

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

**Public Authority  
NHS Highland**

**The Keeper of the Records of Scotland**

**25 October 2017**

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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 fully 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 record keeping 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. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of NHS Highland by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 20 December 2016.

The assessment considered whether the RMP of NHS Highland was developed with proper regard to the 14 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of NHS Highland complies with the Act can be found under section 7 of this report with relevant recommendations.

### 3. Authority Background

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

### 4. Keeper's Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether NHS Highland's RMP was developed with proper regard to the elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

**Key:**

<b>G</b>	The Keeper agrees this element of an authority's plan.		<b>A</b>	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is 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 Keeper may choose to return the RMP on this basis.
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**5. Model Plan Elements: Checklist**

Element	Present	Evidence	Notes
1. Senior Officer <i>Compulsory element</i>	<b>G</b>	<b>G</b>	<p>The Records Management Plan (RMP) identifies Elaine Meade, Chief Executive, as having overall strategic responsibility for records management within NHS Highland. This is confirmed in a signed letter from Ms Meade (evidence 1.1) accepting this responsibility and also expressing her support for the development and implementation of the RMP.</p> <p>The Health and Social Care Records Management Policy (section 1.7.1, evidence 3.2) states that 'The Chief Executive Officer has overall accountability for ensuring</p>

			<p>that health and social care records management operates correctly/legally within the Board’.</p> <p>The Introduction to the RMP states that it was agreed by the Chief Executive on 19 December 2016.</p> <p>The Keeper agrees that an appropriate individual has been identified to take senior management responsibility for records management as required by the Public Records (Scotland) Act 2011.</p>
<p>2. Records Manager <i>Compulsory element</i></p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>The RMP identifies Ruth Daly, Board Secretary for NHS Highland, as the individual with overall operational responsibility for records management.</p> <p>This appointment is confirmed in the covering letter from Ms Meade (evidence 1.1) (see Element 1).</p> <p>Also submitted is Ms Daly’s Job Description (evidence 2.1). Item number 10 of the main tasks, duties and responsibilities states that she has ‘Corporate responsibility.....for non-clinical records management....ensuring the requirements of the Public Records (Scotland) Act 2011 are met’.</p> <p>The RMP identifies Jamie Forrester, Health Records and Governance and Quality Manager, as the professional lead for clinical records. Mr Forrester’s Job Description has also been submitted (evidence 2.2). This shows a responsibility for managing the Health Records department, providing records management advice to NHS Highland and for ensuring compliance with the Public Records (Scotland) Act 2011.</p> <p>The RMP also identifies Ian Thomson, Lead Social Work Officer for North and West Operational Unit, as the professional lead for Adult Social Care records. The Keeper has agreed the RMPs of other NHS Territorial Boards in the past which have identified two records managers (clinical and corporate). In view of the unique</p>

			<p>partnership NHS Highland has with Highland Council with regards to Health and Social Care, the Keeper can agree the addition of an individual to take responsibility for Social Work records. NHS Highland has supplied a copy of Mr Thomson’s Job Description (evidence 2.3). Accountability 4 shows that he is responsible for ensuring that ‘the use of social work and social care information management and recording systems evidence best practice’.</p> <p>The Keeper agrees that appropriate individuals have been identified as having operational responsibility for records management as required by the Public Records (Scotland) Act 2011.</p>
<p>3. Policy <i>Compulsory element</i></p>	<p><b>G</b></p>	<p><b>A</b></p>	<p>The RMP states that NHS Highland has adopted the Scottish Government Records Management: NHS Code of Practice (Scotland) version 2.1 dated January 2012. The Code of Practice has been supplied (evidence 3.1) and NHS Highland has committed to following the provisions outlined within it, for example, section 16 of the Introduction states that the Chief Executive should have overall responsibility for records management within the Board and this is indeed the case (see Element 1).</p> <p>Compliance with the Scottish Government Records Management: NHS Code of Practice (Scotland) is supported by a suite of policies, including:</p> <p>Health and Social Care Records Management Policy (evidence 3.2) which describes NHS Highland’s approach to managing its health and social care records and assigns roles and responsibilities for compliance with the Policy;</p> <p>Information Governance Policy (evidence 3.8) which details the information governance framework which operates within the authority. It makes reference to information security, information quality assurance, and describes how the framework is managed. <b>The Policy has recently been reviewed and updated and is currently in draft format awaiting approval by the Information Assurance Group. The draft Policy has been supplied (evidence 3.8). The next meeting of</b></p>

			<p><b>the Group is in November 2017. The Keeper requests that he is sent the updated Policy once it has been approved at this meeting.</b></p> <p>Information Security Policy (evidence 3.4) which describes the measures in place to protect NHS Highland’s information and systems.</p> <p>The RMP also states that all policy documents and guidance are available to staff on NHS Highland’s intranet. A screenshot of its Policies Library has been provided (evidence 3.17) which shows that staff have access to the Information Governance Policy and Information Security Policy, amongst others.</p> <p>The RMP states that all staff are required to complete an online module on information handling. A screenshot has been supplied showing how staff access the training (evidence 3.3). Information Governance training also features in the Statutory and Mandatory Training Prospectus (pages 51-52) (evidence 3.3).</p> <p>Also submitted are a number of useful information leaflets evidence 3.9-3.15) which serve to highlight issues relating to information security.</p> <p>The RMP also states that NHS Highland is committed to ensuring that all policies, procedures and guidance are kept up-to-date. In order to manage this, it has in place a Policy for the Management of Policies, Procedures, Guidelines and Protocols (evidence 3.16). <b>The Policy has recently been reviewed and updated but is awaiting approval by the Risk Management Steering Group which is due to meet in November 2017. Once approved it will be communicated to staff and made available on the NHS Highland intranet. The Keeper requests he is sent a copy of the updated Policy once approved.</b></p> <p><b>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a gap in provision (lack of updated key</b></p>
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			<p>policy documents) and has identified how it will close this gap. Once he receives the updated and approved Policies when they become available, the Keeper should be able to fully agree this Element.</p>
<p>4. Business Classification</p>	<p><b>A</b></p>	<p><b>G</b></p>	<p><b>The RMP states that NHS Highland is currently developing a Business Classification Scheme (BCS) based on the current departmental structures. This is a decision which must rest with the public authority but the Keeper recognises that, at present, a functional BCS is considered to be best practice, as it is based on an authority’s functions and is therefore more resilient to business changes, such as reorganisations.</b></p> <p><b>The current draft BCS has been submitted (evidence 4.1). NHS Highland recognises that is still in a state of development and that it needs to be finalised and rolled out across the organisation. This is also highlighted in the minutes of meetings of the Senior Management Team and the NHS Highland Board on 22 September and 29 November 2016, respectively (evidence 4.5-4.6). The RMP also states that this work will be progressed by July 2017.</b></p> <p>To identify health records held across the organisation NHS Highland has created a spreadsheet form (evidence 4.4) to be completed by staff detailing what records are held in that area, what the storage requirements are and who is responsible for managing them.</p> <p>The RMP states that on occasion patients in the NHS Highland area are sent to other health boards for treatment. These are also subject to the requirements of the Public Records (Scotland) Act 2011 and therefore should have arrangements in place to ensure the proper management of records. NHS Highland has entered into a Service Level Agreement (SLA) with the Golden Jubilee Hospital for the provision of surgical services (evidence 4.2). Section 9 of the SLA outlines the controls in place for the management of health records.</p>

			<p>The RMP also states that private care providers are expected to manage their records in accordance with the Scottish Government Records Management: NHS Code of Practice (Scotland) version 2.1. Additionally, NHS Highland has created a Social Care Model Contract (evidence 4.3). This covers the provision of social care by a third party and Sections A10 and A11 cover the requirements for contractors to comply with the Data Protection Act 1998, Freedom of Information (Scotland) Act 2002 and Public Records (Scotland) Act 2011.</p> <p><b>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a gap in provision (the lack of an operational organisation-wide BCS) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being kept informed as work to close the gap progresses.</b></p>
5. Retention schedule	<b>G</b>	<b>G</b>	<p>The RMP states that NHS Highland adheres to the retention and disposal schedules included in the Scottish Government Records Management: NHS Code of Practice (Scotland) version 2.1.</p> <p>The Personnel Department of NHS Highland has developed a Policy for the retention and disposal of staff information (evidence 5.2) which is based on the NHS Code of Practice. This outlines in detail the retention and disposal requirements for the records which form an employee’s employment record.</p> <p>NHS Highland states that it has developed a retention and disposal schedule for corporate records. This has been provided as evidence 5.7 and was approved by the Information Assurance Group in August 2017. It is also available for staff to view on NHS Highland’s intranet and a screenshot has been supplied of the Policies Library showing the schedule’s availability (evidence 5.9). Also provided as evidence is an email from NHS Highland’s Communications Manager stating that the schedule will be brought to staff’s attention in a forthcoming staff newsletter (evidence 5.8).</p>

			<p>NHS Highland has provided its Health and Social Care Records Management Policy (evidence 5.3). Also supplied is the Retention, Archiving and Destruction of Personal Health Records Policy (evidence 5.10) which outlines NHS Highland’s Policy on the retention and disposal of health records and also includes the health records retention and disposal schedule as Appendix 1.</p> <p>NHS Highland engages Removal Services Scotland (RSS) to provide an off-site storage service which also includes destruction of records in accordance with the retention schedule. The SLA between NHS Highland and RSS has been supplied (evidence 5.4a) as well as the list of requirements for RSS (evidence 5.4b) which covers information security, delivery of records and confidentiality. A sample list of the records stored there has also been submitted (evidence 5.4c).</p> <p>NHS Highland has also developed a protocol for the management of Board and Committee records. NHS Highland has supplied this Protocol as evidence 5.5.</p> <p>The Keeper agrees that NHS Highland has operational retention and disposal schedules which determine retention periods and actions to be taken on the categories of records created and managed by NHS Highland.</p>
<p>6. Destruction Arrangements <i>Compulsory element</i></p>	<p><b>A</b></p>	<p><b>G</b></p>	<p>NHS Highland has outlined the following arrangements for the destruction of information and records:</p> <p><b>Paper (on-site)</b> – For corporate records, NHS Highland engages Northern Recycling Solutions to uplift and securely destroy confidential paper waste. The procedures which govern this process have been submitted (evidence 6.8). A sample destruction certificate has been supplied to show that these procedures are operational (evidence 6.9). The Protocol for the Secure Archiving and Destruction of Records (evidence 6.10) provides guidance on how this should practically work. The RMP specifically states that this arrangement excludes medical records.</p>

			<p>Medical records would appear to be destroyed as part of the contract NHS Highland has with RSS. This is managed by means of a SLA (evidence 5.4a) which details the services provided by RSS and the standards expected of them in carrying these out. A destruction certificate has been provided showing that these procedures are operational (evidence 6.5). Confidential corporate and medical records are collected from secure confidential waste bins onsite and destroyed by Northern Recycling. The Standard Operating Procedures (Destruction of Health Records Onsite and the Destruction of Health Records Offsite) which form Appendices 3 and 4 of the Retention, Destruction and Archiving of Health Records Policy (evidence 5.10) describe the processes in place for ensuring the secure destruction of confidential waste stored both on- and off-site.</p> <p>The RMP states 'With regards to NESH clinical health records, all details relating to the retention and destruction of files is outlined in our health care management plan which reflect national guidance for disposal of Confidential waste.' The NHS Highland Health and Social Care Records Management Policy (evidence 6.1) outlines the importance of disposal. The Retention, Destruction and Archiving of Health Records Policy (evidence 5.10) includes Standard Operating Procedures (Destruction of Health Records Onsite and the Destruction of Health Records Offsite) which provide staff with practical guidance on the destruction of Health Records.</p> <p><b>Paper (off-site)</b> – NHS Highland engages RSS to provide an off-site storage service which also includes destruction of records in accordance with the retention schedule. The SLA between NHS Highland and RSS has been supplied (evidence 5.4a). NHS Highland has also provided the Standard Operating Procedures (Destruction of Health Records Offsite) which is Appendix 4 of the Retention, Destruction and Archiving of Health Records Policy (evidence 5.10). This describes how NHS Highland ensures that confidential waste stored off-site is securely</p>
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			<p>destroyed.</p> <p><b>Electronic</b> – The RMP states that NHS Highland manages the destruction of electronic records from its shared drives but recognises that there is a need for improvement in this area. The RMP also states that NHS Highland is working to address the gap in the destruction of electronic records and plans to update protocols and procedures to ensure staff are aware of what they need to do. Some guidance exists in the Protocol for the Secure Archiving and Destruction of Records (evidence 6.10) for the destruction of electronic records. A Standard Operating Procedures document has also been produced for Tracking Culled Notes on the PMS system (evidence 6.7). The Keeper requests that he is kept informed of progress in the development of this guidance.</p> <p><b>Hardware</b> – NHS Highland employs a contractor to regularly and securely dispose of obsolete hardware (Dacoll). An extract from the contract has been provided (evidence 6.2) showing that Dacoll are responsible for the secure erasure of all information stored on defunct hardware before physically destroying the equipment. This is governed by the Equipment Disposal Procedure (evidence 6.6). Also provided is a certificate of destruction showing that the procedures are operational and a breakdown of the types of hardware being disposed of (evidence 6.3 and 6.4).</p> <p><b>Back-ups</b> – Under Element 10, NHS Highland, quite correctly states that ‘All records and data stored on NHS networks are subject to regular backup and recovery procedures.’ NHS Highland has provided details of its back-up schedules (evidence 6.12) showing that there are comprehensive measures in place to back up electronic information and systems. It also details how long these are retained for.</p> <p>The RMP states that ‘Information outlining retention/destruction periods for a wide</p>
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			<p>range of records held across the organisation is available to staff on the NHS Intranet site, as is information relating to guidance on the disposal of confidential waste.' NHS Highland has provided a screenshot showing that staff have access to the Scottish Government Records Management: NHS Code of Practice (evidence 6.14). Also provided is a screenshot showing the intranet policy library (evidence 6.13) which allows staff to access a number of information governance and management policies.</p> <p><b>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the destruction of electronic records) and has identified how it intends to close this gap. As part of this agreement, the Keeper expects to be regularly updated on the progress of the work.</b></p>
<p>7. Archiving and Transfer <i>Compulsory element</i></p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>NHS Highland has identified Highland Council Archives as its place of deposit for records selected for permanent preservation. This arrangement is formalised in a SLA between NHS Highland and Highland Council Archives (evidence 7.1). Also provided as evidence is correspondence between NHS Highland and the Highland Council Archivist, a catalogue of NHS Highland archives which have been transferred to the Archives, a list of the deposits made to the Archives and deposit forms detailing the records being transferred. This Agreement is reviewed on an annual basis.</p> <p>The RMP also mentions NHS Highland's arrangements with RSS to provide a storage facility for semi-current and inactive clinical health records. RSS is used to store semi-current paper records. These are securely destroyed by RSS in accordance with the retention schedule. Records selected for permanent preservation are transferred to Highland Council Archives. Further details are provided in the Archive Policy (evidence 7.7).</p> <p>The Archive Policy (evidence 7.7) describes the procedures in place for transferring</p>

			<p>archival records to Highland Council Archive. The Policy is also available staff on NHS Highland’s intranet policies library.</p> <p>The Keeper agrees that there are arrangements in place to ensure that records of an archival nature can be transferred to an appropriate archive.</p>
<p>8. Information Security <i>Compulsory element</i></p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>NHS Highland adheres to the provisions set out in the NHS Scotland Information Security Policy (evidence 8.1) but has also created its own Information Security Policy (evidence 8.2) which relates more directly to its own arrangements. The Policy sets out how NHS Highland protects its information and systems and outlines the responsibilities for ensuring this. The Policy makes it clear that it applies to both manual and electronic information.</p> <p>The RMP states that staff are required to read the Policy on induction to NHS Highland. The RMP also states that the Policy is available for staff to consult on the intranet. NHS Highland has provided a screenshot of the location of the Information Security Policy on the policies library section of its intranet.</p> <p>The Policy is supported by a suite of information governance policies, such as an Email Policy (evidence 8.3a), an Internet Policy (evidence 8.3b), a Password Change Policy (evidence 8.3c), Mobile Data and Devices Policy (evidence 8.3d) and a Social Media Protocol (evidence 8.3i). <b>The RMP also states that these policies are available to staff on NHS Highland’s intranet. A number of the abovementioned policies are currently under review and will be submitted to the Information Assurance Group for approval in November 2017. The Keeper requests that he is sent these policies once they have been approved to keep the submission up-to-date.</b></p> <p>NHS Highland has also provided their Clear Screen Clear Desk Policy (evidence 8.3j) which covers staff responsibilities for ensuring that both electronic and paper records are not accessible to those who are not authorised to view them.</p>

			<p>The RMP states that in March 2012 NHS Highland took on responsibility for Adult Social Care from Highland Council which involved a transfer of staff from the Council to NHS Highland. The RMP states that former Highland Council staff involved in the delivery of social care now use NHS Highland equipment and systems and are therefore subject to the relevant policies and procedures when doing so.</p> <p>Also provided as evidence is a Standard Operating Procedure for sending copies of patient records to the Procurator Fiscal (evidence 8.5). This outlines the steps to be taken to maintain the security of information.</p> <p>Also submitted is guidance for the management of NHS Highland’s Active Directory (evidence 8.6) which covers staff’s user IDs and access to shared folders.</p> <p>A NHS Scotland Information Risk Assessment template has been supplied (evidence 8.7) to highlight how NHS Highland identifies and categorises threats to its information security. A Risk Assessment form for the storage of Casenotes (evidence 8.8) has been submitted.</p> <p>The Keeper agrees that there are procedures in place to protect NHS Highland’s information and systems.</p>
9. Data Protection	<b>G</b>	<b>G</b>	<p>NHS Highland is registered as a Data Controller by the Information Commissioner’s Office (registration number: Z5634253).</p> <p>NHS Highland have provided their Data Protection Policy (evidence 9.16). This sets out the corporate approach for ensuring compliance with the Data Protection Act 1998 and also how it intends to comply with the forthcoming EU General Data Protection Regulation (GDPR). Also submitted is a screenshot of the intranet policy library (evidence 9.17) showing that staff have access to the Policy and are</p>



			<p>therefore aware of their responsibilities.</p> <p>NHS Highland has submitted its Information Governance Policy (evidence 9.2) which outlines its approach to information governance and assigns responsibilities for complying with it. <b>The Policy has recently been reviewed and updated and is currently in draft format awaiting approval by the Information Assurance Group. The draft Policy has been supplied (evidence 3.8). The next meeting of the Group is in November 2017. The Keeper requests that he is sent the updated Policy once it has been approved at this meeting.</b></p> <p>NHS Highland complies with the NHS Code of Practice on Protecting Patient Confidentiality (evidence 9.3 and 9.4). All staff must read these Codes of Practice and sign a statement confirming that they will abide by the requirements set out in these (evidence 9.5).</p> <p>NHS Highland's Caldicott Guardian, the Director of Public Health, is responsible for ensuring compliance with the Caldicott Guardian Principles (evidence 9.6), which are used to provide secure access to and use of patient information. A template application form for requesting access to patient identifiable information has been submitted (evidence 9.7) which needs to be approved by the Guardian.</p> <p>NHS Highland uses the Fairwarning software which helps detect unauthorised or inappropriate access to electronic health records. A set of Frequently Asked Questions about the system and examples of how the software has been used to detect breaches of access policies have been produced and have been submitted (evidence 9.14 and 9.15).</p> <p>NHS Highland have also submitted their Handling Requests for Access to Personal Health Records Policy (evidence 9.9). <b>NHS Highland has indicated that this Policy is currently being updated due to organisational changes and planning</b></p>
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			<p><b>for the EU GDPR coming into force. At present NHS Highland is currently using NHS Scotland’s Subject Access Request Policy (evidence 9.18). The Keeper agrees that this is appropriate and requests that he is provided with a copy of the updated local policy once it becomes available</b></p> <p>Also submitted as evidence is a leaflet providing information to patients about how to access their health records (evidence 9.10) and an application form for requesting access (evidence 9.11). A leaflet showing the fee structure for providing copies of records has also been supplied (evidence 9.12). A Standard Operating Procedure for dealing with Subject Access Requests under the Data Protection Act 1998 has been produced for staff and has been provided to the Keeper (evidence 9.13)</p> <p>NHS Highland provides online training on Safe Information Handling using the Learn Pro system. All staff must complete this module. A screenshot of the system has been supplied (evidence 9.8).</p> <p>The Keeper agrees that NHS Highland has procedures in place to protect the personal and sensitive information it creates and manages.</p>
<p>10. Business Continuity and Vital Records</p>	<p><b>A</b></p>	<p><b>G</b></p>	<p>The RMP states that all records and information stored on NHS Highland systems is regularly backed up and in the event of an eHealth systems failure the Business Continuity Plan (BCP) will be activated, which covers both clinical and corporate records. The RMP also states that there are business continuity arrangements in place for all clinical and corporate records. A sample BCP for the Central Records Department at Raigmore Hospital, Inverness, has been submitted (evidence 10.1). <b>The RMP indicates that this BCP will be rolled out to all records sites in the near future.</b></p> <p>An internal audit was carried out into Business Continuity Planning in 2013 and the report has been submitted to the Keeper (evidence 10.2). This identified a number of areas where the auditors considered improvement was required.</p>

			<p>NHS Highland states that it now has a virtualised server environment which comprises two separate replicated nodes held in different data centres and in the event of a disaster in one, services would move to the alternative location.</p> <p>The RMP indicates that a Learn Pro module in business continuity arrangements is available to staff. NHS Highland has provided a screenshot of the LearnPro Business Continuity Management module (evidence 10.3).</p> <p><b>The Keeper can agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the lack of a fully rolled out BCP(s) and has evidenced a commitment to closing the gap. As part of this agreement the Keeper will expect to be kept informed as work progresses towards closing the gap.</b></p>
11. Audit trail	<b>A</b>	<b>G</b>	<p>NHS Highland uses a patient administration system, TRAK, to monitor the movement of paper clinical records and this is updated by staff when records are moved between locations. A screenshot has been supplied showing the audit trail changes to a patient’s records and another showing the tracking of the movement of paper records (evidence 11.2).</p> <p>NHS Highland uses the Fairwarning software which helps detect unauthorised or inappropriate access to electronic health records. A set of Frequently Asked Questions about the system and examples of how the software has been used to detect breaches of access policies have been produced and have been submitted (evidence 11.1). The software is able to identify when an electronic patient record has been accessed and by whom.</p> <p>Also submitted as evidence is NHS Highland’s Policy for the Management of Policies, Procedures, Guidelines and Protocols (evidence 11.3). This Policy’s aim is to standardise the creation, management and dissemination of key documents</p>

			<p>across the organisation. A central register in the form of a database is maintained of all policies, procedures, guidelines and protocols in operation. This database is managed the Clinical Governance Support Team who issue reminders to the owners of documents when these are due to be reviewed. <b>NHS Highland has stated that the Policy has now been reviewed and updated but is awaiting approval by the Risk Management Steering Group which is due to meet in November 2017. Once approved it will be communicated to staff and made available on the NHS Highland intranet. The Keeper requests he is sent a copy of the updated Policy once it has been approved.</b></p> <p><b>The RMP states that NHS Highland is currently in the process of implementing new software, File 360, for managing some corporate records. Some of the documentation for the implementation of this software has been supplied (evidence 11.4-11.6). The RMP also states that NHS Highland is considering implementing a document management system. The Keeper requests that he is kept informed in both these areas, particularly because this work will presumably need to be aligned with the BCS (see Element 4).</b></p> <p><b>The Keeper can agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the lack of a fully implemented and rolled out system for the management of corporate electronic records) and has evidenced a commitment to closing the gap. As part of this agreement the Keeper will expect to be kept informed as work progresses towards closing the gap.</b></p>
<p>12. Competency Framework for records management staff</p>	<p><b>A</b></p>	<p><b>G</b></p>	<p>NHS Highland has identified the Board Secretary, Ruth Daly, as the individual responsible for compliance with the Public Records (Scotland) Act 2011 in relation to corporate records (see Element 2). Ms Daly’s Job Description (evidence 12.6) shows a clear responsibility for compliance with the Public Records (Scotland) Act 2011.</p>

			<p>Jamie Forrester, Health Records and Governance and Quality Manager, is named as the professional lead for clinical records. Mr Forrester’s Job Description has also been submitted (evidence 12.5) which outlines his responsibility for managing the Health Records department, providing records management advice to NHS Highland and for ensuring compliance with the Public Records (Scotland) Act 2011.</p> <p>The individual named as having responsibility for Adult Social Care records, Ian Thomson, Lead Social Work Officer. NHS Highland has provided a copy of Mr Thomson’s job description (evidence 12.7) which clearly shows his responsibility for information management.</p> <p><b>NHS Highland has created an Education and Development Framework for Medical Records and Administration Staff (evidence 12.4). This is currently available for staff at Raigmore Hospital, Inverness, but NHS Highland intends to standardise the document and roll it out to all relevant staff by the end of 2018. The Keeper commends this commitment to training and requests that he is kept informed of the progress in rolling this out.</b></p> <p><b>The RMP also contains an action to create a similar tool for staff working with corporate records. This will be based on the NHS Scotland Information Governance Competency Framework (evidence 12.1) and will be rolled out by December 2017. Again the Keeper commends this commitment to providing staff with the necessary skills and requests that he is kept up-to-date with the progress of this work.</b></p> <p>The RMP states that NHS Highland provides appropriate training to ensure that all staff are aware of their records management responsibilities. The Information Governance Learn Pro e-learning module is compulsory for staff working with patient records. Screenshots of the module have been submitted (evidence 12.2).</p>
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			<p>The RMP also states that NHS Highland has recently re-established an Area Medical Records Committee with associated sub-groups. This includes Adult Social Care records and will provide a consistent approach to records management across the organisation.</p> <p><b>The Keeper can agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the lack of an organisation-wide competency framework) and has identified how it intends to close this gap. As part of this agreement the Keeper requests that he is kept informed of progress in this area.</b></p>
<p>13. Assessment and Review</p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>The RMP indicates that the records managers identified in Element 2 (Ms Daly for Corporate Records, Mr Forrester for Health Records and Mr Thomson for Adult Social Care records) will review and assess the RMP quarterly. The records managers will report on a six monthly basis to the Information Assurance Group. The remit of the Information Assurance Group is to ensure the management of information in line with statutory and regulatory frameworks and is comprised of members from across the organisation (evidence 13.3). The Group in turn reports to the Clinical Governance Committee. The Committee’s Role and Remit has also been provided (evidence 13.2). The Committee reports to the Board of NHS Highland.</p> <p>The RMP also states that parts of the RMP will be submitted every six months to NHS Highland’s internal auditors. <b>NHS Highland has stated that discussions are currently underway with its internal auditors to determine whether there is capacity to add the RMP into the internal audit programme. Email correspondence with Internal Audit has been supplied (evidence 13.6) showing that discussions are on-going and that they have previously audited aspects of information governance, information and records management. The Keeper requests that he is informed of the results of these discussions.</b></p>

			<p>NHS Highland has confirmed that it intends to use the Jisc records management maturity model for self-assessing compliance with its records management system.</p> <p>The Keeper agrees that NHS Highland has provided him with information on how it intends to ensure that its RMP and supporting policies and procedures are kept up-to-date.</p>
<p>14. Shared Information</p>	<p><b>G</b></p>	<p><b>A</b></p>	<p>NHS Highland is part of the Highland Data Sharing Partnership along with Northern Constabulary, Highland Council, Argyll and Bute Council and Strathclyde Police. The Partnership is governed by an Information Sharing Policy (evidence 14.1) which provides a framework for secure information sharing to provide more joined up public services. <b>NHS Highland has stated that the Information Sharing Policy has been updated but is still in draft form as it remains to be ratified by one of the partners in the Data Sharing Partnership. The Keeper requests that this is forwarded to him once it has been approved by all parties.</b></p> <p><b>A set of Information Sharing Procedures (evidence 14.2) has been created to practically administer the sharing of information. This covers the types of information to be shared, who it is to be shared with and how that sharing takes place. NHS Highland has stated that these have also been updated but are still in draft form until ratified by one of the partners in the Data Sharing Partnership. The Keeper requests that this is forwarded to him once it has been approved by all parties.</b></p> <p>A Data Sharing Guidance for Practitioners leaflet has been supplied (evidence 14.3) which provides staff with an overview of their responsibilities when sharing data.</p> <p>NHS Highland also complies with the NHS Scotland guidance for sharing personal information with other NHS organisations. This has been supplied (evidence 14.4).</p> <p>NHS Highland routinely publishes corporate information as required by the Freedom</p>

			<p>of Information (Scotland) Act 2002 (evidence 14.7 and 14.8).</p> <p>Also provided is the Standard Operating Procedures for dealing with Police Scotland Access Requests (evidence 14.10).</p> <p><b>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (lack of updated key policy documents) and has identified how this gap will be closed. Once he receives the updated and approved documents when they become available, the Keeper should be able to fully agree this Element.</b></p>
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## 6. Keeper's Summary

Elements 1-14 that the Keeper considers should be in a public authority records management plan have been properly considered by NHS Highland. Policies and governance structures are in place to implement the actions required by the plan.

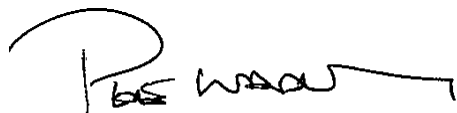
## 7. Keeper's Determination



Based on the assessment process detailed above, the Keeper agrees the RMP of NHS Highland.

The Keeper recommends that NHS Highland should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper's assessment carried out by,



.....  
**Pete Wadley**  
Public Records Officer

.....  
**Robert Fotheringham**  
Public Records Officer

## 8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by NHS Highland. In agreeing this RMP, the Keeper expects NHS Highland to fully implement the agreed RMP and meet its obligations under the Act.



.....  
**Tim Ellis**  
Keeper of the Records of Scotland