The Public Records (Scotland) Act 2011

NHS Tayside

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

8th May 2019

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

4. Authority Background

Tayside Health Board was established in April 1974 and is responsible for commissioning health care services for the residents in the geographical local government areas of Angus, Dundee and Perth and Kinross. The Board's boundaries are coterminous with these local government areas, which had a combined population of 405,721 based on mid-year 2011 population estimates.

NHS Tayside's governance includes a total of 22 major and community hospitals, including the University of Dundee's Medical School attached to the regions flagship institute, Ninewells Hospital in Dundee. It also includes over 75 GP surgeries and a variety of health centres staffed by over 30,000 employees of the health region.

http://www.nhstayside.scot.nhs.uk/index.htm

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. |

Progress Update Review (PUR) Template: NHS Tayside

Element	Status of elements under agreed Plan, October 2016	Status of evidence under agreed Plan, October 2016	Progress assessment status, 2018	Keeper's Report Comments on Authority's Plan, October 2016	Self-assessment Update as submitted by the Authority since October 2016	Progress Review Comment, 2019
1. Senior Officer	G	G	G	Update required on any change	Update as below **Chief Executive** New Chief Executive in post from January 2019 Mr Grant R Archibald **Senior Information Risk Owner** Ms Margaret Dunning, Director of Governance, Risk and Compliance (change of job title was previously Board Secretary)	The Keeper's Assessment Team thanks NHS Tayside for this update and have amended their records accordingly. **Updates have been provided in more detail in the NHS Tayside Improvement Plan which has been shared with the Keeper. The Improvement Plan shows good progress in the authority and the Keeper thanks NHS Tayside for sharing this document with him.**

2. Records Manager	G	G	G	Update required on any change	No change	No immediate action required. Update required on any future change.
3. Policy	G	G	G	Update required on any change	All policies are reviewed on a bi-annual basis. There have been no major updates since the submission in 2016, however minor updates have been made to policies to reflect GDPR and the Data Protection Act 2018. The records retention policy will receive a major update when the next revision of the NHS Scotland Records Management Code of Practice is issued.

The new version will have clearer guidance on retention periods for non-clinical records, and these will be adopted in NHS Tayside policy. It is anticipated this will be at some point during 2019. | The original submission indicated that information governance policies are routinely reviewed and updated and the Assessment Team acknowledge the evidence that this is being pursued. |
| | A | G | A | NHS Tayside are currently engaged in a project to create | Work continues with records management coordinators | The Keeper's Assessment Team note the update (as |

| 4. Business Classification | | | | local service area business classification schemes which will then feed into the DocStore document management system. This key programme for the Corporate Records Compliance Group will allow for a more centralised and efficient approach to records management and will be fundamental to future records management provision in the authority. The Keeper commends this work, particularly the involvement of local service "champions" and requests that he is kept updated as work on this project continues.

The authority is also creating an Information Asset Register (IAR) in order to clarify ownership of information assets and to link record types with the retention schedule. The Keeper asks that he is provided with a copy of the finalised IAR when available.

NHS Tayside will roll-out staff training on the new Business | and early adopter teams to review their records management provision. There are 150 departmental level records management plans in place across the organisation.

The classification scheme in place in the electronic document store remains in place as the corporate business classification scheme as it is fit for purpose.

The Corporate Records Manager has been involved in early discussions on a project to implement sharepoint 365 throughout organisation. This is a long term project at early stages. Work being done with departments now to review shared drive structure and data cleansing will serve them well for moving forward both in working with records management practices and ensuring only good quality, required | requested) and acknowledge that pilot 'early adopters' are operational.

The Keeper has already agreed this element of NHS Tayside's RMP on an improvement model basis and the PUR submission would seem to confirm that required improvements are progressing adequately.

The Keeper is aware of the drive towards sharepoint 365 in NHS Scotland and understands that this will be a long process. However, the Assessment Team can commend the principle that it offers an opportunity for a review (purge) of what is held on shared drives and acknowledges that NHS Tayside has recognised this at an early stage.

The Assessment Team recognise the advantages of developing an information asset register and note the authority's comments |

				Classification Scheme when appropriate. The Keeper welcomes this commitment and would be interested in hearing news of the development of this training. The Keeper agrees this element of NHS Tayside's Records Management Plan under 'improvement model' terms. This means that an authority has identified a gap in their records management provision (in this case business classification schemes and information asset register are not fully functional across the Board) and has put processes in place to close that gap. The Keeper's agreement is conditional on him being updated as the project progresses.	information is moved over to the new system. We identify that this will be a long process in an organisation the size of NHS Tayside and continue to work with teams to embed better records management practices throughout and create local business classification schemes to compliment that in the electronic document store. Work on the Information Asset Register has not progressed as planned due to lack of resource within the Information Governance Team. From February 2019, responsibility for taking this forward will lie with the Corporate Records Manager. There are currently 76 information assets registered within NHS Tayside.	regarding the unfortunate, but understandable, delay in the planned IAR work. They look forward to future updates. If this were a formal submission it is likely that this element would retain its Amber grading. The Team looks forward to a further update at the time of the next PUR.
5. Retention Schedule	G	G	G	Update required on any change	NHS Tayside follows the NHS Scotland Records Management Code of	The Assessment Team recognise that the new Code of Conduct is yet to be rolled

					Practice V2.1 which is under review as detailed above. We have however retained records that maybe of interest to the national child abuse enquiry and the infected bloods enquiry. Also we are retaining HR records under legal guidance related to equal pay claims.	out and accepts that NHS Tayside will adopt the retention schedule featured in the Code when available. In the meantime NHS Tayside has an operational retention schedule in the form of the current Code of Practice. The Assessment Team note the information about the ongoing inquiries.
6. Destruction Arrangements	A	G	A		NHS Tayside recognises the challenge of destroying electronic records held in shard drives as this process must be done manually. It is anticipated that the programme of work to transfer all such records onto the DocStore system, where deletion is automated, will significantly improve provision under this element. In the meanwhile, the authority will engage in an awareness raising campaign to encourage staff to be mindful of the retention and destruction of records held on	There has been continued growth in the number of departments using electronic document store (EDS) to hold their non clinical records. Functionality was added to the EDS in mid 2018, to force users to insert either a review date or an expiry date when checking documents in. These fields were previously not mandatory and could therefore be left blank. This	The authority has made significant progress towards controlling the destruction of electronic records. The Assessment Team commend the initialisation of automatic systems to assist and to staff training. The Assessment Team also acknowledge the recognition of work that needs done to rationalise paper records storage (and destruction) in the authority and looks forward to an update on this

| | | | | the shared drives. The Keeper commends these initiatives and asks that he be kept informed of both the awareness campaign and the migration of records onto the DocStore system.

The Keeper agrees this element of NHS Tayside's Records Management Plan under 'improvement model' terms. This means that he acknowledges that the authority has identified a gap in provision (manual deletion of electronic records in shared drives may not be suitably controlled). However, they have instigated processes to close that gap (moving shared drives to DocStore and in the interim re-training staff). The Keeper agrees this element on condition that he is kept updated as the project progresses. | will go a huge way towards assisting NHS Tayside in appropriately destroying records.

Some promotion of good records management and 'it's okay to delete' along with advice on data cleansing has taken place supported by NHS Tayside communications team. An article was included the staff newsletter during 2018 and Staffnet (NHS Tayside's Intranet) is used to drip the message about appropriately destroying records.

Work has commenced on auditing the short term archive storage facility in Ninewells Hospital and Perth Royal Infirmary. Departments with records in both stores have been contacted and are being supported in reviewing what they have and why. This work will be rolled out to other sites during 2019. | project at the time of the next PUR.

The Assessment Team also note the comments regarding shared drives that accompany element 11 below.

If this were a formal submission it is likely that this element would retain its Amber grading awaiting the bedding-in of the electronic destruction process, the tidy-up of the shared drives and of the review of the paper storage provision. |
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	A	G	A		Health records continue to be destroyed in a robust manner as per retention schedules.	
7. Archiving and Transfer	A	G	A	NHS Tayside has identified the University of Dundee Archive Service as an appropriate place of deposit for these records. The Keeper agrees the suitability of this repository and recognises that historic arrangements are in place. However, due to the informal and outdated nature of these arrangements, the Keeper recommends that a dialogue between these two bodies should commence as soon as practicable. NHS Tayside have notified the Keeper that there is an on-going action point to formalise the transfer arrangements, which the Keeper commends. The Keeper is able to agree this element of NHS Tayside's Records Management Plan	Discussions have been held with Dundee University about formalising the arrangements in place for long term archiving of records of historical interest. This is sitting with the University, who have agreed to draw up an MOU for further discussions.	Noted. If this were a formal submission it is likely that this element would retain its Amber grading awaiting sight of the MoU with Dundee University.

	🟧	🟩	🟧	under 'improvement model' terms. This means that he acknowledges that an authority has identified a gap in their records management provision (in this case the archiving agreement is out of date), but has put appropriate processes in place to close that gap. His agreement is conditional on him being supplied with an updated MoU or similar document showing the current arrangements between NHS Tayside and Dundee University Archives. NHS Tayside have made a commitment to sharing this document with the Keeper when available.	
8. Information Security	G	G	G	NHS Tayside currently operate an Information Security Policy Framework consisting of a suite of policies and procedures. An Action Plan 2015-17 aims to bring the Board up to the ISO 27001 standard. The Keeper commends this endeavour and asks that the authority forwards documents relevant to the upgraded security provision when they become available.	The Network and Information Systems Regulations 2018 (NIS) came into effect in May 2018 and NIS security duties have been incorporated into a refreshed NHSS Information Security Policy Framework (ISPF) which was issued in December 2018 for comment. Compliance with	The Assessment Team acknowledges that NHS Tayside have adapted their information security plans to comply with best practice and industry standards. Thank you for the update.

| | | | | There is also a commitment to promote effective confidentiality and security practice amongst staff and to establish and maintain incident reporting procedures and investigate instances of actual or potential breaches. The Keeper welcomes this commitment and asks that he be kept informed of the progress of this work.

The Keeper agrees that NHS Tayside have current arrangements in place to ensure that records are held securely as required by the Act. However, he notes that "there are a number of new things to be undertaken" as part of the Information Security Framework (Report on Information Security Framework to Information Governance Committee, 6 May 2015) and looks forward to regular updates. | these regulations will be monitored via audit and inspection by the Competent Authority, Scottish Government, and through governance reporting within NHS Tayside to a standing committee. It is anticipated that future prioritisation of actions in the revised ISPF include risk exposure criterion. | |

15

9. Data Protection	G	G	G	Update required on any change	NHS Tayside updated policies to reflect GDPR and DPA2018. A new data protection notice has been published on the public website. A suite of GDPR advice and documents have also been developed and have been made available to all NHS Tayside staff.	The Assessment Team acknowledges that NHS Tayside have adapted their information security plans to comply with GDPR/DP 2018. Thank you for this update.
10. Business Continuity and Vital Records	G	G	G	The Keeper notes a statement in the Plan that TrakCare will, when adopted, "deliver suitable Disaster Recovery and Business Continuity Plans". He requires an update, when appropriate, of how this alters the Board's submission under Element 10.	The TrakCare service has been provided across two highly available data centres based in Dundee and Aberdeen. The resilience provided is core to the design of the system and supported by Managed Service contracts with Intersystems and Brightsolid which have ensured the system has to date been available in excess of its 99.5% service level agreement.	The Assessment Team acknowledges that NHS Tayside have adopted the TrakCare recovery system as advertised in the original *Records Management Plan*. Thank you for the update.
11. Audit Trail	A	G	A	Tracking functionality forms part of the line of business	Work has been progressing with teams to address	The Assessment Team acknowledges that NHS

	🟧	🟩	🟧	systems operated by NHS Tayside and examples have been supplied. As one of these, TrakCare, will not be fully deployed in the authority until March 2017 the Keeper requests that he is notified once this system is fully operational.

NHS Tayside recognise audit trail challenges for records stored in the shared drives. Work will be undertaken to structure these drives before merging them the DocStore system. The Keeper agrees that this project, alongside the wider BCS/IAR work, will greatly improve provisions in this area. As such he would welcome updates on these developments.

The Keeper agrees this element of NHS Tayside's Records Management Plan under 'improvement model' terms. This means that he acknowledges that an authority has identified a gap in their records management provision (in this case around "long term | shared drive management. The corporate records manager has been supplied with a map of the shared drives across the organisation which has assisted in identifying teams with large volumes to work with.

A number of areas have demonstrated improvements in this area around better organisation and deleting records appropriately. This work continues, albeit slowly with teams across the organisation, and will serve teams well for impending changes regarding Microsoft Sharepoint in the future.

Both TrakCare and EMIS Web have been implemented to Secondary and Community care users respectively.

In addition the introduction of the iFit solution, integrated with TrakCare | Tayside have adopted the TrakCare recovery system as advertised in the original *Records Management Plan*. Thank you for the update.

The Assessment Team notes and commends the work to tidy-up the shared drives and acknowledge that work in this area is progressing.

They agree that the development of the SharePoint/365 solution (and the rationalisation of records that will involve) is an ideal opportunity to drive forward this work.

If this were a formal submission it is likely that this element would retain its Amber grading awaiting the completion of the shared drive clean-up project and probably the roll-out of the SharePoint/365 solution. |

	 	 	 	management of organisational shared drives" – Plan element 11 actions). He notes that NHS Tayside have implemented appropriate programmes to close that gap. The Keeper's agreement is conditional on him being updated as the project progresses.	provides the case-record ordering and tracking functions, which are further enhance by the passive use of RFID for case notes. TrakCare has also been integrated with the Fairwarning system to ensure further controls around appropriate access to records. This function is expected to go live in Qtr1 of 2019-20.	
12. Competency Framework	**G**	**G**	**G**	Update required on any change	The Safe Information Handling elearning module has recently been updated to reflect the introduction of GDPR and the DPA18. This module is mandatory for all staff. NHS Tayside are looking to develop a learnpro module for Corporate Records Management going forward.	This is evidence that information governance training is updated when major changes take place in the information governance environment, in this case a change in legislation. The Assessment Team commends this proactive approach. The Assessment Team also notes the intention to develop a specific eLearning module for managing Corporate Records and looks forward to hearing about this in future PURs.

13. Assessment and Review	**G**	**G**	**G**	A formal review of the Plan will take place before April 2018, whilst the NHS Tayside Corporate Records and Web Manager will undertake regular reviews in the meanwhile and shall report progress to the Corporate Records Compliance Group. There are also commitments to carry out or commission internal audits of the records management arrangements and progress of the implementation of the Plan. Individual policies supporting these provisions have been assigned scheduled review dates. The Keeper commends these endeavours and requests that he is provided with updated policy documents when available, in order that he may keep the NHS Tayside submission up-to-date.	An improvement plan for PRSA was produced and is brought to the Information Governance Committee twice a year to provide update and assurance. A copy of the most recent version of the improvement plan is attached as evidence. NHS Tayside has chosen to participate in the PUR process which will assist in reviewing and taking stock of current provision.	The Keeper thanks NHS Tayside for providing a copy of their *Improvement Plan*. This *Improvement Plan* details the ongoing work in all elements and shows good progress in the authority. The Keeper agrees that engagement in the PUR process is good evidence of keeping a records management plan under review as required by the Public Records (Scotland) Act 2011.
14. Shared Information	**G**	**G**	**G**	Update required on any change	No update required.	No immediate action required. Update required on any future change.

<u>Version</u>

The progress update submission which has been assessed is the one received by the Assessment Team on 31st January 2019. The author of the progress update submission is Lynda Petrie, Corporate Records Manager.

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

7. PRSA Assessment Team's Summary

The Assessment Team has reviewed NHS Tayside'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.

<u>General Comments</u>

NHS Tayside 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.
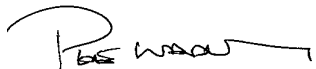
Where 'no change' has been recorded under the update on provision by the authority, the Assessment Team is happy to agree that these elements require no further action for the time being.

8. PRSA Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that **NHS Tayside** 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