

The Public Records (Scotland) Act 2011

Healthcare Improvement Scotland and the Scottish Health Council

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

4th May 2020

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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 Healthcare Improvement Scotland and the Scottish Health Council. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

HIS are the national healthcare improvement organisation for Scotland and part of NHSScotland. They work with staff who provide care in hospitals, GP practices, clinics, NHS boards and with patients, carers, communities and the public. Their work drives improvements in the quality of healthcare people receive by:

- supporting and empowering people to have an informed voice in managing their own care and shaping how services are designed and delivered
- delivering scrutiny activity which is fair but challenging and leads to improvements for patients
- providing quality improvement support to healthcare providers
- providing clinical standards, guidelines and advice based upon the best available evidence.

Their work programme supports the healthcare priorities of the Scottish Government, in particular those of NHSScotland's *Healthcare Quality Strategy* and the *2020 Vision*.

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

The Scottish Health Council was established by the Scottish Executive in April 2005 to promote public involvement in the NHS in Scotland to achieve a "mutual NHS" - where the NHS works in partnership with patients, carers and the public.

The Scottish Health Council is a committee of Healthcare Improvement Scotland but has a distinct identity. The Committee is responsible for agreeing the overall strategic direction of the organisation.

From April 2020 the Scottish Health Council will operate under the name Healthcare Improvement Scotland, Community 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.
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Progress Update Review (PUR) Template: Healthcare Improvement Scotland and Scottish Health Council

Element	Status of elements under agreed Plan 30OCT15	Status of evidence under agreed Plan 30OCT15	Progress assessment status 26APR19	Progress assessment status 04MAY20	Keeper's Report Comments on Authority's Plan 30OCT15	Self-assessment Update 15JAN19	Progress Review Comment 26APR19	Self-assessment Update as submitted by the Authority since 26APR19	Progress Review Comment, 04MAY20
1. Senior Officer	G	G	G	G	Update required on any change	Scottish Health Council senior officer is currently Sandra McDougall.	<p>The Keeper thanks the Scottish Health Council for this update. As Acting Director of the Scottish Health Council, Ms McDougall is the appropriate person to take on this statutory role until a permanent appointment is made.</p>	<p>Scottish Health Council senior officer is now Lynsey Cleland. SHC is to rebrand in April 2020. The legal references to and duties of the Scottish Health Council will remain, but the operating name will become Healthcare Improvement Scotland, Community Engagement, and branding will reflect this.</p> <p>Although SHC has always been a function of HIS the fact that SHC is named separately in the Act required a joint submission to NRS in 2015 signed by the Director of SHC and HIS Chief Executive. It would be helpful to know if we can discuss this approach prior to the next HIS submission against the Act or if we will always be in a position of requiring two senior signatories.</p>	<p>Thank you for the update regarding the identification of the individual identified as having overall responsibility for records management in the Health Council. This has been noted.</p> <p>The Assessment Team also notes the new operational name of the Health Council. For the purposes of the Act the organisation remains under its old statutory name.</p> <p>Similarly as a 'body corporate', scheduled under the Act separately from Health Improvement Scotland, the Keeper must treat the Health Council as a distinct Scottish Public Authority. This means that, should he chose to formal re-invite a resubmission of the RMP (which he can do after October 2020) he would be required to invite both Chief Officers.</p> <p>Of Course, the Keeper has already agreed that HIS and SHC can share a common plan and would expect this arrangement to continue. However, he would expect communication from the</p>

									<p>Health Council's Director indicating that his organisation was content to follow all the HIS records management provisions. The RMP would be assessed, and hopefully agreed, in a single report but separate agreement letters would be sent to HIS and SHC.</p> <p>This is the way that the Act sets the two bodies out so it is the process the Keeper will follow. Furthermore, it should be noted that at some time in the future circumstances may change and the SHC (or HIS Community Engagement) may choose to submit their own plan. The current separate agreement structure would allow for this. As a matter of fact this has already happened twice to other plans originally agreed as 'in common'.</p>
2. Records Manager	G	G	G	G	<p>The authority demonstrates a strong commitment under this Element to discuss and share records management issues through the chairing of the Records Management Working Group. The Keeper commends this approach. An action to be taken is the appointing of a network of Information Asset Owners (IAOs) to ensure policies and procedures are implemented. The Keeper would welcome updates on the progress being made in this development.</p>	<p>A network of Information Asset Owners (IAOs) has been set up across the organisation.</p> <p>Training (face to face and via webex) and supporting documentation has been provided to support the role.</p> <p>Directorates have been tasked with creating records management (RM) Improvement Plans for sustaining the changes made through the 2015-17 HIS RM improvement plan and to drive further improvement.</p> <p>The Records Management Working Group meets regularly every two months to discuss progress with RM improvement plans and</p>	<p>It is very positive to hear about the network of IAOs, the training provided to them and the development of shared learning. This network, along with the Records Management Working Group, is an excellent way of supporting the Records Manager to ensure that records management policies and procedures are collaboratively implemented across the organisation.</p>	<p>A recent review of the Information Asset Owners (IAOs) has led to a reduction in the number of IAOs across the organisation.</p> <p>The internal IAO guide has been reviewed and updated.</p> <p>A new format for Directorate records management (RM) Improvement Plans is being introduced from 2020.</p> <p>The Records Management Working Group (RMWG) continues to meet every 2 months to discuss RM practice across the organisation and to share learning.</p>	<p>The number of Information Asset Owners in an organisation must remain a business decision for that organisation and is likely to be linked to the records management structure (see element 4). The SharePoint/O365 roll-out taking place in all health boards is also likely to affect the allocation of 'ownership'.</p> <p>The Assessment Team will be pleased to learn more about how this settles down in subsequent PURs. Particularly if the authority has concerns that local involvement in records management is being unduly</p>

						to share learning regarding implementation of records management controls and practices across the organisation.				diluted by the reduction in IAOs. The operation of an internal Records Management Working Group remains strong evidence of an intention to pursue records management issues.
3. Policy	G	G	G	G	The Records Management Policy outlines the planned training in records management which will be delivered to all new staff. The Keeper welcomes this initiative and would be interested in having sight of an example of this training module once it has been implemented.	The policies covering Records Management, Document version control and Naming, Records Retention and Disposal were reviewed and updated in Feb 2018. A Records Management training module has been developed on LearnPro and has been rolled out to all HIS staff. New staff are required to complete this module within 3 weeks of their start date with HIS.	The authority is continuing to keep its records management policies under reviews and updating them as required. This is best practice.	Records Management policies were reviewed and updated in Jan 2019 with a one year review point. They will be considered again in the new year. However given the NHSScotland move to O365 it is unlikely that we will make substantial revisions at this stage. We await a national business classification scheme and naming conventions which will impact on local policy. A new email management policy was approved in March 2019. Activities have been undertaken to help implement the new email management policy. This includes the creation of an "Email Management" page on the HIS intranet which provides useful resources to help staff manage their email and a quick link to the policy. The RM internal training module is in full operation with a completion rate of 89% across the business, last recorded in November 2019.	In their original submission HIS committed to keep their information governance policies and guidance under review. The Assessment Team is pleased to acknowledge that this is being done. For training see element 12	
4. Business Classification	A	G	A	A	A Business Classification Scheme (BCS) is currently being developed, with work on finalising the functions to be included in the BCS to be completed by October 2015. The roll out will involve migration of content to the new structure and relevant staff training. This is commended by the Keeper and he requests updates on the project once it has been completed.	A BCS was agreed and an associated folder structure has been implemented on a single shared drive. This has seen the reduction of drives from 4 locations to one single destination accompanied by the implementation of the asset owners responsible for maintenance of the BCS structure and records retention and disposal.	The Assessment Team welcome the development and implementation of an agreed BCS. This work has been aligned with developments in Elements 5 and 11 which is practical and should ensure that the BCS remains relevant and fit for purpose. This Element appears to be well on the way to achieving a Green RAG rating and the Assessment Team would hope to see evidence of this at the next PUR.	An audit of the BCS (top 3 levels) was carried out in December 2019. This demonstrated minimal creep in structure and identified that all new business functions are captured. The BCS has been submitted to the NHS RM forum as part of preparations for O365 introduction.	The Keeper is aware that all 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 remind Health Improvement Scotland of the importance of appropriate policies, governance and staff training in making this major project a success.	

					The Keeper can agree this element on an 'improvement model' basis. This means that the authority have identified a gap in provision (the BCS is not fully operational in the organisation) and have made a firm commitment to closing this gap.				This element remains at Amber while this work is ongoing. The Assessment Team recognise that Lynne Smith of Health Improvement Scotland has been consistently engaged in developments in NHS Scotland centrally through the NHSS Forum. This group are developing a BCS and an update to the Code of Practice while closely monitoring the O365 implementation.
5. Retention Schedule	G	G	G	G	<p>The authority has developed and implemented both a Retention Schedule and a Retention and Disposal Policy. These will be reviewed in June 2017 and the Keeper would be interested in receiving updates following these reviews.</p> <p>The arrangements for destruction of records at the end of their retention period will also be reviewed. Again the Keeper would welcome updates concerning the result of this review once it has been completed.</p>	<p>The Retention and Disposal Policy and Retention Schedule were reviewed and combined into one policy document in Oct 2017. Instructions for the destruction of records and how this should be recorded was included in the policy.</p> <p>The policy was reviewed and updated again in Feb 2018.</p> <p>Once the NHS Scotland RM Code of Practice has been updated the policy will be reviewed again.</p>	The authority is continuing to keep its retention and disposal schedules under regular review which is good practice.	The Retention and Disposal policy will be reviewed in 2020. It is anticipated that the updated NHS Scotland RM Code of Practice will be released and the policy will be updated in line with that.	<p>The authority is continuing to keep its retention and disposal schedules under regular review which is good practice.</p> <p>This is a recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year.</p> <p>As noted above the Assessment Team recognise that Health Improvement Scotland have been consistently engaged in developing the updated Code of Practice through the NHSS Forum.</p>
6. Destruction Arrangements	G	A	A	A	<p>The authority has developed a Retention and Disposal Policy which applies to records in all formats and there are guidelines in place for staff to follow when undertaking disposal tasks.</p> <p>However there is a recognition of the need to amend destruction policies so as to standardise practice across the</p>	<p>An annual call for submission of disposal logs to the Information Governance team was issued in Jan 2017 and Jan 2018. The next call for disposal logs will be in January 2019.</p> <p>A review of paper records held in off-site storage was undertaken in June 2018 and subsequent</p>	The authority appears to have put in place a system of disposal logs and an annual check on compliance across the authority. The intention is to undertake quarterly checks. This shows good progress is tracking disposals and ensuring that it takes place in accordance with the retention schedules.	<p>An annual call for disposal logs was made in Jan 2019. This will be repeated in Jan 2020.</p> <p>The team are exploring an online central register in an attempt to automate the call for destruction process.</p> <p>A reduction in off-site record storage continues following the 2018 review. Significant reductions have been made.</p>	<p>The Assessment Team acknowledge that progress around the destruction of records is still being made in this authority.</p> <p>Particularly the secure, controlled and irretrievable destruction of hard-copy records held off-site seems to be pursued effectively.</p>

					<p>authority. The Keeper welcomes the plan to test adherence to the amended policy and procedures in one business area before rolling these out across the organisation. He would like updates on the progress of this work.</p> <p>The Keeper can agree this element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the consistent destruction of electronic and paper records across the organisation) and has outlined how it intends to close this gap. This agreement is conditional based on the Keeper being kept informed as work progresses.</p>	<p>destruction has taken place.</p> <p>Going forward a quarterly report will identify records which have reached their retention period. These records will be reviewed and disposed of in line with the HIS retention policy.</p>	<p>Standardising disposal arrangements appears to be well in hand and the Assessment Team would welcome further updates in future PURs.</p>	<p>The next call for disposal logs will be in January 2020.</p>	<p>The Assessment Team note the intention to develop a central disposal register and commend this.</p> <p>This element remains at Amber while this work is ongoing.</p> <p>Clearly, once all the public records of the authority are managed on the O365 system 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.</p>
7. Archiving and Transfer	G	G	G	G	<p>Update required on any change</p>	<p>Board and committee minutes from NHSQIS (2005-2010) are being assessed before being sent for permanent archive to NRS. They will be deposited with NRS in 2019. Going forward it is proposed to send Board/committee minutes to NRS after 7 years.</p> <p>Consideration is being given to archiving a number of corporate websites (HIS, SHC, SIGN, SMC, SAPG, iHub) using services provided by NRS.</p>	<p>The Assessment Team would encourage the authority to work closely with NRS Client Management Team in assessing the Board and Committee papers for permanent retention. The proposal to transfer records of enduring value on an annual basis is sensible.</p> <p>The development of web archiving is welcome. Websites often contain records of on-going interest to the public and it is important that these are not overlooked but are actively included in arrangements for identifying and preserving records of enduring value. This shows active engagement with the long-term value of records and is to be commended.</p>	<p>Board and Committee minutes from 2005-10 have been processed for transfer. However the associated papers need to be processed before these documents can be submitted for permanent retention.</p> <p>There is a clear understanding and willingness to operationalise the memorandum of understanding however we are fully aware that a deposit has not yet been made. This will be revisited in the final quarter of 2019/20.</p> <p>The HIS corporate website and Scottish Health Council website content is being captured and archived as part of the NRS web continuity service.</p>	<p>The Assessment Team acknowledge thanks HIS for this update.</p> <p>The National Records of Scotland have recently rolled-out a new, GDPR compliant, MoU. Organisations depositing their records with NRS for permanent preservation are encouraged to engage with the new version.</p> <p>In order to expedite this for your authority, the Assessment Team suggests that you e-mail the lead officer in the NRS client management unit: neil.miller@nrscotland.gov.uk asking to be sent the new MoU for consideration and sign-off.</p>

8. Information Security	G	G	G	G	<p>The Keeper commends the authority's endeavours in this area, including the work being done to ensure that their <i>Information Security Policy</i> complies with the requirements of ISO 27001. This <i>Policy</i> is to be reviewed in February 2017.</p> <p>Similarly commendable is the development of an <i>Information Asset Register</i> detailing the information assets being used in each business area. The intended date for completion of the <i>Register</i> is December 2015.</p> <p>The Keeper would be interested in receiving updates on these projects and would especially like to see a sample of the completed <i>Register</i>.</p>	<p>The Information Security policy was reviewed and updated in May 2018.</p> <p>The Information Asset register was updated during 2017-18 in preparation for GDPR. This is being developed as a Sharepoint resources and Information Asset Owners will be responsible for keeping the register up-to-date via an annual automated review request.</p>	<p>The regular review of policies is best practice.</p> <p>The overlap between Element 9 and Element 8 is well catered for with the use of Information Asset Registers. Giving responsibilities for updating to the Information Asset Owners should ensure that the register is maintained as a practical working tool rather than a one-off exercise for GDPR compliance. This approach is positive and to be welcomed.</p>	<p>The information security policy was reviewed and received minor amendments in 2019.</p> <p>The information asset register and procedure is a live system within HIS. A call for update was issued in December 2019.</p> <p>Asset owners are prompted to review assets such as email distribution lists and cleanse these on a quarterly basis to ensure the security of information shared via email.</p> <p>The organisation will be audited in 2020 against the The Network and Information Systems Regulations 2018 which includes compliance with the NHSScotland information security framework.</p>	<p>In their original submission HIS committed to keep their information governance policies and guidance under review. The Assessment Team is pleased to acknowledge that this is being done.</p> <p>The involvement of local business area information asset owners in all parts of an authority's records management provision is commended. This is particularly important where it comes to the security of</p> <p>For review see element 13 below</p>
9. Data Protection	G	A	G	G	<p>The <i>Data Protection Policy</i> is currently being reviewed to ensure it remains up-to-date and will be presented to the Policy Sub-Group in November 2015. The Keeper requests that he is sent the new version once it has been approved in order to keep the submission up-to-date.</p> <p>Work is also being done to revise the privacy section of the website and this will include an updated notice and Subject Access form. This will be completed by the end of 2015. The Keeper requests that he is sent the URL of the page once work on the privacy section has been completed.</p> <p>Provided he receives the updated <i>Data Protection Policy</i> the Keeper can agree that this authority have appropriate measures in place to protect personal and sensitive information.</p>	<p>Since 2015 the Data Protection policy has been reviewed and updated in March 2017 and again in May 2018. This is scheduled for review in February 2019 to capture any learning post GDPR implementation.</p> <p>Privacy notices were also updated for staff (May 2018) and for the HIS website (June 2018).</p> <p>Website privacy statement: http://www.healthcareimprovementscotland.org/footer/nav/respecting_your_privacy.aspx</p>	<p>The regular review of policies is best practice.</p> <p>The overlap between Element 9 and Element 8 is well catered for with the use of Information Asset Registers. Giving responsibilities for updating to the Information Asset Owners should ensure that the register is maintained as a practical working tool rather than a one-off exercise for GDPR compliance. This approach is positive and to be welcomed.</p>	<p>The data protection policy was reviewed in 2019 and guidance on data protection impact assessments and adoption of a national template introduced.</p> <p>HIS underwent an internal audit of information governance including data protection compliance during 2019.</p>	<p>As with all other Scottish public authorities Healthcare Improvement Scotland and the Scottish Health Council have been required to review and update their data protection procedures in light of the 2018 legislation.</p> <p>The Assessment Team acknowledges that the public facing HIS website has been updated appropriately: http://www.healthcareimprovementscotland.org/footer/nav/respecting_your_privacy.aspx</p> <p>For review see element 13 below</p>

10. Business Continuity and Vital Records	G	G	G	G	<p>The authority has conducted a business impact analysis and has identified the areas where risk is the greatest. A draft plan has been submitted for the Human Resources Unit identifying specific actions to be taken and priorities in the event of a disaster occurring. The Keeper commends this commitment to business continuity arrangements and requests that he is sent a copy of a final approved version once it is operational.</p> <p>The action plan included within the Plan outlines the work to be done on developing procedures to ensure that vital records are identified within the systems used by the authority. Progress will be reviewed by the Information Governance Group in November 2015, after which the authority has agreed to inform the Keeper of progress.</p>	<p>A corporate business continuity strategy and localised unit plans were completed in 2017 and are due for review in August 2019. Live testing has been completed. Critical assets are identified via the information asset register and a prioritised restoration plan for access to records is in place.</p>	<p>The Keeper thanks Healthcare Improvement Scotland for the url for the website privacy statement. The Keeper would still like to receive the updated Data Protection Policy.</p>	<p>There is no update on this element of note. A new resiliency group has been formed within the business and the topic of vital records and our approach will be a discussion item in 2020.</p>	<p>The Assessment Team thanks Healthcare Improvement Scotland for this update. They look forward to hearing more about the deliberations of the resilience group in subsequent PURs.</p>
11. Audit Trail	A	A	A	A	<p>The authority recognises the need to improve compliance in some business areas and to standardise practice across the organisation. The implementation of the BCS and the roll-out of the Customer Relationship Management system have been identified as aids in closing gaps in provision. The Keeper would welcome updates on the progress of these projects.</p> <p>The RMP also states that a review of paper storage will take place by August 2015 with the aim of minimising physical storage requirements and duplication. Following this review new policies and guidelines will be</p>	<p>A BCS has been agreed and an associated folder structure has been implemented on a shared drive. One directorate (Quality Assurance Directorate) has carried out a BCS/folder audit since initiation of the BCS.</p> <p>An audit checklist will be rolled out in 2019 which will assist asset owners to review their areas of responsibility and document that appropriate maintenance actions have been taken on a periodic basis covering updates to: Information asset register Folder permissions Email distribution lists Disposal logs. Completion of the maintenance actions</p>	<p>The development of the BCS is an important step towards developing a tracking and auditing mechanism for electronic records. Again the use of the Information Asset Register makes use of developments initially driven by GDPR. Giving responsibilities to information asset owners is an appropriate and effective way of ensuring that information is tracked.</p> <p>The future plans as outlined show a continuing commitment to developing an audit trail. Although the CRM system has not been rolled out as intended, where it has been possible to implement it there is now an audit trail in place.</p>	<p>HIS has participated in the shared services agenda and has adopted national systems for financial management, human resource management and training and development. The national systems have audit trail capability.</p> <p>HIS still largely operates a network drive environment for non-corporate records, for example, core projects however the CRM has since 2018 been further rolled out in certain business units increasing the automated audit trail capability.</p> <p>NHSScotland is moving towards O365 adoption and our focus moving forward will be on the use of sharepoint for management of records. This will increase our ability to demonstrate audit trails. There</p>	<p>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 Business Classification Scheme to strengthen this element. (For comments regarding the O365 migration see element 4 above).</p> <p>The Keeper has previously accepted that specialist line-of-business systems, such as CRM, may have automatic document tracking functionality.</p>

					<p>developed in areas such as organising records, closing files, and tracking records removed from storage. The Keeper commends this review and would like to receive updates following on this work.</p> <p>The Keeper can agree this element on an 'improvement model' basis. This means that the authority has identified a gap in provision and has outlined how it intends to close this gap. This agreement is conditional based on the Keeper being kept informed as work progresses.</p>	<p>assures the business that access rights to records are accurate. Combined with document control procedures this forms the basis of the audit controls within the shared drive environment.</p> <p>The corporate wide roll out of the Customer Relationship Management System did not proceed as anticipated. It has been implemented within the following business areas: Independent healthcare, Scottish Health Council Scottish Medicines Consortium and Information Governance. The CRM includes a full audit trail of access and actions taken.</p>	<p>Overall there is steady and encouraging progress towards achieving robust systems of tracking information.</p>	<p>is not, as yet, a confirmed date for adoption of O365.</p>	<p>However, the Assessment Team notes that the authority still manages several classes of public record on shared-drives. This will require staff to manually operate version control and naming convention instructions.</p> <p>In the case of a formal resubmission the Keeper would require sight of this guidance and a statement from HIS that you are confident that staff, throughout the authority, are implementing naming conventions and version control properly.</p> <p>At that point the Keeper may choose to make the RAG status Green. For the moment it remains Amber.</p>
12. Competency Framework	G	G	G	G	<p>The Keeper commends the commitment to providing information governance staff training in areas including data protection and freedom of information. An action point identified is the development and implementation of a records management training and awareness raising programme for all staff by December 2015. The Keeper would be interested to see a sample of this once it has been implemented.</p>	<p>A LearnPro training module on Records Management has been rolled out to all HIS staff. New staff complete the module within 3 weeks of joining HIS.</p> <p>Bespoke training for asset owners including records management and use of the asset register has been delivered across the organisation and individual webinars are offered as required to asset owners.</p>	<p>Healthcare Improvement Scotland clearly have understood how important it is to train all staff in their records management responsibilities. The training described shows careful targeting of relevant training to different roles which is good practice.</p> <p>The authority has shared screen-shots of this training.</p>	<p>The business continues to operate the model of sharing best practice and learning via the Records Management Working Group.</p> <p>The RM module is mandatory training for all staff with a two year refresher training cycle.</p> <p>Information asset owner training which includes guidance on the BCS, version control and retention is provided as required.</p> <p>HIS operates an SLA with NHS National Services Scotland to receive support from the NSS records manager as required regarding professional support for our own team.</p> <p>A member of the HIS team will attend records management practitioner training in 2020.</p>	<p>The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported.</p> <p>There is evidence that HIS take this aspect of their records management provision seriously.</p> <p>In the original submission the authority committed itself to implement a training module specifically around records management and the Assessment Team acknowledges that this has been done.</p> <p>The Assessment Team notes the impressive uptake in records management training in the authority (see element 3).</p>

									The learning opportunities afforded a member of the HIS Team has also been noted and should be commended. It seems from this (and previous) submissions that the personal development of information governance staff is well supported.
13. Assessment and Review	G	G	G	G	The authority have a newly constituted Records Management Working Group to implement and oversee the RMP and will use the ARMS methodology for assessing compliance. The Keeper recognises the ARMS tool as a wholly appropriate method for ensuring records management provision is properly assessed and he would welcome updates on any reviews conducted and possible changes in policy which have occurred.	The use of the ARMS tool has been superseded by the implementation of records management improvement plans per directorate. Individual measures are devised per plan and business areas self-assess progress and compliance.	Although the Keeper suggests using the ARMS tool, it is not the only mechanism available for self-assessment and it is a business decision for the authority to choose and use the most appropriate and effective means of assessing its records management plan. The development of individual measures and improvement plans for each directorate is an effective means on assessing and reviewing records management. This Progress Update Review is another method of ensuring that the authority complies with the statutory duty to keep its records management plan under review and the Assessment Team welcome the use of this mechanism.	A new format for Directorate RM Improvement Plans will be introduced from 2020. This includes a stronger element of self-assessment with the requirement to provide evidence and rate completion which will in turn inform the overall corporate records management plan.	The Assessment Team thanks HIS for this update and looks forward to further information about Improvement Plans in subsequent PURs. The creation of an action plan for records management improvements (the OS365/SharePoint migration for example) is commended as a useful way ensuring your improvements are kept on-track. It is also likely to help structure reporting. The Assessment Team notes that the organisation will be audited in 2020 against the The Network and Information Systems Regulations 2018 which includes compliance with the NHSScotland information security framework. The Assessment Team also notes that HIS underwent an internal audit of information governance including data protection compliance during 2019. 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.)

										The Assessment Team note a continued commitment to do this with practical actions.
14. Shared Information	G	G	G	G	The authority demonstrates a strong commitment to ensuring the security and privacy of shared information. By December 2015 the authority intends to have developed guidance on information sharing protocols. The Keeper commends this initiative and would be interested to see this guidance once completed.	The asset register identifies assets which are shared internally and externally to the business and captures the legal basis for this activity and whether the necessary agreements are in place. Healthcare Improvement Scotland has developed a number of MoUs with relevant partners which contain data sharing clauses. The national NHS Scotland information sharing toolkit is the basis for the development of such agreements.	The use of the sector-wide toolkit to develop data sharing agreements is sensible and practical. It is positive to hear that MoUs are now in place. There is much to commend in these collaborative resources and also in the way that NHS records managers regularly work together for the benefit of the public and the NHS.	HIS has adopted the Scottish Government Information Sharing Toolkit and applies the tools to workstreams which have information sharing requirements.	The Assessment Team notes the adoption of the NHS Scotland Toolkit for information sharing: https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2016/03/IS-Toolkit-v1April2016.pdf The Keeper acknowledges this is currently considered best practice for NHS Boards.	

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 20th December 2019. The progress update was submitted by Alison Winning, Knowledge Management Team Lead.

The progress update submission makes it clear that it is a submission for **Healthcare Improvement Scotland and the Scottish Health Council**.

PRSA Assessment Team's Summary

The Assessment Team has reviewed Healthcare Improvement Scotland and the Scottish Health Council's Progress Update submission and agrees that the proper record management arrangements outlined by the fourteen 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

Healthcare Improvement Scotland and the Scottish Health Council 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.

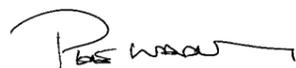
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

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

Based on the progress update assessment the Assessment Team considers that Healthcare Improvement Scotland and the Scottish Health Council 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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Pete Wadley
Public Records Officer