

The Public Records (Scotland) Act 2011

NHS Tayside

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

13th June 2023

Contents

1. The Public Records (Scotland) Act 2011.....	3
2. Progress Update Review (PUR) Mechanism.....	3
3. Executive Summary.....	4
4. Authority Background.....	4
5. Assessment Process.....	4
6. Records Management Plan Elements Checklist and PUR Assessment.....	5-9
7. The Public Records (Scotland) Act Assessment Team's Summary.....	10
8. The Public Records (Scotland) Act Assessment Team's Evaluation.....	10

1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for NHS 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.
----------	---	----------	---	----------	--

6. Progress Update Review (PUR) Template: NHS Tayside

Element	Status of elements under agreed Plan 03OCT16	Progress review status 06MAY22	Progress review status 13JUN23	Keeper's Report Comments on Authority's Plan 03OCT16	Self-assessment Update 08FEB22	Progress Review Comment 06MAY22	Self-assessment Update as submitted by the Authority since 06MAY22	Progress Review Comment 13JUN23
1. Senior Officer	G	G	G	Update required on any change.	No change.	Update required on any change.	No change.	Update required on any change.
2. Records Manager	G	G	G	Update required on any change.	No change.	Update required on any change.	No change to the previously identified officer with responsibility for Corporate records which remains as Lynda Petrie, Corporate Records Manager. There is a change to the previously identified officer with responsibility for health records who is now Heather Anderson, Head of Health Records.	Thank you for this update which has been noted. The Assessment Team confirms Heather Anderson will also continue to be listed at a NHS Tayside Key Contact.
3. Policy	G	G	G	Update required on any change.	No change.	Update required on any change.	The Health Records Policy was reviewed, updated and approved by the Information Governance and Cyber Assurance Committee in November 2022. http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SEC_URE_FILE&dDocName=DOCS_083695&Revision=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1 The suite of Corporate Records Management policies are up to date as at January 2023.	Thank you for confirming that records management policies are continuing to be kept up to date. The Assessment Team also acknowledges the receipt of the updated Health Records Policy.
4. Business Classification	A	A	A	NHS Tayside are currently engaged in a project to create 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	This element has not progressed as well as had hoped. This is due both to resourcing challenges within the IG Team and the NHS System delivering a response to Covid which has seen a reduction in the ability to have meaningful engagement with services to enable this to be driven	It is understandable that progress has been disrupted by the Covid-19 pandemic. The resourcing challenges within the Information Governance Team are also regrettable. However, gradual progress is evident through the appointment of a staff member tasked with the roll-out of the organisation's Information Asset register. This element will remain	NHS Tayside has an information asset register which meets all legislative requirements. As at 31 January 2023, NHS Tayside has 164 assets registered. Version 2 of the national business classification scheme for NHS Scotland has been finalised and will be reviewed and adopted by NHS Tayside in time.	The Assessment Team thanks you for this positive update. It is clear that progress is continuing being made. This Element will remain at Amber while the work on BCS and IAR continues. Update required on any future change.

				<p>available.</p> <p>NHS Tayside will roll-out staff training on the new Business Classification Scheme when appropriate. The Keeper welcomes this commitment and would be interested in hearing news of the development of this training.</p> <p>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.</p>	<p>forward.</p> <p>We now have a new member of the team in post who will be supporting the further roll out of the IAR into the organisation once it is better placed to engage.</p> <p>As at 31 January 2022, NHS Tayside has 132 assets registered.</p>	<p>at Amber while this work is ongoing. We look forward to being updated on progress in consecutive PURs.</p>		
5. Retention Schedule	G	G	G	<p>Update required on any change.</p>	<p>No change.</p>	<p>Update required on any change.</p>	<p>No change – NHS Tayside follows the retention periods laid out in the Records Management : Health and Social Care Code of Practice (2020).</p> <p>These are described in NHS Tayside's Records retention Policy.</p>	<p>Thank you for confirming that NHS Tayside continues to follow the retention periods laid out in the HSC RM Code of Practice (2020).</p> <p>Update required on any future change.</p>
6. Destruction Arrangements	A	A	A	<p>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 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.</p> <p>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.</p>	<p>Work around promoting data cleansing is ongoing and it is anticipated this would always be an ongoing piece of work in an organisation the size of NHS Tayside.</p> <p>No pro-active work has been undertaken in this period, again due to resource, however reactive work to enquiries and support requests from departments and teams has continued.</p> <p>With the impending move to M365 it is anticipated that this work will increase in the period.</p>	<p>Thank you for updating the Assessment Team on NHS Tayside's record destruction arrangements.</p> <p>As stipulated by Section 1(2)(b)(iii) of the Act, an authority's RMP must demonstrate that proper destruction arrangements are in place. While no new work on improving the practical implementation of data cleansing has been implemented, it is clear that NHS Tayside continues to support its staff on a reactive basis. Alongside the upcoming move to M365, which will likely take a considerable amount of time to bed in properly, destruction arrangements will likely continue to be a focus for some time.</p> <p>This Element will remain at Amber while the work is ongoing.</p>	<p>Work around promoting data cleansing continues, with tailored advice and support being provided to areas upon request.</p> <p>A working group has been established to review HR Records Management as it has been identified this is an area which can benefit from improvements, particularly around appropriate destruction. This group is HR led with input from both corporate and health records and work is ongoing.</p> <p>Arrangements are in still in place for destruction of paper records and health records.</p>	<p>The Assessment Team is grateful for this update on destruction arrangements. It is good to hear of the recent focus on data cleansing.</p> <p>Thank you also for letting us know of the working group, established to review HR records management practices and procedures.</p> <p>Thank you for confirming that arrangements for the destruction of paper records and digital health records remain in place.</p> <p>This Element remains at Amber while NHS Tayside works towards closing the gap id consistent digital records destruction identified in 2016 through gradual move away from shared drives to a system with automated audit trail and records destruction capabilities (see also Element 11).</p>

7. Archiving and Transfer	A	A	A	<p>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.</p> <p>The Keeper is able to agree 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 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.</p>	Nothing further to report as the pandemic continues to force us to prioritise other pieces of work.	<p>Thank you for letting us know that, regrettably though understandably, there has been no progress in the formalisation of transfer arrangements. The Assessment Team would like to encourage NHS Tayside to proceed with this as soon as practicable, and looks forward to updates in consecutive PURs.</p> <p>This Element will remain at Amber.</p>	Nothing further to report as the pandemic response and continued pressures on the NHS force us to prioritise other pieces of work.	<p>The Assessment Team thanks you for this update.</p> <p>It is disappointing to hear that the gap identified by the Keeper in 2016 is yet to be addressed. While the Team understands that NHS Tayside is under significant pressures, it would be good to hear that the Board has started to pursue an updated archiving agreement with its selected repository.</p> <p>This Element will remain at Amber until the arrangements have been formalised. The Assessment Team look forward to hearing of further progress in subsequent PURs.</p>
8. Information Security	G	G	G	<p>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.</p> <p>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.</p> <p>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.</p>	<p>The Final Audit Report is the completion of last year's interim report which was finalised on 10 August 2021 when the auditor for the Competent Authority met with key individuals from NHS Tayside.</p> <p>The NIS Review Report addresses the improvements made following the recommendations contained within the interim report.</p> <p>NHS Tayside's overall compliance status has increased from 50% to 55%.</p> <p>Good progress has been made in the recommendations and controls implementation:</p> <p>72% of the recommendations are completed or in</p>	<p>The Assessment Team is grateful for this positive update on information security procedures in place. Reaching the next stage in the gradual audit process is great news, and shows that NHS Tayside continues to appropriately act on recommendations to improve compliance.</p> <p>The NIS Review Report figures shared indicate that clear progress has been made in the direction. This is a very positive indication of the direction taken.</p>	<p>The audit review of NHS Tayside in 2022 was to assess progress on implementing the recommendations from the initial audit and progress on the control requirements since the audit.</p> <p>NHS Tayside overall compliance has increased to 57%.</p> <p>The creation of the NHS Tayside Digital Strategy: this initiative was described as successful in helping clinicians understand the importance of digital services and business continuity, impact and resilience planning. The auditor noted that this was an example of good practice that could be adopted by other boards.</p> <p>There was progress in the implementation of the controls and recommendations which has resulted in an uplift in the Overall Compliance status from 55% to 57%.</p> <p>The board risk profile has similarly seen a reduction in risk exposure which is now at 14%.</p> <p>Improvements have been made in 8 of the 17 categories with 8 at a compliance level of 60% or more; 56% of subcategories have</p>	<p>It is great to hear that NHS Tayside's NIS audit review has been a positive experience. It is particularly good to hear that compliance has increased since the initial audit was undertaken, and that actions adopted by NHS Tayside, such as the creation of a Digital Strategy, have been found exemplary. It is clear that NHS Tayside is focused on continuous improvement in this area.</p> <p>Thank you also for letting us know that the next NIS audit in 2023 will be a full, on-site audit, and that this will assess the new revised Public Sector Cyber Resilience Framework (PSCRF). The Assessment team look forward to hearing more in subsequent PURs.</p>

					<p>progress</p> <p>69% of the controls have been achieved or partially achieved</p> <p>The risk exposure of the Board has been reduced from 21% to 16%. The risk exposure is defined by % proportion of controls identified as <30% compliant, i.e. black (critical) and red (urgent) compliance ratings.</p> <p>The NIS Action Plan is currently being updated. This will contain named leads who will take outstanding NIS audit controls and recommendations from the NIS Review Report forward and provide evidence against them within realistic timescales.</p>		<p>achieved a compliance of $\geq 60\%$, although there are 11 at <30%.</p> <p>There is therefore a significant programme to be delivered if the board is to achieve the 60-60-0 Key Performance Indicators (KPI) cited in the 2021 NIS Annual Report by the end of 2023.</p> <p>The next NIS audit in 2023 will be under the new revised Public Sector Cyber Resilience Framework (PSCRF). This will be a full on site audit.</p> <p>The revised Framework has undergone a number of significant changes as a result of the revision and addition of cyber security standards and frameworks. This includes the introduction of new controls with some of subcategories having been removed or merged.</p> <p>NHS Tayside will focus on demonstrating compliance against the 430 controls and a new Action Plan will be developed which will incorporate the revised 83 recommendations from the last Review Audit.</p>	
9. Data Protection	G	G	G	Update required on any change.	<p>All policies and guidance are up to date and NHS Tayside Information Governance Team continues to promote, monitor and provide data protection advice to the organisation.</p>	<p>The Assessment Team thanks you for this update on how NHS Tayside continues to adhere to Data Protection legislation and appropriately promote good practice within the organisation.</p> <p>Update required on any change.</p>	<p>All policies and guidance are up to date and NHS Tayside Information Governance Team continues to promote, monitor and provide data protection advice to the organisation.</p>	<p>Thank you for this update on data protection arrangements. It is good to hear that data protection policies, guidance and advice continue to be updated, promoted and monitored.</p> <p>Update required on any change.</p>
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.	This is ongoing, no update.	Update required on any change.	<p>No change. NHS Tayside continues to have extensive business continuity plans in place which are tested and updated.</p> <p>The NHS Tayside resilience team are working with Digital Directorate and Information Governance to identify business critical systems and ensure they have robust business continuity in place along with registration on NHS Tayside's IAR.</p>	<p>Thank you for this update. It is good to hear that NHS Tayside continues to maintain its business continuity and disaster recovery arrangements.</p> <p>Update required on any future change.</p>
11. Audit Trail	A	A	A	Tracking functionality forms part of the line of business 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	No further update on this is required as situation remains as previously with work	Thank you for letting us know that there is very little to update with regard to audit trails and actions	Regarding health records audit trails remain in place as previously described.	It is good to hear that audit trails are in place with regard to NHS Tayside health records and

				<p>Keeper requests that he is notified once this system is fully operational.</p> <p>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.</p> <p>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 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.</p>	<p>in reviewing shared drive usage and management continuing organisation wide in preparation for full move to O365.</p>	<p>taken to maintain a complete and accurate representation of all changes that occur in relation to a particular record. The upcoming move to M365 will have major implications for this, and we look forward to hearing how this progresses in consecutive PURs.</p> <p>This Element will remain at Amber.</p>	<p>With regard to corporate records, for electronic records stored in the electronic document store, these create a full audit history, however for records in shared drives and paper records no formal audit trail still exists. It is hoped a potential move to sharepoint would support better audit trail of electronic records, however there is no timescale as yet within NHS Tayside of this happening.</p>	<p>some corporate records. The Assessment Team understand that a portion of digital corporate records held on shared drives, and some paper records, still lack formal audit trail arrangements.</p> <p>It is disappointing that timescales for the SharePoint project are yet to be agreed, but it is likely that the anticipated move from shared drives to O365 will significantly improve the ability to track any changes made to born-digital records.</p> <p>This Element will remain at Amber while the work is ongoing. The Assessment Team look forward to further updates in subsequent PURs.</p>
12. Competency Framework	G	G	G	Update required on any change.	No change to report.	Update required on any change.	There is no change to report on this element. It is still mandatory for all staff to complete the online learnpro module safe information handling, and uptake on this module consistently sits at over 80%.	The Assessment team thanks you for this update which has been noted.
13. Assessment and Review	G	G	G	<p>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.</p> <p>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.</p>	<p>Records Management progress continues to be featured within a report to every meeting of the Information Governance and Cyber Assurance Committee.</p> <p>NHS Tayside continues to choose to participate in the PUR process which will assist in reviewing and taking stock of current provision.</p>	<p>Thank you for this update on continuing monitoring of records management progress within the authority. It is good to hear that this continues to be a standing issue at the IG & Cyber Assurance Committee.</p> <p>The Assessment Team would also like to acknowledge that NHS Tayside continues to participate in the PUR process. This is very positive, and shows commitment to continuous monitoring and improvement.</p>	<p>No change to this element. Reporting on records management continues to regularly take place at the Information Governance and Cyber Assurance Committee, and NHS Tayside continues to choose to participate in the PUR process.</p>	<p>Thank you for confirming there have been no major changes to this Element. NHS Tayside's continuing, regular participation in the PUR process is commended.</p>
14. Shared Information	G	G	G	Update required on any change.	No update.	Update required on any change.	No changes required, NHS Tayside continues to have robust data sharing agreements in place where required.	Thank you for confirming there have been no updates to this Element. Update required on any future change.

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 31st January 2023. The progress update was submitted by Lynda Petrie, Corporate Records Manager.

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

The Assessment Team has reviewed NHS Tayside's Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

NHS 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.

8. The Public Records (Scotland) Act 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



Iida Saarinen
Public Records Officer