The Public Records (Scotland) Act 2011

NHS Highland

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

1st July 2021

Contents

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

4. Authority Background

The population of NHS Highland is 320,000 people and is spread over 32,500 square kilometres, making it one of the largest and most sparsely populated Health Boards in the UK. NHS Highland is managed by a Board of Executive and Non-Executive Directors and is accountable to the Scottish Government through the Cabinet Secretary for Health and Wellbeing. The Chair and each of the Non-Executive Directors are appointed by the Cabinet Secretary. Executive Directors are the Chief Executive, Medical Director, Director of Public Health, Chief Operating Officer, Director of Human Resources, Director of Nursing and Director of Finance. The Board governs accountability and performance. There are Highland-wide departments or functions and include Business Transformation; Clinical Governance and Risk Management; Dental Services; e-Health; Finance; Human Resources; Infections, Prevention and Control; Nursing and Midwifery; Pharmacy; Planning and Performance; Procurement; Public Health and Public Relations and Engagement.

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: NHS Highland

Element	Status of elements under agreed Plan 25OCT17	Progress status 03APR20	Progress status 01JUL21	Keeper's Report Comments on Authority's Plan 25OCT17	Self-assessment Update 09DEC19	Progress Review Comment 03APR20	Self-assessment Update as submitted by the Authority since 03APR20	Progress Review Comment 01JUL21
1. Senior Officer	G	G	G	Update required on any change.	No Update.	No immediate action required. Update required on any future change.	The senior individual (board level) who has overall strategic responsibility for records management is NHS Highland Chief Executive **Pam Dudek**. Ms Dudek took up this post on 5 November 2020.	The Keeper's Assessment Team thanks for this update which has been noted.
2. Records Manager	G	G	G	Update required on any change.	No Update.	No immediate action required. Update required on any future change.	No Update.	No immediate action required. Update required on any change.
3. Policy	G	G	G	The Policy has recently been reviewed and updated and is currently in draft format awaiting approval by the Information Assurance Group. The draft Policy has been supplied (evidence 3.8). The next meeting of the Group is in November 2017. **The Keeper requests that he is sent the updated Policy once it has been approved at this meeting.** The Policy for the Management of Policies, Procedures, Guidelines and Protocols (evidence 3.16) has recently been reviewed and updated but is awaiting approval by the Risk Management Steering Group which is due to meet in November 2017. Once approved it will be communicated to staff and made available on the NHS Highland intranet. **The Keeper requests he is sent a copy of the updated Policy once approved.** **The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (lack of updated key policy documents) and has identified how it will close this gap. Once he**	The Information Governance Policy (evidence 3.8) was ratified by the Information Assurance Group in January 2019. This policy is available on NHS Highland's Intranet and is attached to this PUR. The Policy for the Management of Policies, Procedures, Guidelines and Protocols was reviewed, updated and approved by the Risk Management Steering Group in January 2019. This policy is available on the Intranet and is attached to this PUR. With regards to Medical Records, all NHS Highland clinical records policies are due to be updated in 20/21 once the new Scottish Government Code Of Practice has been published.	In their original submission NHS Highland committed to keep its information governance policy documents under review and the Assessment Team acknowledge that this is being done. The Keeper has been kept appraised of the development of an updated *Code of Practice* through the NHSS Forum and accepts that NHS Highland will adopt that Code when it is available. The Assessment Team acknowledge receipt of the updated *Information Governance Policy* (v2.1 January 2019) and *Revised Policy for Management of Policies, Procedures and other Written Controlled Documents* (v5.0 January 2019).These documents will be retained in order that NHS Highland's submission can be kept up-to-date. The roll-out of this policy fulfils a commitment by NHS Highland in previous PUR and, if this were now a formal submission, it is likely that the RAG status of this element of the RMP would change from Green/Amber to Green/Green.	• Information Governance Policy valid until Jan 2021 • Policy for the Management of Policies, Procedures, Guidelines and Protocols valid until Jan 2022 • Retention and Destruction Policy for Corporate Records updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022 **(revised policy attached Appx 1)** • Corporate Records Archive Policy updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022 **(revised policy attached Appx 2)** • Health and Social Care Records Management policy update in line with new NHS S RM Code of Practice – ratified by Information Assurance Group December 2020 and valid until September 2023 **(revised policy attached Appx 3)**	The Assessment Team is grateful for this detailed update on regular policy reviews and updates, as well as the provided policy documents. It commends the NHS Highland for its focus on this key aspect of records management procedure. Overall, the Assessment Team is happy to conclude that NHS Highland continue to manage their policies to a good standard.

				receives the updated and approved Policies when they become available, the Keeper should be able to fully agree this Element.			
4. Business Classification	A	A	A	**The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of an operational organisation-wide BCS) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being kept informed as work to close the gap progresses.**	A function based Business Classification Scheme has been drafted as previously indicated. An Information Asset Register as been developed as stipulated under GDPR. The first Information Asset Register will now undergo a review as part of a self-assessment process that we are starting to roll out. Officers will be asked to review and update where appropriate their submissions. It is still intended these two documents will be merged to provide a cohesive business classification scheme mapping all information assets according to function. Once this piece of work has been completed, it will be communicated throughout the organisation and made available to the Keeper.	In the previous update NHS Highland indicated that they were pursuing an *Information Asset Register* structure around the management of their public records. The Assessment Team acknowledge that this action has now been completed. The achievement of this objective marks a measurable improvement in the records management provision in the authority. This work is underway. Once completely populated the *Information Asset Register* will need to be reviewed at a local level (the involvement of local business areas in the work is vital). The Assessment Team looks forward to updates in subsequent PURs. This element remains at Amber while this work is ongoing. The Keeper is aware that NHS Boards are migrating their systems to a O365 solution. This is bound to be incremental and take several years to bed-in properly. The Assessment Team acknowledge that NHS Highland are likely to be part of major project.	• A function based Business Classification Scheme for Corporate directorates has been drafted and is currently being consulted on with Corporate Senior Managers. **(attached as Appendix 4)** This will be ancillary to the Information Asset Register and acts as a systematic identification and arrangement of records into categories according to functions in a logical, hierarchical structure that covers all areas of business (for corporate affairs). Future iterations of this document will incorporate an outline of the retention/disposal periods and processes. • As MS365 is being implemented which comes with Sharepoint online. It is likely there will effectively be a national Business Classification Scheme based on work that has been ongoing within the NHS National Records Managers Forum.	The Assessment Team thanks NHS Highland for this update and the supplied draft, and acknowledges that good progress is being made towards a formally approved function-based BCS. The Implementation of Microsoft Office 365 including Sharepoint is noted. This is likely to be a time-consuming process, and the Assessment Team appreciates the effort involved. It looks forward to future updates on the impact of this, as well as progress updates on the national Business Classification Scheme in consecutive PURs. While definite progress is being made, this element will remain in Amber until a formalised Business Classification Scheme is in place.
5. Retention Schedule	G	G	G	Update required on any change.	The new Scottish Government Code Of Practice for Records Management has been released in draft for comment and should provide more clarity on the management and destruction of electronic records. December 2019 Information Assurance Group has given agreement to an extension to the date of review of the Retention of Corporate Records Policy and the	The Assessment Team acknowledge receipt of the updated *Retention of Corporate Records Policy* (v2.0 December 2019). This document will be retained in order that NHS Highland's submission can be kept up-to-date. This is a recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year. The *NHS Code of Practice* is the key source for retention decisions and, as noted above, this *Code* is being updated at the moment. For the present the Assessment Team is content that NHS Highland is operating the retention provision in the old Code.	• Retention and Destruction Policy for Corporate Records updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022 • Corporate Records Archive Policy updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group • A function-based Business Classification Scheme for Corporate directorates drafted and currently out for consultation. This will be ancillary to the Information Asset Register and future iterations of this document will	The Assessment Team thanks NHS Highland for an update on retention and destruction and the relevant, attached policies. This update shows continuing focus on keeping retention schedules up to date and in line with shared Code of Practice.

	<td colspan="3" style="background:green"></td>		Board and Committee servicing protocol, both of which had lapsed. A review of these and other documents will be undertaken following the release of the Scottish Government Health and Social Care Code of Practice. Both documents are attached to this PUR for information. With regards to medical records, once the new Code Of Practice is published local policy will be revised in line and distributed locally. The retention and destruction policy for paper and electronic files is due for review in 2020/21.	**The Assessment Team wonder if NHS Highland will include retention decisions in its *Information Asset Register*. This is to be recommended as liable to create a stronger business tool.**	incorporate an outline of the retention/disposal periods and processes • Retention, Archiving and Destruction of Personal Health Records updated and agreed by Information Assurance Group Dec 2020 valid until Aug 2023 – (**revised policy attached as Appendix 5**) • NHSH Health and Social Care Records Management Policy **(Appendix 3)** • Transportation of Paper Records with Confidential or Person Identifiable Information valid until Aug 2020. This policy is currently under review and will be updated by the end of the financial year to take account of the Scottish Government Code of Practice changes, the move to Electronic Records and feedback from previous and pending Audit reports.	

Element				Keeper column	Scottish Gov column	Assessment column	Update column	Response column
6. Destruction Arrangements	A	A	A	Electronic – The RMP states that NHS Highland manages the destruction of electronic records from its shared drives but recognises that there is a need for improvement in this area. The RMP also states that NHS Highland is working to address the gap in the destruction of electronic records and plans to update protocols and procedures to ensure staff are aware of what they need to do. Some guidance exists in the Protocol for the Secure Archiving and Destruction of Records (evidence 6.10) for the destruction of electronic records. A Standard Operating Procedures document has also been produced for Tracking Culled Notes on the PMS system (evidence 6.7). **The Keeper requests that he is kept informed of progress in the development of this guidance.** **The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the destruction of electronic records) and has identified how it intends to close this gap. As part of this agreement, the Keeper expects to be regularly updated on the progress of the**	The new Scottish Government Code Of Practice for Records Management has been released in draft form for comment. Once released, this will provide more clarity on the management and destruction of all records, in whatever format they are held. On release of the Scottish Government Code of Practice, all relevant policies will be reviewed to comply with any changes. A comprehensive communication strategy will be established by our Director of Corporate Comms through the Information Assurance Group to ensure all staff are aware of their responsibilities in terms of records destruction.	The Keeper agreed NHS Highland's original Records Management Plan on an improvement model basis partly on the grounds that the authority could not be confident that staff were destroying digital records at the end of their retention periods. He was convinced that processes were in place to remedy this. The Assessment Team note that the authority does not yet appear to be compliant in this element. However ,the Assessment Team accept that NHS Highland is waiting for the roll-out of the new NHS Scotland Records Management Code of Practice. The Keeper has representation on the group charged with the development of this document. Clearly, if all the public records of the authority are managed on the O365 system (see element 4) the routine and controlled destruction of electronic records should be more robust. However, this functionality will probably not be universally operational for some time. In the meantime it will remain important that staff are correctly prompted to destroy records appropriately. This element remains at Amber.	Introduction of MS365 enhances NHS Highland's ability to control destruction of electronic records. The MS365 rollout is still in progress and will increase functionality in a phased manner. • Retention and Destruction Policy for Corporate Records updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022 • Corporate Records Archive Policy updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022 • Retention, Archiving and Destruction of Personal Health Records valid until Aug 2020 • NHSH Health and Social Care Records Management Policy	Thank you for this update. It is acknowledged that the implementation of Microsoft Office 365 will take time, and that its implementation will have implications on record destruction arrangements. In the meantime, it remains important that staff are prompted to destroy records in an appropriate manner. The Assessment Team thanks for the update on the policies discussing destruction arrangements. While the existence of ratified, up-to-date policies is an essential aspect of responsible record destruction arrangements, the Team would also welcome an update on their practical implementation among staff at all levels in consecutive PURs.

				work.				This element remains at Amber.
7. Archiving and Transfer	G	G	G	Update required on any change.	December 2019 Information Assurance Group has given agreement to an extension to the date of review of the Archive Policy for Corporate Records. The previous version elapsed in August 2019. A review of this and other documents will be undertaken following the release of the Scottish Government Health and Social Care Code of Practice. The Policy document is attached to this PUR for information.	The Assessment Team thanks NHS Highland for this update which we have noted. The Assessment Team acknowledge receipt of the updated *Archive Policy* (v2.0 December 2019). This document will be retained in order that NHS Highland's submission can be kept up-to-date.	• Corporate Records Archive Policy updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022 • Retention, Archiving and Destruction of Personal Health Records valid until Aug 2020	Thank you for this update on Archive policies. The Assessment Team encourages the authority to continue to keep its policies up to date if their sceduled review date has lapsed.
8. Information Security	G	G	G	The Policy is supported by a suite of information governance policies, such as an Email Policy (evidence 8.3a), an Internet Policy (evidence 8.3b), a Password Change Policy (evidence 8.3c), Mobile Data and Devices Policy (evidence 8.3d) and a Social Media Protocol (evidence 8.3i). The RMP also states that these policies are available to staff on NHS Highland's intranet. A number of the abovementioned policies are currently under review and will be submitted to the Information Assurance Group for approval in November 2017. **The Keeper requests that he is sent these policies once they have been approved to keep the submission up-to-date.**	The Information Assurance Group approved the following revised policies in January 2019: • Information Governance Policy (as per element 3) • Data Protection Policy • Password and Authentication Policy All three revised policies are attached	In their original submission NHS Highland committed to keep its information governance policy documents under review and the Assessment Team acknowledge that this is being done. The Assessment Team acknowledge receipt of the updated *Password and Authentication Policy* (v2.0 January 2019). This document will be retained in order that NHS Highland's submission can be kept up-to-date.	Information Assurance Group agreement received December 2020 to document a **formal policy management process.** **(Approved SBAR attached as Appendix 6)** Information Assurance & IT Security Manager is involved in discussion nationally around the creation of a national IT security and IG policy library designed to meet regulatory requirements in a consistent manner. All policies will be reviewed on expiry. Reviews for policies expiring in Jan 2021 have been postponed to Feb 2021 due to resource limitations as a result of prioritisation of Covid related work. • **Clear Desk and Clear Screen Policy** valid until 2022 • **Information Governance Policy** valid until Jan 2021 • **Password and authentication policy** valid until Jan 2021 • **Internet Policy** valid until Jan 2021 • **Information Security Policy** valid until Jan 2021 • **Data Protection Policy** valid until Jan 2021 currently being reviewed and to be considered by Information Assurance Group during first quarter 2021 • **Email Policy** valid until August 2020 – this is currently being re-written given the change to MS365 • **Mobile Data and Devices Policy** Jan 2016 • **Social Media Protocol** existing protocol expired October 2015 –	The Assessment Team is pleased to note this update and the attached documentation concerning formal policy management process. The updates on liaison among authorities with regard to a national IT security and Information Governance policy library is also noted with thanks. This is a positive development, and indicates continued focus on information security matters. It is also noted that the pandemic has had an impact on resource allocation with regard to scheduled policy reviews, and the Assessment Team trusts that NHS Highland continues to manage the process in a satisfactory manner. The details on specific policies are also very welcome, and noted

							Head of Comms and Engagement is attending to the review • **Sharing Sensitive and Patient Identifiable Information by email Policy** Jan 2016 • **Policy for Request for internet activity reports December 2020 –** this policy is being retired as this should actually be a Process rather than a Policy • **Information IT Security in Contracts With 3rd Parties Policy Dec 2011** Policy is being retired. Supply chain cyber security process to be reviewed and policy/process documents to be rewritten based on conclusions. • **NHSH Policy on Handling Requests for Access to Personal Health Records 2016** NHS Highland's approach to Subject Access Requests was a focus of a recent internal audit. In light of the audit recommendations a technical solution is being purchased to support the management of SARs. The intention is that the policy will be re written to reflect the management of SARs using this technical solution.	with thanks. The Assessment Team is particularly interested to hear about the supply chain cyber security process review, as well as the technical solution procured to deal with Subject Access Requests (and the policy to accompany it), in consecutive PURs.
9. Data Protection	G	G	G	NHS Highland has submitted its Information Governance Policy (evidence 9.2) which outlines its approach to information governance and assigns responsibilities for complying with it… The draft Policy has been supplied (evidence 3.8). The next meeting of the Group is in November 2017. **The Keeper requests that he is sent the updated Policy once it has been approved at this meeting.** NHS Highland have also submitted their Handling Requests for Access to Personal Health Records Policy (evidence 9.9). NHS Highland has indicated that this Policy is currently being updated due to organisational changes and planning for the EU GDPR coming into force. At present NHS Highland is currently using NHS Scotland's Subject Access Request Policy (evidence 9.18). **The Keeper agrees that this is appropriate and requests that he is provided with a copy of the updated local policy once it becomes available**	NHS Highland has appointed a Data Protection Officer in fulfilment of the GDPR legislation. The implementation of GDPR is closely monitored by the Audit Committee, and the Board of NHS Highland was updated in November 2019 of the position with regards to GDPR compliance. The Board report is attached. With regards to Medical Records, a sub group has been established to supplement the work ensuring GDPR compliance. This group focusses on arrangements to address Medical Records Subject Access Requests across NHS Highland, including social care. This incorporates work addressing other elements of the RMP, in particular element 14. The aim is to centralise the function of processing	As with all other Scottish public authorities NHS Highland have been required to review and update their data protection procedures in light of the 2018 legislation. The Assessment Team acknowledges that the public facing Heath Board website has been updated appropriately: https://www.nhshighland.scot.nhs.uk/News/Pages/GeneralDataProtectionRegulation.aspx The Assessment Team acknowledge receipt of the updated *Data Protection Policy* (v2.0 January 2019). This document will be retained in order that NHS Highland's submission can be kept up-to-date. Also they acknowledge sight of a report by the Data Protection Officer NHS Highland.	• **Data Protection Policy** valid until Jan 2021 is currently being reviewed and will be presented at Information Assurance Group during first quarter 2021 • **Subject Access Request Policy** is in development. The handling of Subject Access Requests has been the focus of a recent internal audit report. In light of the audit recommendations a technical solution is in the process of being purchased to support the management of SARs. The intention is that the draft policy will reflect the management of SARs using this technical solution. **(Internal Audit report is attached as Appendix 7)**	The Assessment Team is grateful for this update on Data Protection Policy review which has been noted. The SAR policy, commented on in the previous Element, is also a welcome development. We look forward to hearing more in consecutive PURs.

	🟩	🟩	🟩		SARs subject to additional resource or restructuring to respond to a 75% increase in SAR requests post GDPR.		
10. Business Continuity and Vital Records	A	A	A	**The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of a fully rolled out BCP(s) and has evidenced a commitment to closing the gap. As part of this agreement the Keeper will expect to be kept informed as work progresses towards closing the gap.**	Business Continuity Plans for Health Records are being reviewed to take account of the Electronic Patient Record project and technical contingencies.	As with the previous PUR The Assessment Team takes this submission to indicate that a fully approved and operational BCP is not yet fully rolled-out and therefore the element remains at Amber.	• Business Continuity Plan for Corporate Records has been drafted and is currently being revised for consultation with Corporate Colleagues **(the draft is at very early stage and is attached as Appendix 8)** • Business Continuity Plan for Medical Records Business Raigmore Hospital Central Records Department being refreshed to take account of the rapid move to EPR and COVID. Timeframe for completion end of March 2021 once full scanning project underway.	The Assessment team is grateful for this update on Business Continuity Plans, including the attached draft. It is clear gradual progress is being made, and we look forward to updates in consecutive PURs. This element remains at Amber while NHS Highland continues to work towards full compliance.
11. Audit Trail	A	A	A	Also submitted as evidence is NHS Highland's Policy for the Management of Policies, Procedures, Guidelines and Protocols (evidence 11.3)…NHS Highland has stated that the Policy has now been reviewed and updated but is awaiting approval by the Risk Management Steering Group which is due to meet in November 2017. Once approved it will be communicated to staff and made available on the NHS Highland intranet. **The Keeper requests he is sent a copy of the updated Policy once it has been approved.** The RMP states that NHS Highland is currently in the process of implementing new software, File 360, for managing some corporate records. Some of the documentation for the implementation of this software has been supplied (evidence 11.4-11.6). The RMP also states that NHS Highland is considering implementing a document management system. **The Keeper requests that he is kept informed in both these areas, particularly because this work will presumably need to be aligned with the BCS (see Element 4).** **The Keeper can agree this Element on an 'improvement**	The Policy for the Management of Policies, Procedures, Guidelines and Protocols was reviewed, updated and approved in January 2019 by the Information Assurance Group. The Board is currently undertaking the process of convening a project board to oversee the implementation of the Office 365. Office 365 will combine flexibility of version control with the benefits of cloud storage.	The Keeper agreed the original submission on 'improvement model' grounds. That is to say the authority had recorded a gap in provision and was taking steps to close that gap. This was bound to be incremental and the Assessment Team is pleased to acknowledge that steps have been taken as agreed. However, it is vitally important that staff correctly name records at time of creation for any system that does not impose this. Similarly, version control instructions are key. It is important that any organisation can be confident that they can find a record when required and identify the correct version of that record. The Assessment Team acknowledge that NHS Highland are pursuing this objective. The creation of a clear structure (see element 4) will be a significant step forward. The O365 migration should greatly increase the control over document tracking although it will take some time for this to be universally applied in the authority. However, in the short term the Assessment Team would expect the populated *Information Asset Register* to strengthen this element. (For comments regarding the O365 migration and the Information Asset Register see element 4 above). Once the *Information Asset Register* is	• A function-based Business Classification Scheme for Corporate directorates has been drafted and is currently being consulted on with Corporate Senior Managers. **(Appendix 4)** This will be ancillary to the Information Asset Register and acts as a systematic identification and arrangement of records into categories according to functions in a logical, hierarchical structure that covers all areas of business (for corporate affairs). Future iterations of this document will incorporate an outline of the retention/disposal periods and processes. • Learn-Pro module on Corporate Records now rolled out and available for all new and existing NHS Highland colleagues which describes naming conventions **(attached as Appendix 9)** • Introduction of **Office 365** will enhance NHS Highland's ability to control document tracking.	Thank you for this promising update and the attachments. A function-based Business Classification Scheme, fully implemented, will have a positive impact on NHS Highland's ability to manage its audit trail processes. The Assessment Team would like to take this opportunity to commend NHS Highland for making good progress. For comments on the Learn-Pro module and clear progress in naming convention training, **see Element 12.** The Assessment Team agrees that the implementation of the O365 suite will have a positive impact on NHS Highland's ability to control document tracking. The Team looks forward to updates on the

				model' basis. This means that the authority has identified a gap in provision (the lack of a fully implemented and rolled out system for the management of corporate electronic records) and has evidenced a commitment to closing the gap. As part of this agreement the Keeper will expect to be kept informed as work progresses towards closing the gap.		rolled out, the creation and roll-out of staff guidance would seem to be the next vital step and the Assessment Team looks forward to updates on progress in subsequent PURs. This element remains at Amber.		progress of the migration of systems in future PURs. This element remains in Amber for the moment.
12. Competency Framework	A	G	G	NHS Highland has created an Education and Development Framework for Medical Records and Administration Staff (evidence 12.4). This is currently available for staff at Raigmore Hospital, Inverness, but NHS Highland intends to standardise the document and roll it out to all relevant staff by the end of 2018. **The Keeper commends this commitment to training and requests that he is kept informed of the progress in rolling this out.** The RMP also contains an action to create a similar tool for staff working with corporate records. This will be based on the NHS Scotland Information Governance Competency Framework (evidence 12.1) and will be rolled out by December 2017. **Again the Keeper commends this commitment to providing staff with the necessary skills and requests that he is kept up-to-date with the progress of this work.** **The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of an organisation-wide competency framework) and has identified how it intends to close this gap. As part of this agreement the Keeper requests that he is kept informed of progress in this area.**	Within Medical Records, the Certificate of Technical Competence in Clinical Coding (Scotland) is to be trialled with new Clinical Coding staff in 20/21 NHS Highland has finalised a training module through LearnPro specifically designed for staff working with corporate records. This facility will link to current policies and will be revised to reflect the provisions of the updated Scottish Government Code of Practice when available. A copy of the module is attached to this PUR and the module which can also be viewed using this link The module went live in December 2019 and the roll out will begin with the Board Secretary's department. Board Secretary will undertake Practitioner Certificate in Scottish Public Sector Records Management in FY 2020/21.	Training in information governance for appropriate staff is of vital importance when implementing an authority's Records Management Plan. The Assessment Team notes the adoption of a LearnPro corporate records module. This is a significant step towards improving this element and if this were a formal resubmission under section 5 of the Act this element is liable to turn from Amber to Green. The Assessment Team acknowledge that they have received sample pages from the LearnPro training module. The learning opportunity afforded the Board Secretary has also been noted and should be commended. It seems from this (and previous) submissions that the personal development of this officer is well supported.	Board Secretary has undertaken a practitioner certificate in records management during 2020 and will complete the course during 2021 as capacity permits. Health Records Service Manager is a Licentiate member of Institute of Health Records and Information Management (IHRIM)	The Assessment Team thanks for this update on the continuing professional development of the Board Secretary. It is also noted with thanks that the Health Records Service Manager is a Licentiate member of IHRIM. The notification on the availability of a Learn-Pro module on naming conventions regarding corporate records **(see Element 11)** is a very positive indication of focus on staff competency, as required in everyday records management practice. The Assessment Team also expresses thanks for the attached details. The Assessment Team encourages NHS Highland to maintain its continued focus on the Competency Framework.
13. Assessment and Review	G	A	A	NHS Highland has stated that discussions are currently underway with its internal auditors to determine whether there is capacity to add the RMP into the	Internal Audit was unable to include the RMP on their work plan for year 2019/2020. However, the work plan for 2020/2021 is	It is a requirement of the Public Records (Scotland) Act 2011 that "An authority must— (a) keep its records management plan under review" (PRSA Part 1 5.1.a.)	Information Assurance Group established an RMP Sub Group to undertake an assessment and review of the Plan. Membership of the Group:	The Assessment team thanks for this update on the establishment of an RMP Sub Group, which indicates that

	<td style="background:green">🟩</td>	<td style="background:orange">🟧</td>	<td style="background:orange">🟧</td>	internal audit programme. Email correspondence with Internal Audit has been supplied (evidence 13.6) showing that discussions are on-going and that they have previously audited aspects of information governance, information and records management. **The Keeper requests that he is informed of the results of these discussions.**	yet to be confirmed. We have requested the RMP forms part of the Audit schedule for 2020/21. The Audit Committee continues to receive regular updates regarding information governance and GDPR compliance.	The authority's participation in the PUR process in 2018 and 2020 demonstrates a commitment to reviewing its RMP. However, the Keeper agreed NHS Highland's original Records Management Plan partly on the grounds that the authority were negotiating to have the plan reviewed by the Board's Internal Audit facility. As we stated at the time of the previous PUR it was understandable that the focus of internal review was on GDPR compliance (as it was for many public authorities in 2018). However, it is of some concern that the implementation of the RMP is still not formally embedded in the internal audit procedure. If, a guarantee from Internal Audit is not forthcoming, the Assessment Team suggests that the Board's Information Governance Group instigates a self-assessment review and explains to the Keeper: a) When this review will take place b) Who will carry it out c) How it will be pursued (questionnaires to local business areas perhaps?) d) How it will be reported to senior management. Although utilising Internal Audit is highly recommended, the Keeper can agree a review process that is undertaken without them as long as it seems sufficiently structured and robust. This element remains at Amber for the moment.	• Board Secretary • Medical Records Manager • DPO • Information Governance Manager	work towards full compliance is ongoing. It is, however, positive that NHS Highland continues to take part in the PUR process. Further updates are welcomed in consecutive PURs. This Element will remain at Amber while the work progresses.
14. Shared Information	G	A	A	**NHS Highland has stated that the Information Sharing Policy has been updated but is still in draft form as it remains to be ratified by one of the partners in the Data Sharing Partnership. The Keeper requests that this is forwarded to him once it has been approved by all parties.** **A set of Information Sharing Procedures (evidence 14.2) has been created to practically administer the sharing of information. This covers the types of information to be shared, who it is to be shared with and how that sharing takes place. NHS Highland has stated**	An Information Sharing Agreement will replace the Highland Data Sharing Partnership policy. The Agreement has been drafted and will be taken forward in parallel with negotiations to renew the Highland Health and Social Care Partnership Agreement. The new Partnership Agreement must be approved by NHS Highland and the Highland Council by April 2020. The draft Information Sharing Agreements between NHS Highland and	Thank you for the update regarding the Highland Data Sharing Partnership which has been noted. The Assessment Team acknowledge that they have received draft versions of *Information Sharing Agreements* with Local Councils. As these documents are draft, this element remains Amber. However, the Assessment Team recognises that the work described in this PUR represents steps towards a significant improvement in records management provision in the authority and looks forward to further updates in subsequent PURs. Once authorised and operational the	The Information Sharing Agreement with Highland Council was being considered as part of the review of Governance arrangements relating to integrated care between NHS Highland and Highland Council. The review had stalled during COVID but has started again December 2020. The Information Sharing Agreement with Argyll & Bute Council has gone through the approval process and it is anticipated that this will be formally signed off by the end of January 2021.	The Assessment Team thanks for this update regarding the two Information Sharing Agreements. It appreciates the progress has been slow during the pandemic, but acknowledges NHS Highland has taken steps to keep up the momentum. It is positive that progress is being made towards getting both Agreements finalised. Once authorised and

| | | | | that these have also been updated but are still in draft form until ratified by one of the partners in the Data Sharing Partnership. The Keeper requests that this is forwarded to him once it has been approved by all parties.

The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (lack of updated key policy documents) and has identified how this gap will be closed. Once he receives the updated and approved documents when they become available, the Keeper should be able to fully agree this Element. | The Highland Council, and with Argyll and Bute Council, are attached. | new style Information Sharing Agreements may well allow the RAG status of this element to be upgraded to Green. | | operational the new style Information Sharing Agreements may well allow the RAG status of this element to be upgraded to Green. |

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 29 January 2021. The progress update was submitted by Ruth Daly, Board Secretary.

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

The Assessment Team has reviewed NHS Highland'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 Highland 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 Highland 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