

Public Records (Scotland) Act 2011

NHS Orkney Assessment Report

The Keeper of the Records of Scotland

9th September 2016

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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 Orkney** by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on **4th May 2016**.

The assessment considered whether the RMP of NHS Orkney 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 Orkney complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

NHS Orkney is the smallest of the fourteen regions of NHS Scotland. It provides healthcare services in the Orkney area. NHS Orkney is headquartered in Garden House, Kirkwall. Ian Kinniburgh is chair of the board.

It operates one hospital, Balfour Hospital, in Kirkwall.

NHS Orkney has 24 General Practitioners who work across 10 Practices.

According to their website: <http://www.ohb.scot.nhs.uk/article.asp?page=40> they have responsibility for:

- creating healthcare facilities that are fit for purpose for patients and staff
- patient safety
- having patients needs and interests at the heart of what they do

- living within their means and driving efficiency, productivity and sustainability
- working with and listening to the Community
- working in multidisciplinary teams where everyone’s skills are valued
- creating an environment where people enjoy working and giving their best
- constantly improving by aiming high, using evidence and best challenge to improve, encouraging innovation and driving out inefficiency wherever we find it

NHS Orkney’s Corporate Objectives can be found at:

<http://www.ohb.scot.nhs.uk/images/pdf/Corporate%20Themes%20and%20Corporate%20Priorities%202011-2012.pdf>

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 Orkney’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:

G	The Keeper agrees this element of an authority’s plan.		A	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.		R	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

NHS Orkney

Element	Present	Evidence	Notes
1. Senior Officer <i>Compulsory element</i>	G	G	<p>NHS Orkney have identified Cathie Cowan, Chief Executive, as the individual with overall responsibility for records management in the organisation.</p> <p>This is confirmed by a <i>Covering Letter</i> from Ms Cowan dated 29th February 2016 and submitted as evidence 1.1</p> <p>Ms Cowan approved the <i>Records Management Plan</i> (the <i>Plan</i>) in April 2016 and has signed the introduction page to acknowledge this.</p> <p>The overall responsibility of the Chief Executive is confirmed by the <i>Scottish Government Records Management NHS Code of Practice (Scotland)</i> : http://www.gov.scot/Publications/2012/01/10143104/0</p> <p>The <i>Records Management Policy</i> (see element 3) and the <i>Information Governance Policy</i> confirm the Chief Executive as having overall responsibility for records management and data protection in the authority – delegated to the Director of Public Health (who is also Caldicott Guardian).</p> <p>The Keeper agrees that NHS Orkney have identified an appropriate individual to this</p>

			role as required by the Act.
2. Records Manager <i>Compulsory element</i>	G	G	<p>NHS Orkney have identified two individuals to this element. While recognising that the Act would indicate the identification of a <u>single</u> individual, the Keeper has agreed that shared responsibility is acceptable practice in this particular sector due to the clinical/administrative structure of territorial health boards.</p> <p>NHS Orkney have identified Anne McOmish, Clinical Administration Manager and Jean Aim, Board Secretary as the individuals with day-to-day responsibility for implementing the <i>Records Management Plan</i> (the <i>Plan</i>).</p> <p>These appointments are confirmed by the <i>Covering Letter</i> from Cathie Cowan (see element 1).</p> <p>The Board's <i>Information Governance Policy</i> (supplied to Keeper – version 2 April 2015) confirms both the Board Secretary's and the Clinical Administration Manager's responsibility for records management (<i>Governance Policy</i> section 8).</p> <p>The <i>Plan</i> is joint "owned" by the Board Secretary and the Clinical Administration Manager. They are responsible for reviewing the <i>Plan</i> through the Information Governance Group (see under General Comments below).</p> <p>The Clinical Administration Manager is the author of the <i>Records Management Policy</i> (see element 3).</p> <p>The Keeper agrees that NHS Orkney have identified appropriate individuals to this role as required by the Act.</p>
3. Policy	G	G	NHS Orkney have a <i>Records Management Policy</i> (the <i>Policy</i>) which has been

<p><i>Compulsory element</i></p>			<p>supplied to the Keeper. This is version 3.0 dated February 2016.</p> <p>This <i>Policy</i> sets out the information governance aims of the authority (section 3), explains the purpose of robust records management (section 1) and sets out the retention decisions for clinical and administrative records (see element 5).</p> <p>The Keeper agrees that the <i>Plan</i> supports the objectives of the <i>Policy</i>.</p> <p>The <i>Policy</i> is specifically endorsed in the <i>Covering Letter</i> from Ms. Cowan (see element 1).</p> <p>A screen-shot has been provided as evidence that policies are available on the NHS Orkney intranet 'NHS Orkney Blog'.</p> <p>The <i>Policy</i> mentions the Public Records (Scotland) Act 2011.</p> <p>The <i>Policy</i> specifically mentions compliance with the <i>Data Protection Act 1998</i>.</p> <p>The Keeper agrees that NHS Orkney have a records management policy statement as required by the Act and that this is available to staff.</p>
<p>4. Business Classification</p>	<p>A</p>	<p>G</p>	<p>The introduction to the <i>Plan</i> states that “systematic management of records allows organisations to know what records they have and locate them easily.” (<i>Plan</i> page 2).</p> <p>The <i>Records Management Policy</i> (see element 3) sets out the aim of establishing an <i>Information Asset Register</i> (section 3).</p> <p>To further this objective, NHS Orkney is developing a <i>Classification Scheme</i> based on its statutory functions and drawing on the NHS Scotland template. The</p>

			<p><i>Classification Scheme</i> will feature both clinical and administrative records. This project is specifically mentioned in the <i>Covering Letter</i> from the Chief Executive (see element 1). The Keeper accepts that the <i>Covering Letter</i> provides a commitment to proceed with the development of a <i>Business Classification Scheme/Information Asset Register</i>. The <i>Plan</i> suggests a target date for this work in 2018. The Keeper requests that he is updated as this major records management project proceeds.</p> <p>The Keeper notes that the <i>Plan</i> (page 16) suggests that NHS Orkney is considering a scanning project for paper records. Delivering this may be stem from the "Board's Paper Light Vision Scoping" discussed at the Corporate Management Team meeting March 2015 (agenda supplied). A Business Case has been approved to take this work forward and has been shared with the Keeper.</p> <p>The Keeper agrees this element of NHS Orkney's <i>Plan</i> under 'improvement model' terms. This means that he acknowledges that an authority has identified a gap in records management provision, in this case a lack of a functional business classification scheme, but is convinced that the authority has committed to a process to close that gap. The Keeper's agreement is conditional on him receiving updates as the project progresses.</p>
5. Retention schedule	G	G	<p>The <i>Records Management Policy</i> (see element 3) states an aim "To preserve records for the minimum periods laid down for the retention of all types of NHS records."</p> <p>To this end, NHS Orkney apply the retention decisions detailed in the <i>Scottish Government NHS Records Management Code of Practice (2012)</i>.</p> <p>For example cancer records are kept for 30 years and then destroyed (clinical) and boiler inspection reports are kept for 2 years after the lifetime of the boiler</p>

			<p>(administration).</p> <p>NHS Orkney staff are made aware of these retention decisions through the <i>Records Management Policy</i> where they appear as an annex. The <i>Records Management Policy</i> can be accessed through the NHS Orkney intranet 'Blog'. A screen shot has been supplied showing how policies and procedures can be accessed through Blog.</p> <p>It is expected that when the <i>Information Asset Register</i> (see element 4) is fully rolled-out retention periods will feature as part of that register.</p> <p>The Keeper agrees that NHS Orkney has retention periods allocated against the clinical and administrative records types expected to be created by an authority carrying out the functions of a territorial health board.</p>
<p>6. Destruction Arrangements <i>Compulsory element</i></p>	<p>A</p>	<p>G</p>	<p>NHS Orkney make the following statement in their <i>Plan</i> (page 11): "The Board has procedures for managing the confidential destruction of expired records in all formats, in a way that is auditable and irreversible."</p> <p>To this end they have the following procedures in place:</p> <p><u>Paper (in-house)</u> The Board destroy paper records using in-house shredders. No outside contractor is used. Staff procedures for operating the paper destruction system are given in sections 4.5.1 – 4.5.3 of their <i>Procedure for the Retention, Storage and Disposal of Records</i> document which has been supplied to the Keeper (version 2.5 August 2016). This document also confirms that all shredding is done in-house.</p> <p><u>Paper (held externally)</u> NHS Orkney holds no records with a third party storage supplier.</p>

			<p><u>Electronic</u> The <i>Records Management Policy</i> (section 6.1) states: “The Board must have robust systems and processes that ensure that records are.....destroyed in compliance with the retention and destruction schedule...” The Procedure for the Retention, Storage and Disposal of Records includes information on electronic records. NHS Orkney’s IT department issues reminders to staff regarding Information Governance and will be adapting a leaflet used by NHS Grampian and will include a section on deleting electronic records - NHS Grampian leaflet was attached for the Keeper’s perusal and he agrees that, when rolled out, this will provide instructions to staff on the management of electronic records. The Keeper requires to be informed when this instruction is adapted, approved and issued to staff.</p> <p><u>Hardware</u> <i>Plan</i> page 11 “Electronic media is removed from equipment and rendered inoperable by a combination of degaussing and disk crushing.” This is detailed in the authority’s <i>Asset Disposal Procedures</i> which has been provided to the Keeper (version 1.3, April 2013).</p> <p><u>Back-Ups</u> The <i>Plan</i> (page 15) confirms that NHS Orkney, quite properly, backs up electronic records for business continuity purposes. The <i>Procedure for the Retention, Storage and Disposal of Records</i> document states at 4.5.4: “Documents may have been deleted from the main network, but unless back-ups are regularly over-written or disposed of, records and data may linger there”. The Keeper commends this recognition. NHS Orkney have provided the Keeper with details of the back-up schedule showing when tapes are over-written. However, he notes that once a month tapes are ‘retained’ (<i>IT Back-Up Procedure</i> paragraph 4). In a subsequent communication the Head of eHealth and IT acknowledges that the monthly back-up tapes are retained and that there will be records lingering however, they are stored</p>
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			<p>in a secure off site location and not easily accessible. The Keeper is satisfied that NHS Orkney has an understanding of the accessibility of back-up copies.</p> <p>The Board's <i>Records Management Policy</i> (section 15) commits NHS Orkney to retain a record of "everything that has been destroyed, when and by whom." The Keeper commends this approach.</p> <p>The Keeper agrees this element of NHS Orkney's Records Management Plan on 'improvement model' terms. This means that he acknowledges that the authority, having identified a gap in provision (staff guidance on the destruction of electronic records held on shared drives is insufficiently robust), have put in place procedures to close that gap. His agreement is conditional on NHS Orkney approving and issuing new guidance on the destruction of electronic records and supplying him with a copy.</p>
<p>7. Archiving and Transfer <i>Compulsory element</i></p>	<p>G</p>	<p>G</p>	<p>As required by the introduction to the <i>Plan</i> (page 2) and by the <i>Records Management Policy</i> (see element 3), NHS Orkney transfers records of historical value for permanent preservation to an archive.</p> <p>The <i>Procedure for the Retention, Storage and Disposal of Records</i> document states that "Records over 30 years and selected for permanent preservation must be transferred to a 'relevant place of deposit' for public records".</p> <p>NHS Orkney have selected Orkney Islands Council's library and archive service as a proper repository for health board records.</p> <p>The Keeper has been provided with a <i>Deposit Agreement</i> between <i>NHS Orkney</i> and the <i>Orkney Islands Council</i>. This agreement is signed on behalf of the Health Board, by Jean Aim (see element 2).</p>

			<p>The Keeper agrees that NHS Orkney have identified a suitable repository for the permanent preservation of historically important records and have arrangements in place to transfer records to that repository.</p>
<p>8. Information Security <i>Compulsory element</i></p>	<p>G</p>	<p>A</p>	<p>The <i>Plan</i> states (page 13): “NHS Orkney is responsible for ensuring that adequate physical controls are put in place to ensure the security and confidentiality of all health and business sensitive data, whether held manually or electronically”.</p> <p>As part of the arrangements to ensure this objective, NHS Orkney has an <i>IT Security Policy</i> which has been supplied to the Keeper. This is the currently used version v5.5 (July 2013).</p> <p>However, this Policy is out of date showing a “next review” date of May 2015. In the <i>Plan</i> (page 14) NHS Orkney acknowledge this gap in provision and note that the new version is “going through the Board approval process”. NHS Orkney have provided the following follow-up statement (September 2016): “The IT Security policy is in the process of being updated and has not been through the approval process yet. This has not been done due to pressures within the IT department and conflicting work demands. A Business Case has been approved to increase staffing numbers within the team which I attach as evidence of this development.” The Keeper accepts that NHS Orkney is attempting to update this Policy and understands the pressures of business. However his agreement on this element is conditional on a new version of the <i>IT Security Policy</i> being approved, issued and forwarded to him as soon as possible (and that the new version does not significantly reduce the information security provision in the health board).</p> <p>The Security Framework is supported by a suite of policies and procedures which have been provided to the Keeper.</p>

			<p>A screen-shot has been provided as evidence that policies are available on the NHS Orkney intranet 'NHS Orkney Blog'.</p> <p>The Keeper agrees that NHS Orkney have procedures in place that appropriately ensure information security in the authority.</p>
<p>9. Data Protection</p>	<p>G</p>	<p>A</p>	<p>The <i>Plan</i> shows that the Board's <i>Data Protection Policy</i> sits within their <i>IT Security Policy</i>.</p> <p>However, this Policy is out of date showing a "next review" date of May 2015. In the <i>Plan</i> (page 14) NHS Orkney acknowledge this gap in provision and note that the new version is "going through the Board approval process". NHS Orkney have provided the following follow-up statement (September 2016): "The IT Security policy is in the process of being updated and has not been through the approval process yet. This has not been done due to pressures within the IT department and conflicting work demands. A Business Case has been approved to increase staffing numbers within the team which I attach as evidence of this development." The Keeper accepts that NHS Orkney is attempting to update this Policy and understands the pressures of business. However his agreement on this element is conditional on a new version of the <i>IT Security Policy</i> being approved, issued and forwarded to him as soon as possible (and that the new version does not significantly reduce the data protection provision in the health board).</p> <p>The <i>Information Governance Policy</i> and section 2.11 of the <i>IT Security Policy</i> shows the (current) 8 principles of data protection.</p> <p>The Board publishes its Privacy Notice at http://www.ohb.scot.nhs.uk/article.asp?page=396</p>

			<p>NHS Orkney is registered with the Information Commissioner: Z575997X.</p> <p>Subject access arrangements are advertised to the general public at: http://www.ohb.scot.nhs.uk/images/pdf/NHS%20Inform_How%20to%20see%20your%20health%20records_1.pdf</p> <p>A screen-shot has been provided as evidence that policies are available on the NHS Orkney intranet 'NHS Orkney Blog'.</p> <p>The Board's IT Manager is their Data Protection Officer.</p> <p>The Keeper agrees that NHS Orkney have properly considered their responsibilities under the Data Protection Act 1998.</p>
<p>10. Business Continuity and Vital Records</p>	<p>G</p>	<p>G</p>	<p>The introduction to the <i>Plan</i> states that “systematic management of records allows organisations to provide continuity in the event of a disaster.” (<i>Plan</i> page 2).</p> <p>The <i>Plan</i> goes on to state that “NHS Orkney has corporate, departmental and site Business Recovery/Continuity Plans.” (<i>Plan</i> page 15). The Board uses the Resilience Scotland NHS Template recovery system.</p> <p>However, the authority has chosen not to provide an operational example of one of these plans.</p> <p>The Keeper has previously made it clear that, when corporate policy in an authority precludes a document or documents being provided to any outside body (such as the Keeper), he is able to agree an element on the evidence of a statement of confirmation from a senior officer of the authority.</p>

			<p>In this case, Cathie Cowan, Chief Executive of NHS Orkney (see element 1) has written to the Keeper with a satisfactory explanation of business continuity arrangements in the health board and states: “I am satisfied that robust processes are in place within NHS Orkney to ensure Business Continuity and protect Vital Records.”</p> <p>Ms. Cowan’s letter is accompanied by a template <i>Business Continuity Plan</i>. The Keeper agrees this template allows for the recovery of records.</p> <p>The Keeper notes a statement in the <i>Plan</i> (page 15) “The Board has invested significant funds during 2015/16 to improve Business Continuity and Disaster Recovery arrangements.” He commends this.</p> <p>A screen-shot has been provided as evidence that policies are available on the NHS Orkney intranet ‘NHS Orkney Blog’.</p> <p>The Keeper agrees that NHS Orkney has approved business continuity plans in place and that they properly consider the recovery of records.</p>
11. Audit trail	A	G	<p>The introduction to the <i>Plan</i> explains that robust records management will allow NHS Orkney to “know what records they have, and locate them easily”</p> <p>To this end NHS Orkney are reviewing record tracking as part of a larger programme to structure an <i>Information Asset Register</i> around a <i>Business Classification Scheme</i> (see element 4). They state (<i>Plan</i> page 16) “The work being undertaken by the eHealth project group for element 4 will feed into the improvement for this element ...”</p> <p>The Keeper agrees that the development of the <i>Business Classification</i> structure will greatly improve document tracking particularly if naming conventions are imposed.</p>

			<p>The Keeper requires to be updated as this project develops.</p> <p>He also agrees that many of the line-of-business systems used by the Board, particularly around clinical records, will impose suitable naming convention/version control at time of record-creation to adequately track records subsequently. NHS Orkney offer 'Trakcare' as an example of when this is the case.</p> <p>The <i>Plan</i> states (page 16) "The tracking of movement and changes to records is undertaken as appropriate based on assessment of risk and commensurate with the sensitivity of information which they contain, and its value as evidence." From an Information Security angle this seems reasonable. However, the Keeper would like to point out that, for compliance with element 11, a public authority should aim to be in a position where they are confident that they can locate <u>any</u> record they hold and identify the most up-to-date version. Freedom of information requests (for example) can be targeted at quite obscure or non-sensitive information.</p> <p>The Keeper agrees this element of NHS Orkney's <i>Plan</i> under 'improvement model' terms. This means that he acknowledges that an authority has identified a gap in records management provision, in this case a lack of board-wide record tracking, but is convinced that the authority has committed to a process to close that gap. The Keeper's agreement is conditional on him receiving updates as the project progresses.</p>
<p>12. Competency Framework for records management staff</p>	<p>G</p>	<p>G</p>	<p>The SG NHS Code of Practice states (section 3) that "the records management function should be recognised as a specific corporate responsibility within every NHS organisation. It should provide a managerial focus for records of all types in all formats, including electronic records, throughout their lifecycle, from planning and creation through to ultimate disposal. It should have clearly defined responsibilities and objectives, and necessary resources to achieve them".</p>

			<p>The <i>Covering Letter</i> from the Chief Executive makes clear that the Administration Manager and the Board Secretary have been delegated the relevant responsibility for implementing the <i>Plan</i>.</p> <p>NHS Orkney have provided the Keeper with the Administration Manager’s job description which clear shows that Anne McOmish is “Professionally accountable for the health records service with responsibility and authority for proposing, documenting and monitoring agreed policies and procedures for the health records service throughout NHS Orkney.”</p> <p>The Board have also submitted Jean Aim’s job description. Which includes the objective: “Will manage and support the continued delivery of NHS Orkney’s Records Management Plan”.</p> <p>NHS Orkney’s Information Governance Strategy http://www.ohb.scot.nhs.uk/images/pdf/Information%20Governance%20Strategy%20March%202010_1.pdf states “The over-riding critical success factor for effective Information Governance will be to develop a staff culture of good management of information, information systems and records. This will primarily be achieved by a corporate programme of awareness and training.”</p> <p>The <i>Plan</i> states (page 17): “NHS Orkney will provide appropriate training and development support to ensure all staff are aware of their records management responsibilities.”</p> <p>the Information Governance Group (see under General Comments below) have a responsibility to “launch and support the guidelines and the inclusion of records management in induction training and staff handbooks.” (Policy section 7).</p>
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			<p>NHS Orkney have shared the mandatory Information Governance e-learning modules with the Keeper and the <i>Competency Framework</i> to be completed by staff. This shows that “Handling information safely” is a key part of staff learning.</p> <p>NHS Orkney commit to make full use of resources provided by NHS Education Scotland (<i>Plan</i> page 17).</p> <p>“Learn Pro, Data Security and Copyright” makes up a section of the staff induction programme operated by NHS Orkney.</p> <p>The Keeper agrees that NHS Orkney have ensured that the individuals identified at element 2 have the required authority and skills to implement the <i>Plan</i>. They also consider training opportunities for other members of staff when appropriate.</p>
<p>13. Assessment and Review</p>	<p>G</p>	<p>G</p>	<p>The Act requires a scheduled public authority to “keep its records management plan under review” (part 1 5.1 (a)). The NHS Orkney <i>Plan</i> states that it will be “reviewed and updated annually, or sooner depending on changes in legislation” (page 3).</p> <p>The next formal review of the Plan is due by April 2017. The methodology of review is explained in the <i>Records Management Policy</i> section 13.1(see element 3).</p> <p>Responsibility for reviewing the <i>Plan</i> and the <i>Action Points</i> falls to the Board Secretary and the Clinical Administration Manager (see element 2). Reports on the implementation of the Plan will be provided to the Information Governance Group (see under General Comments below) who are responsible for “Monitoring compliance with the standards, legislation, policies and procedures relating to the management of records.” (<i>Policy</i> section 7).</p> <p>The annual review by the Board Secretary and the Clinical Administration Manager is supplemented by a internal audit review of records management provision every</p>

			<p>three years. internal audit reports are provided to the Board's Audit Committee. NHS Orkney have provided their <i>Internal Audit Plan</i> that confirms information governance as a standard item. The Keeper commends the involvement of an authority's internal audit in the assessment and review element of a plan.</p> <p>The Keeper also acknowledges that policies and procedures submitted in evidence have review dates included in their control sheets and commends this:</p> <p>The <i>Records Management Policy (see element 3)</i> and the <i>Procedure on the Development, Consultation, Approval and Dissemination of Strategies, Policies, Procedures, Guidelines and Protocols</i> are due for review by February 2017.</p> <p>The <i>NHS Orkney Decommissioning of Premises Protocol</i> is due for review by January 2018.</p> <p>The <i>Information Governance Policy</i> is due for review by February 2018.</p> <p>The <i>Plan</i> (page 10) commits NHS Orkney to review their retention decisions every two years.</p> <p>NHS Orkney's registration with the Information Commissioner must be renewed by 04 November 2016.</p> <p>The Keeper agrees that NHS Orkney have arrangements in place to review their RMP as required by the Act. Furthermore he acknowledges that key information governance documents have appropriate review periods allocated to them.</p>
14. Shared Information	G	G	<p>The RMP states that NHS Scotland undertakes information sharing on a routine basis in line with the Data Protection Act 1998.</p>

			<p>NHS Orkney enters into data sharing agreements using the Scottish Accord for the Sharing of Personal Information (SASPI). Their partners in this accord are, among others, Orkney Islands Council and Police Scotland. A copy of the Accord has been submitted as evidence and is signed by Cathie Cowan (see element 1) and dated March 2016.</p> <p>NHS Orkney has also submitted a sample <i>Information Sharing Protocol</i> developed using SASPI guidelines.</p> <p>The Keeper agrees that NHS Orkney properly consider information governance when entering into arrangements to share information with third parties.</p>
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NHS Orkney

General Notes on RMP, Including Concerns:

Version:

This assessment is on the *Records Management Plan* (the *Plan*) of NHS Orkney v1.0 dated April 2016.

The *Plan* contains an 'Status' element in a column against each element and an 'further action' explanation at the end of each element explaining the *Action Plan* which appears at the end of the document.

The *Plan* is accompanied by a *Covering Letter* of endorsement from the Chief Executive (**see element 1**) who personally approved it and by the Board's *Information Governance Policy* which supports a published strategy at http://www.ohb.scot.nhs.uk/images/pdf/Information%20Governance%20Strategy%20March%202010_1.pdf

The *Plan* provides an explanation of the benefits of efficient records management (page 2).

The control sheet of the *Plan* appears to offer a commitment to publish to the Board's website. **The Keeper strongly commends this and asks that he is informed when this has been done so that he may provide a link from his own site.**

An sample agenda has been provided to show that the PRSA implementation is discussed at Corporate Management Team level in the authority.

The *Plan* mentions the Act and is based on the Keeper's, 14 element, Model Plan <http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan>.

The Keeper agrees that the *Plan* supports the overall objectives of the Board's Information Governance Strategy.

Information Governance Group

The Information Governance Group is a “lead operational committee” for information governance in the authority. It meets monthly.

Both the Clinical Administration Manager and the Board Secretary (**see element 2**) sit on this group. The Group's chair also sits on the authority's Corporate Management team.

The Group monitors all aspects of Information Security (**see element 8**) and oversees internal audit reporting for information governance (**see element 13**).

The Information Governance Group worked alongside the Public Records Act Steering Group on drawing together the *Plan*. They will be provided with reports as the implementation phase proceeds. The Group was consulted on the text of the *Records Management Policy* (**see element 3**) which they approved in February 2015 and the *Information Governance Policy* approved in January 2016.

A sample agenda showing implementation of the Plan as an item has been shared with the Keeper.

This group is clearly of fundamental importance to records management in the authority and the Keeper thanks NHS Orkney for including information about its work in their submission.

6. Keeper's Summary

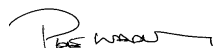
Elements 1 - 14 that the Keeper considers should be in a public authority records management plan have been properly considered by NHS Orkney. Policies and governance structures are in place to implement the actions required by the plan.

7. Keeper's Determination

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

- The Keeper recommends that NHS Orkney 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 Orkney. In agreeing this RMP, the Keeper expects NHS Orkney to fully implement the agreed RMP and meet its obligations under the Act.



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