interested to learn more about this large-scale scanning project, and developments around the transfer and archiving of digital records at NHSDG.</p> <p>The Assessment Team acknowledges that there is a formal transfer agreement in place between NHSDG and their selected archival repository, Dumfries and Galloway Council Archive Service, for the transfer of records selected for permanent preservation. We encourage NHSDG to keep abreast of developments at the selected repository which will affect the transfer of digital records for permanent preservation.</p>
8. Information Security	G	G	G	Update required on any change.	An eHealth Cyber Security Manager has been appointed in NHSDG. This role oversees all aspects of digital information security within the board.	<p>Thank you for this update which has been noted. The appointment of an eHealth Cyber Security Manager is a positive development, and should improve IS arrangements at NHSDG in the long run.</p> <p>Update required on any future change.</p>

	G	G	G			
9. Data Protection	G	G	G	Update required on any change.	The previous Head of Information Governance retired in March 2021. The vacant post was subsequently filled in April 2021. An Information Governance Officer was recruited in October 2021. There are two members of administrative staff responsible for the provision of copy records when requested.	This update is received with thanks. It is assumed that NHSDG's data protection arrangements remain up to date, and continue to operate in a robust way.
10. Business Continuity and Vital Records	A	G	A	The Keeper agrees this element of NHS Dumfries and Galloway's <i>Records Management Plan</i> on 'improvement model' terms. This means that the authority has identified a gap in provision (the project to identify vital records is not completed) but have put processes in place to close that gap. The Keeper's agreement is conditional on him being updated as the project proceeds.	<p>During a move to new premises for administrative staff records and minutes from meetings which were identified as business critical were retained.</p> <p>The move to the new premises was completed in 2019. All identified business critical records have been retained and are stored within NHS D&G estates.</p> <p>HPE 3PAR Remote copy replication processes are in place to ensure digital records are backed up securely in the event of a data loss or server failure.</p>	<p>Thank you for this update. Element 10 focuses on authorities' business continuity arrangements, especially including the recovery of records made temporarily unavailable due to an unexpected event. It is good to hear that NHSDG has made progress in the identification of some business-critical records, and that digital records are routinely backed up.</p> <p>Vital records could also be identified in an organisation-wide Information Asset Register (see Element 4).</p> <p>This Element will remain at Amber while the work to create a registry of vital records continues.</p>

11. Audit Trail	A	G	A	<p>A project to implement a paper registry is under way. The Keeper has been supplied with evidence of documents from 'pilot' department.</p> <p>The Keeper notes that there is an action point against this element to add version control instructions to the <i>Policy</i>.</p> <p>The Keeper agrees this element of NHS Dumfries and Galloway's <i>Records Management Plan</i> on 'improvement model' terms. This means that the authority has identified gaps in provision (version control/naming convention guidance is not yet issued to all record creators and the paper registry is not operational). However, the Keeper is convinced of a commitment to close these gaps. His agreement is conditional on being updated as these projects progress.</p>	<p>Due to the retirement of the Head of Information during the pandemic there are some policies which are beyond their review dates. These have been identified. NHSDG has developed a new Policy Management Policy, with supporting policy template and document development checklist, approved March 2022. All outstanding policy reviews will be completed in accordance with newly implemented policies and procedures. As a result of this, the paper registry is still not operational but is a work in progress.</p> <p>Version controls are in place for all documents. However, it is known that some documents are awaiting review. This is a work in progress for the Head of Information Governance.</p>	<p>Thank you for this update. Element 11 focuses on the ability to locate specific records, and the recording of any changes that occur in relation to a particular record.</p> <p>For comments on the Policy Management Policy, see Element 13.</p> <p>This Element will remain at Amber while the paper registry is not yet operational, and while naming convention and version control guidance has not yet been implemented throughout the organisation. In addition, as the abovementioned O365 implementation takes place, there will be implications to version control and digital document tracking capabilities. The Assessment Team looks forward to receiving further updates on this in subsequent PURs.</p>
12. Competency Framework	G	G	G	<p>The <i>Information Assurance Strategy</i> is due for review by December 2020.</p> <p>The <i>Information Security Policy</i> (see element 8) and the <i>Intranet and Internet Acceptable Use Policy</i> are currently under review.</p>	<p>The Information Assurance Committee meets quarterly and membership includes members of staff who can ensure the policies and procedures are updated accordingly.</p>	<p>Thank you for providing this update on records management competencies. Particularly in relation to training of staff, it is good to see that continuing professional development initiatives, with the aim to increase records management competencies, is taking place.</p>

				<p>The <i>Memorandum of Understanding for the Archival of the NHS Dumfries & Galloway Archive Collection with the Dumfries & Galloway Council Archivist (see element 7)</i> and the <i>Business Classification Scheme Framework</i> are due for review by March 2017.</p> <p>The <i>Document Development and Approval Policy</i> is due for review by October 2017.</p> <p>The <i>Data Protection Policy (see element 9)</i> is due for review by December 2017.</p> <p>The <i>Operating Procedure for the Recycling, Destruction Condemnation and Disposal of Assets and Stock</i> instructions are due for review in 2017.</p> <p>The <i>Information Systems Procurement, Development and Deployment Procedures</i> guidance is due for review by January 2018.</p> <p>The <i>Policy (see element 3)</i> the <i>Acceptable Use of Email Policy</i>, the <i>Access to Information Systems Policy</i>, the <i>Approved Information Systems Devices Policy</i>, the <i>Safe Information Handling Policy</i> and the <i>Instructions for the Secure Disposal of Redundant IT Equipment and Related Items</i></p>	<p>Several of the policies are currently out of date due to the impact of the pandemic on services. The outstanding review of existing policies has been recognised as a priority by the Head of Information Governance who will ensure the policies within their area of responsibility are updated in accordance with new requirements as detailed in Element 11. Policies awaiting review are still available on the intranet and are recognised as the current version. These will be superseded by the updated versions Once the policy reviews are complete.</p> <p>Appropriate staff from NHSDG are undertaking Records Management training in order to boost their knowledge on the topic. Head of Information Governance completed courser training in June 2020, the Information Governance Officer is due to complete the training in June 2022.</p>	<p>For comments on policy review, please see Element 13.</p>
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				document are due for review by February 2018. The <i>Scheme of Delegation</i> is due for review in April 2017.		
13. Assessment and Review	G	G	G	Update required on any change.	NHS Dumfries & Galloway has an internal audit department. The audit on the Information Governance Team was completed in April 2022 and some recommendations were highlighted to promote increased compliance. The Information Assurance Committee will agree a management action plan which will be implemented by the Head of Information Governance and Information Governance Officer.	Thank you for this update on a recent internal IG audit. This, followed by an action plan implementation, is a good way to assess levels of compliance and areas of improvement. NHSDG's participation in the PUR process is also a positive sign of continuing engagement with records management matters. As reported under Elements 11 and 12, NHSDG has let some scheduled Policy review dates lapse during the pandemic. It is clear, however, based on the audit, that the authority is taking active steps to rectify the situation. This Element will remain at Green.
14. Shared Information	G	G	G	Update required on any change.	Information Sharing Agreements are in place between NHSDG and other parties where necessary. Subject Access Request forms are available on NHSDG website or by contacting the Data Protection Team.	Thank you for confirming that Information Sharing Agreements continue to be in place where necessary, and that SAR forms remain easily accessible.

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 1st July 2022. The progress update was submitted by Alan Oswald, Information Governance Officer.

The progress update submission makes it clear that it is a submission for **NHS Dumfries and Galloway**.

The Assessment Team has reviewed NHS Dumfries and Galloway'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 Dumfries and Galloway 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 Dumfries and Galloway 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



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