

**The Public Records (Scotland) Act 2011**

**Healthcare Improvement Scotland**

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

**25<sup>th</sup> May 2023**

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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. 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 began to 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:

<b>G</b>	The Assessment Team agrees this element of an authority's plan.	<b>A</b>	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.	<b>R</b>	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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## 6. Progress Update Review (PUR): Healthcare Improvement Scotland (and Scottish Health Council, aka HIS Community Engagement)

Element	Status of elements under agreed Plan 30OCT15	Progress review status 17MAR22	Progress review status 25MAY23	Keeper's Report Comments on Authority's Plan 30OCT15	Self-assessment Update 19JAN22	Progress Review Comment 17MAR22	Self-assessment Update as submitted by the Authority since 17MAR22	Progress Review Comment 25MAY23
1. Senior Officer	G	G	G	Update required on any change.	Ruth Jays is currently Interim Director of Community Engagement. She took up this post on 4 <sup>th</sup> May 2021.	The Keeper's Assessment Team thanks you for this update which has been noted.	Clare Morrison was appointed Director of Community Engagement in January 2023.	The Assessment Team thanks you for this update which has been noted.
2. Records Manager	G	G	G	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.	Lynne Smith, Senior Information Governance Officer, was awarded a Practitioner Certificate in Scottish Public Sector Records Management in June 2021 after completing a training course and submitting a portfolio of evidence of CPD.  The Senior Information Governance Officer continues to chair the Records Management Working Group (RMWG) which meets every 2 months. All HIS Directorates are represented on the group and members are involved in developing Directorate records management improvement plans.  The TORs and membership of the RMWG will be reviewed in 2022.	Thank you for this update on the named Records Manager's competency, CPD, and continuing engagement in an internal RMWG. The Assessment Team continues to have confidence in HIS's commitment to this Element.	Lynne Smith, Senior Information Governance Officer continues to lead on RM.  The ToRs for the RM group were updated in March 2022. The group continues to meet bimonthly.  The annual review/update of the Information Asset Register led to a review of the list of Information Asset Owners.  Awareness sessions are being held on regular basis covering various information governance topics including IAO/IAA roles and records management.  Evidence: <ul style="list-style-type: none"> <li>RM group ToRs v3.0</li> <li>2022 IG training log</li> </ul>	Thank you for this update regarding the operational records management lead.  Thank you also for updating us on the IAO list update, as well as update to the Terms of Reference of the RM Group, and supplying a copy (this has been received with thanks).  For updates on staff awareness sessions, please see Element 12.
3. Policy	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.	HIS has a number of policies relating to records management. Some of these were reviewed and updated in 2021: <ul style="list-style-type: none"> <li>Records Management Policy</li> <li>Document Naming policy</li> <li>Records Retention and Disposal policy</li> </ul> A new policy covering audio visual recordings was introduced in 2021.  Evidence: <i>HIS Audio Visual Recording policy</i>	The Keeper expects each public authority's Records Management Plan to include a records management policy statement that reflects its business functions and defines the legislative, regulatory and best practice framework within which the authority operates. The Team notes that HIS's Records Management Policy and the accompanying policies mentioned here fulfil this requirement.	Two HIS policies relating to records management were reviewed and updated during 2022: <ul style="list-style-type: none"> <li>Email management policy</li> <li>Records retention and disposal policy</li> </ul>	Thank you for letting us know that the email management and records retention and disposal policy have been updated. It is understood these policies support the underlying Records Management Policy statement, included in the Records Management Plan.  Update required on any change.

						Update required on any change.		
4. Business Classification	A	A	A	<p>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.</p> <p>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.</p>	<p>Lynne Smith continues to contribute to work to update the NHSS BCS. A second version has now been agreed by the NHSS RM Forum (16/12/21). This will be used in the implementation of Sharepoint in M365.</p> <p>There is no timeline yet for the HIS migration to Sharepoint. This is organised at NHSSScotland level and is outwith the control of HIS.</p>	<p>Thank you for this update on the work undertaken to update the NHS Scotland Business Classification Scheme. This is an important aspect of a wider implementation of M365 for HIS's long-term electronic records management strategy which is likely to take time to bed-in properly.</p> <p>This element remains at Amber while this work is ongoing.</p> <p>The Assessment Team look forward to updates on the progress of M365 implementation and the BCS in consecutive PURs.</p>	<p>A new M365 implementation group has been set up to consider how HIS will migrate their electronic records to SharePoint. The IG lead and RM lead are members of this group which is being led by the Digital Services Team.</p> <p>There is no timeline yet for the HIS migration to SharePoint.</p>	<p>Thank you for this update on the work undertaken to update the NHS Scotland Business Classification Scheme. This is a key aspect of a wider implementation of M365 and SharePoint for HIS's long-term electronic records management strategy. It is good to hear that a group has been set up to carefully consider the migration of electronic records onto SharePoint, mindful of existing BCS structures and the risk of metadata loss.</p> <p>This element remains at Amber while this work is ongoing. The Assessment Team look forward to updates on progress BCS in subsequent PURs.</p>
5. Retention Schedule	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 updated HIS record retention and disposal policy was approved by the HIS Partnership Forum Policy Subgroup in February 2021 and has been added to the HIS intranet so that it is available to all staff.</p>	<p>Thank you for this update on Retention and Disposal Policy review and dissemination. Update required on any change.</p>	<p>The Records Retention and Disposal policy was reviewed and updated in August 2022.</p>	<p>The Assessment Team thanks you for this update. It is great to hear that relevant policies are being kept under regular review and therefore fit for purpose.</p>
6. Destruction Arrangements	G	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 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</p>	<p>A call for disposal logs to be submitted to the IG team will be made in early 2022 as in previous years.</p> <p>A centralised register has not been progressed this year but is still under consideration.</p>	<p>The Assessment Team is grateful for this update on annual call for disposal logs.</p> <p>We look forward to hearing about progress with regard to the planned centralised register in consecutive PURs.</p> <p>This element remains at Amber while this work is ongoing.</p>	<p>The disposal log template was reviewed and updated. A SOP was produced to provide guidance for staff completing disposal logs.</p> <p>The annual call for disposal logs this year (2023) will be scheduled for later in 2023 as work is being undertaken to identify any relevant records that require to be kept for submission to the ongoing Covid inquiries.</p> <p>Evidence:</p> <ul style="list-style-type: none"> <li>Document Disposal Register Template v3.0</li> </ul>	<p>Element 6 specifies that 'Records are destroyed in a timely and appropriate manner and records of their destruction are maintained.' The process should be consistent across all formats.</p> <p>It is good to hear that in addition to reviewing and updating the Disposal log Template, a Standard Operating Procedure (and relevant documentation) has been produced. This will likely assist in the consistency and standardisation of approach, and the impact of this will hopefully be apparent in the</p>

				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.			<ul style="list-style-type: none"> <li>20220803 Document Disposal Register SOP v1.0</li> </ul>	<p>next annual call for disposal logs. Both the Document Disposal Register Template and the Document Disposal Register Standard Operating Procedure have been received with thanks.</p> <p>It is clear that HIS has made significant headway with this Element, but that work remains, especially with regard to the upcoming move to SharePoint.</p> <p>This Element will remain at Amber while the work is ongoing.</p> <p>See also Element 11.</p>
7. Archiving and Transfer	G	G	G	Update required on any change.	The Depositor agreement with NRS is currently with NRS for their approval.  Evidence: 20210830 – NRS – Healthcare Improvement Scotland – Agreement v1.1	The Assessment Team is very pleased to hear that the new Depositor Agreement is progressing, and note the receipt of this draft Agreement with thanks.	The NRS Archive deposit agreement template was revised this year when NRS introduced a new version. HIS has completed the new agreement template and sent to NRS for approval.  Evidence: <ul style="list-style-type: none"> <li>20221221 NRS - HIS - Agreement for the Transfer of Records v0.4</li> </ul>	<p>Thank you for this update. This is very positive news, and it is hoped that the process can be completed and the Agreement formalised very soon.</p> <p>Thank you for providing us with a copy of the Transfer Agreement; this has been received with thanks.</p>
8. Information Security	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 is currently being reviewed.</p> <p>The HIS Executive Lead for Digital completed the SBRC Cyber Executive Education Programme in 2021.</p> <p>The Network and Information Regulations (NIS) audit update: Following the desk top audit of 2020 a number of recommendations/actions were identified by the reviewer. Work on addressing these actions was undertaken in 2021 and a further audit took place virtually on 30<sup>th</sup> Nov &amp; 1<sup>st</sup> Dec 2021.</p> <p>Some notable actions included:</p> <ul style="list-style-type: none"> <li>Introduction of a cyber security training module for all staff</li> <li>Update of Information Asset Register</li> <li>Addressing issues with legacy infrastructure</li> </ul>	<p>Thank you for this update on Information Security Policy review, and training undertaken by the HIS Executive Lead for Digital in information security.</p> <p>The Assessment Team is grateful also for this update on the actions following the 2020 and 2021 Network and Information Regulations desktop audits. It is positive news that these have been undertaken, actioned, and appropriately followed up as indicated.</p> <p>HIS's aim to move to a more risk-based, holistic approach to information security is welcomed by the Assessment team. Especially with regard to the gradual implementation of</p>	<p>A NISR progress audit took place in November 2022.</p> <p>The Information Security policy and the acceptable use policy were updated in 2022.</p> <p>A new mobile device policy has been introduced.</p> <p>A review of the information asset register was undertaken.</p> <p>Other key developments this year:</p> <ul style="list-style-type: none"> <li>Implementation of Microsoft Intune and Mobile Device Management</li> <li>Penetration testing of Dynamics CRMs</li> </ul>	<p>Thank you for confirming that the Network and Information Systems Regulations (NISR) progress audit has now taken place.</p> <p>Thank you also for indicating that the Information Security policy and the Acceptable Use Policy have been reviewed and updated, and a new Mobile Device Policy introduced (a copy of this has been received with thanks). It is also positive to hear about other key projects currently taking place or recently undertaken at HIS.</p> <p>Update required on any future change.</p>



				<p>The aim is to move to a more holistic, risk based approach to information security rather than focussing simply on IT aspects.</p> <p>Work is underway at a national level to test various features of the M365 security and compliance centre to see what can be applied across the single NHS Scotland tenancy. Some of these features will help to enhance information security.</p>	<p>M365 for digital records management purposes, an all-encompassing approach will be beneficial.</p>	<ul style="list-style-type: none"> <li>Trialling of implementation of security classifications within O365</li> </ul> <p>Evidence:</p> <ul style="list-style-type: none"> <li>HIS Mobile Device Policy v1.0</li> </ul>		
9. Data Protection	G	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>The HIS Data Protection policy and guidance on "Protecting the personal data of our staff" were updated in 2021.</p> <p>A guide on "Working with personal data" was also produced and is available to staff on the HIS intranet.</p> <p>Evidence: <i>Working with personal data</i></p>	<p>Thank you for this update on keeping Data Protection policies and guidance under regular review, as well as producing new guidance.</p>	<p>The following documents have been reviewed and updated during 2022:</p> <ul style="list-style-type: none"> <li>Data protection policy</li> <li>Data protection impact assessment (DPIA)</li> <li>HIS privacy notice</li> <li>Staff privacy notice</li> <li>IG adverse event procedure</li> </ul> <p>A register of DPIAs has been created.</p> <p>Awareness sessions have been held for staff covering: working with personal data, privacy notices and overview of DPIA.</p> <p>Evidence:</p> <ul style="list-style-type: none"> <li>2022 IG training log</li> </ul> <p>An audit by the ICO is taking place in January 2023.</p>	<p>Thank you for indicating that documentation relevant to data protection compliance have been recently reviewed and updated, and that a registry for Data Protection Impact Assessments has been set up. This is positive, and will hopefully, alongside staff training and 'awareness sessions', contribute towards consistency in practice.</p> <p>It is also very exciting to hear that by the time this PUR is finalised, and audit by the Information Commissioner's Office has taken place. This can be a rare opportunity to take stock. The Assessment Team are keen to hear about the results of this audit – as well as the action plan developed based on the findings – in subsequent PURs.</p>
10. Business Continuity and Vital Records	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</p>	<p>The COVID-19 resilience group continued to meet during 2021.</p> <p>In December 2021 the HIS Resilience working group was reconvened. This group will oversee the work of the sub groups for sustainability, cyber security and business continuity. New ToRs for the group are being drafted.</p> <p>Evidence: <i>HIS Resilience Working Group TOR draft v0.1</i></p>	<p>The Assessment Team appreciates this update on COVID-19 Resilience Group and the HIS Resilience Working Groups, and the receipt of the Terms of Reference draft for the latter is noted with thanks.</p>	<p>The HIS Resilience group continues to meet on a regular basis.</p> <p>A number of business continuity documents have been updated during 2022.</p> <p>An elearning module for staff has also been updated.</p> <p>Evidence</p> <ul style="list-style-type: none"> <li>Business Continuity Documents (screenshot)</li> </ul>	<p>Thank you for confirming that robust resilience activities continue to take place, and that relevant documents have been recently updated – alongside relevant training.</p> <p>Thank you also for providing the screenshot of business continuity documents and the HIS Resilience Working Group Terms of Reference; this have been received with many thanks.</p>

				Information Governance Group in November 2015, after which the authority has agreed to inform the Keeper of progress.			<ul style="list-style-type: none"> <li>HIS Resilience Working Group ToR v1.1</li> </ul>	
11. Audit Trail	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 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>A number of CRM systems are used within HIS. One CRM system (DCRS) has been moved to a cloud-based environment during 2021. Several other CRM systems are due to move to a cloud based environment in the first quarter of 2022.</p> <p>The migration of information and records to SharePoint has not taken place yet. Timing of this is outwith the control of HIS.</p>	<p>The Assessment Team thanks HIS for this update on Customer Relationship Management systems used within the authority. It is positive that these systems are being streamlined for a more unified approach to digital records retention, version control, tracking, and disposal.</p> <p>We look forward to updates about SharePoint migration timescales, when these are known, in consecutive PURs.</p> <p>This element remains at Amber while this work is ongoing.</p>	<p>The CRM systems used by several teams across HIS have now been moved to the cloud-based environments.</p> <p>The migration of information and records to SharePoint has not taken place yet.</p> <p>A review of records held offsite has been undertaken and a number of records which have reached their retention period have been reviewed and identified for destruction. This will reduce the volume of our offsite storage holdings.</p>	<p>Element 11 pertains to audit trails, tracking and version control, and highlights the need for the location of records to be known and changes recorded. The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record.</p> <p>Thank you for confirming that the Customer Relationship Management systems (line-of-business systems unique to the authority's needs) have now been moved to cloud-based environments, but that migration to SharePoint has not yet taken place.</p> <p>See also Element 6.</p> <p>It is also reassuring to hear that HIS has recently reviewed records held offsite, and has identified records for destruction. It is hoped that this process can become more automated and consistent in the future.</p> <p>This Element will remain at Amber as the work continues.</p>
12. Competency Framework	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>Lynne Smith, Senior Information Governance Officer, was awarded a Practitioner Certificate in Scottish Public Sector Records Management in June 2021 after completing a training course and submitting a portfolio of evidence of CPD.</p> <p>Lynne also undertook FOI training during 2021, is a member of the NHSS FOI Forum and has taken on role of co-chair of the forum.</p>	<p>The Assessment Team thanks you for this update on Senior Information Governance Officer's CPD in public sector records management and FOI legislation. Their close involvement within the NHSS FOI Forum is also noted with thanks.</p> <p>The updates regarding Information Governance, Records Management and Cybersecurity training modules for all staff, as well as the high</p>	<p>The IG lead and Senior Information Governance Officer for HIS continue to contribute to the NHS Scotland national forums for IG, DP, RM and FOI. They also undertake regular CPD activities to keep up-to-date with developments in the IG field.</p> <p><i>All staff</i> In addition to the elearning modules for IG/RM which are mandatory at induction the IG</p>	<p>The Assessment Team thanks you for letting us know if the Information Governance training, also mentioned under Element 3. The 2022 IG training log has been received with thanks.</p> <p>It is great to hear that participation in the national forums continue and that undertaking regular CPD is a habitual occurrence.</p>

				<p>The IG and RM training modules (available on LearnPro) were reviewed and updated with some minor changes. A cybersecurity module was introduced for all staff.</p> <p>Completion rates for the IG and RM training modules are monitored regularly. The completion rate of the RM module in November 2021 was 96%.</p> <p>A review will be carried out of IG training /awareness raising provided for all staff and specific staff groups in the coming year.</p>	<p>completion rates, also sound very encouraging.</p> <p>These are all very positive steps and, with the upcoming review as well, show that the authority continues to demonstrate continuing commitment to the improvement and maintenance of its staff competencies in the management of public records.</p>	<p>team have introduced a series of awareness sessions during 2022. These sessions cover a variety of topics and have been well received by staff. They are provided virtually using MS Teams.</p> <p>Evidence</p> <ul style="list-style-type: none"> <li>2022 IG training log</li> </ul>	<p>We also note that additional training available to all staff has been provided virtually via MS Teams.</p> <p>Update required on any future change.</p>	
13. Assessment and Review	G	G	G	<p>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.</p>	<p>Directorate level improvement plans were produced for a second year.</p> <p>The PUR is a useful process for reviewing the HIS RMP on an annual basis.</p> <p>A Corporate level RM improvement plan template was also used this year to help identify actions for 2022.</p> <p>Evidence: 20220107 HIS Corporate RM Improvement Plan</p>	<p>The Assessment Team is delighted to hear that HIS is finding the PUR process useful in the regular review of their Records Management Plan.</p> <p>Thank you for letting us know of both directorate- and corporate-level records management improvement plans. The receipt of the latter is also noted with thanks. It is clear that HIS remains committed to the ongoing review and assessment of records management policies and procedures.</p>	<p>No change.</p> <p>Continuing to use the Corporate and Directorate level records management improvement plans to assess progress and identify actions for improvement.</p> <p>PUR is also a useful annual assessment tool.</p>	<p>Thank you for letting us know that there have been no major changes to this Element. It is commendable that HIS continues to participate in the PUR process, and that improvement plans remain in place.</p> <p>Update required on any future change.</p>
14. Shared Information	G	G	G	<p>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.</p>	<p>When HIS works with other bodies it puts in place information sharing agreements as required.</p> <p>HIS makes use of the Scottish Information Sharing toolkit and the Intra-NHS Scotland Information Sharing Accord.</p> <p>Several teams within HIS have completed information sharing agreements during 2021.</p>	<p>Thank you for updating the Assessment Team on this Element. It is positive to hear that HIS continues its commitment to the security and privacy of shared information.</p>	<p>HIS continues to use the Scottish Information sharing toolkit when sharing information with other parties</p> <p>An information sharing agreement register is in place and an internal guidance note on information sharing has been issued to all staff.</p> <p>The guidance on sharing information via email has been updated.</p> <p>Evidence:</p> <ul style="list-style-type: none"> <li>20220920 Information sharing v1.0</li> <li>20220818 RAG Guide v4.0</li> </ul>	<p>Thank you for confirming that the Scottish Information Sharing toolkit remains in use, and that an information sharing register is in place alongside the relevant guidance documentation.</p> <p>The evidence provided ('Handling instructions for sharing personal and business information' and 'HIS Guidance Note on Sharing personal data with other organisations') has been received with thanks.</p> <p>Update required on any future change.</p>

## 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 19 January 2023. The progress update was submitted by Lynne Smith, Senior Information Governance Officer.

The progress update submission makes it clear that it is a submission for **Healthcare Improvement Scotland**.

The Assessment Team has reviewed Healthcare Improvement Scotland'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

Healthcare Improvement Scotland 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 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 Officer