

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

**Public Authority  
NHS Shetland**

**The Keeper of the Records of Scotland**

**8 March 2018**

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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 Shetland by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 29 June 2017.

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

### **3. Authority Background**

Shetland NHS Board is responsible for health care for a population of around 23,000. Local Hospital and Community Services are provided from the Gilbert Bain Hospital. In addition, visiting consultants from NHS Grampian provide out-patient clinics as well as in-patient and day-case surgery to supplement the service provided by locally-based Consultants in General Medicine, General Surgery, Anaesthetics and Psychiatry.

### **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 [named public authority]'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:**

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| <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   |
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| 1. Senior Officer<br><i>Compulsory element</i> | <b>G</b> | <b>G</b> | <p>The Records Management Plan (RMP) of NHS Shetland identifies Ralph Roberts, Chief Executive, as having senior management responsibility for records management. Mr Roberts sits on the Board of NHS Shetland.</p> <p>The appointment of Mr Roberts as the senior officer with responsibility for records management is confirmed in a Statement of Responsibility (evidence 001). This also commits NHS Shetland to complying with the Public Records (Scotland) Act 2011 (PRSA). The Statement of Responsibility also contains a statement from Colin</p> |

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|   |                 |                 | <p>Marsland, Director of Finance and also the Senior Information Risk Owner (SIRO), outlining his support for the activities of the Records Manager (see Element 2).</p> <p>Mr Roberts' overall responsibility for records management within NHS Shetland is also confirmed in Section 6.2 of the Records Management Policy (evidence 002).</p> <p>The Keeper of the Records of Scotland (the Keeper) agrees that an appropriate individual has been identified to take strategic responsibility for records management as required by PRSA.</p>   |
| <p>2. Records Manager<br/><i>Compulsory element</i></p> | <p><b>G</b></p> | <p><b>G</b></p> | <p>The RMP identifies David Morgan, Records Management Plan Project Manager, and Peter Gaines, Health Records and Clinical Coding Manager, as having operational responsibility for both corporate and clinical records, respectively. The Keeper would normally expect one individual to have this responsibility but recognises that NHS territorial boards frequently divide the responsibility between two individuals for corporate and clinical records and agrees this is an appropriate approach.</p> <p>These appointments are confirmed in the Statement of Responsibility (evidence 001). The Statement contains a graphic representation of the governance structure of NHS Shetland showing that the records managers both report records management issues to Colin Marsland, Director of Finance and SIRO. Mr Marsland confirms his support for the records managers and emphasises the need to strive to achieve best practice records management. Both records managers also express their support for the senior responsible officer (see Element 1).</p> <p>Section 6.5 of the Records Management Policy (evidence 002) also confirms the responsibilities of the records managers.</p> <p>Also provided as evidence are the Job Descriptions of the records managers (evidence 003 and 004). These clearly show that the individuals mentioned above</p> |

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|  |                 |                 | <p>have responsibility for records management within NHS Shetland and have responsibility for training staff.</p> <p>The 'Improvement Action' section of the Element states that NHS Shetland will conduct a review into the records management functions to ensure that sufficient resources are allocated to allow records to be managed effectively. The Keeper would be interested to find out the results of this review if it substantively affects the RMP.</p> <p>The Keeper agrees that appropriate individuals have been identified to take operational day-to-day responsibility for records management as required by PRSA.</p>   |
| <p>3. Policy<br/><i>Compulsory<br/>element</i></p> | <p><b>G</b></p> | <p><b>G</b></p> | <p>NHS Shetland has submitted its Records Management Policy (evidence 002). This is version 1.1 approved on 7 June 2017. The Policy establishes a framework for ensuring that records within NHS Shetland are managed in accordance with best practice and legislative requirements. The Policy describes the aims of the records management system, assigns responsibilities for compliance with this system and underlines the commitment to provide staff with appropriate training.</p> <p>The Policy forms part of a suite of information governance policies which supports the operation of the Information Governance Policy (evidence 007). The Policy sets out the strategic approach for the effective management of records and information across NHS Shetland.</p> <p>The RMP states that staff are made aware of records management policies and procedures on induction to the organisation. A sample Staff Induction Programme has been provided (evidence 008) which shows that information governance forms part of this training. Records and information governance are key components of the mandatory refresher training staff are required to complete every eighteen months. A Powerpoint presentation relating to information governance issues as part of refresher training has been supplied (evidence 009). A screenshot of the mandatory</p> |

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|                                   |                 |                 | <p>online LearnPro module for Safe Information Handling has also been submitted (evidence 010).</p> <p>A recent audit of NHS Shetland’s information and records management policies and procedures resulted in a report of financial year 2015/16 being produced (evidence 011) which identified issues and areas for further work.</p> <p>The ‘Improvement Action’ section of this Element identifies the need to undertake a review and refresh of all information governance and records management policies as part of the Records Management Action Plan. The Action Plan has been submitted (evidence 012). This particular action has a completion date of 31 March 2019. The Keeper requests that he is kept informed as this area of work progresses.</p> <p>The Keeper agrees that NHS Shetland has an operational policy statement which outlines the organisational approach to records management.</p>   |
| <p>4. Business Classification</p> | <p><b>A</b></p> | <p><b>G</b></p> | <p>The RMP states that NHS Shetland has developed an initial high-level Business Classification Scheme (BCS) in order to assess its business functions and activities. NHS Shetland is undertaking a detailed assessment of its business activities to comprehensively identify all of its information assets. NHS Shetland has provided its current high-level draft BCS (evidence 013). This is based on the BCS of NHS National Shared Services which has been provided (evidence 014). Both of these are based on a three level functional model. The Keeper recognises that the functional approach to developing a BCS is currently considered as best practice as it should be more resilient in the event of organisational re-structuring. <b>The work to develop the BCS is included in the Records Management Action Plan (evidence 012) and has an estimated completion date of October 2018. The Keeper requests that he is kept informed of the progress of this work. NHS Shetland has committed to using the Progress Update Review (PUR) mechanism to review progress and inform the Keeper.</b></p> |



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|  |  |  | <p>The work to develop a more detailed BCS is tied in to the development and implementation of an Electronic Document and Records Management System (EDRMS). <b>The commitment to undertake the implementation of an EDRMS is confirmed by an extract from the 2017/18 eHealth Work Plan presented to the eHealth Informatics Support Group (evidence 017). This also appears as an action in the Records Management Action Plan with an estimated completion date of June 2021. NHS Shetland has committed to using the PUR mechanism to review progress and inform the Keeper.</b></p> <p>The work to develop the BCS will be aided by the formation of an Information Management Working Group (IMWG). The Working Group's first meeting took place on 19 December 2017 and the Agenda for this meeting and the Working Group's Terms of Reference have been submitted (evidence 015). Its main remit will be to support the day-to-day implementation of the RMP. The Group will be chaired by the RMP Project Manager (see Element 2) and comprises Information Asset Administrators (IAAs) drawn from business areas across NHS Shetland. The Person Specification for IAAs has been provided (evidence 016). The Keeper commends the creation of a network of IAAs as this should lead to greater 'buy-in' to the implementation of records management systems.</p> <p>Additionally, the records managers of both NHS Shetland and Shetland Islands Council are meeting regularly to coordinate work across and between the two authorities. The Keeper commends this cooperation between public authorities.</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 developed and implemented BCS) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being kept informed on the progress of work to close this gap.</b></p> |
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| <p>5. Retention schedule</p> | <p><b>A</b></p> | <p><b>G</b></p> | <p>The RMP states that NHS Shetland maintains retention schedules for both its corporate and clinical records. Section 9.2 of the Records Management Policy (evidence 002) states that the retention schedules are based on the Scottish Government Records Management: NHS Code of Practice (Scotland) 2012. The Code of Practice is currently being updated and the retention schedules will be updated in line with the revised Code of Practice.</p> <p>The Records Management Procedure: non-clinical records (evidence 018) describes the procedures for disposing of records at the end of their retention periods and also outlines the retention and disposal periods for the corporate records created by NHS Shetland. <b>The Procedure will undergo a full review prior to April 2018. The Keeper requests that he is sent the updated version once it becomes available.</b></p> <p>Also submitted is the Procedure for the Retention and Destruction of Personal Health Records (evidence 019) which outlines the retention schedules for clinical records. <b>The Procedure is currently under review and it advises that staff should contact their local records management representative for up-to-date advice. The Keeper requests that he is sent the updated version once it becomes available.</b></p> <p><b>The RMP states that retention rules are not currently being applied to electronic records held on shared drive networks, emails or some business systems. This will be addressed under Action 5.2 of the Records Management Action Plan (evidence 012) which has an estimated completion date of December 2020.</b></p> <p><b>The ‘Improvement Action’ section of this Element states that NHS Shetland intends to develop a detailed Information Asset Register (IAR) and a comprehensive BCS as part of the implementation of an EDRMS. This work</b></p> |
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|  |                 |                 | <p>will allow the consistent application of retention schedules. The development of the IAR is due for completion in October 2019. Work has already commenced on populating the IAR and NHS Shetland intends to produce a completed draft IAR by the end of March 2018.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of consistent application of retention schedules) and has identified how it intends to close this gap. This agreement is conditional on the Keeper being kept up-to-date on the progress of work to close this gap.</p>  |
| <p>6. Destruction Arrangements<br/><i>Compulsory element</i></p> | <p><b>A</b></p> | <p><b>G</b></p> | <p>The RMP states that all staff are made aware of the importance of ensuring that confidential waste is securely destroyed. <b>The Keeper requests that he is sent evidence of how staff are made aware of their responsibilities in regard to the secure destruction of confidential waste-for example, do staff undergo training or are they sent regular reminders of what they are required to do?</b></p> <p><b>ADDITIONAL EVIDENCE – In response to the Keeper’s Interim Report, NHS Shetland has provided further clarification. Staff are provided with guidance on the secure destruction of confidential information at induction with mandatory refresher courses every 18 months. Screenshots of the refresher training and a staff awareness leaflet, both highlighting the importance of the secure destruction of information and records, have been submitted (evidence 052).</b></p> <p>The RMP goes on to describe the procedures in place for the secure destruction of:</p> <p><b><u>Paper (on-site)</u></b> – Both clinical and corporate paper records are securely destroyed by a combination of on-site shredding and, at the discretion of the Head of Department, for larger quantities of paper records they are placed in sealed waste bags and disposed of in the community incinerator by a responsible person from the</p> |

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|  |  |  | <p>relevant department. The community incinerator does not provide a certificate of destruction for paper records but a disposal register exists for personal health records and a similar register will be developed for corporate records in line with the revision of the Records Management Procedure: non-clinical records (evidence 018). A copy of the disposal template for corporate records has been provided (evidence 053). <b>A similar form will developed for clinical records as part of the revision of the Procedure for the Retention and Destruction of Personal Health Records (evidence 019).</b></p> <p><b><u>Paper (off-site)</u></b> - NHS Shetland has confirmed that it does not store records with a commercial provider.</p> <p><b><u>Electronic</u></b> – The RMP (under Element 5) states that at present NHS Shetland does not actively apply retention rules to electronic records stored on shared network drives, emails or some line-of-business systems. It is anticipated that the development of an EDRMS based on a detailed BCS will greatly improve the capability to systematically delete electronic records in accordance with the retention schedules. It is anticipated that the implementation of the EDRMS will be completed by June 2021. NHS Shetland has committed to update the Keeper on progress by using the PUR mechanism.</p> <p><b><u>Hardware</u></b> – The RMP states that hardware such as hard drives and USB devices are removed from obsolete devices, where necessary, and stored securely for destruction at a future date. Provided as evidence of the current arrangements is the IM&amp;T Standard Operating Procedure for Decommissioning (evidence 054). This describes the procedures in place for the destruction of storage devices, mobile phones, tablets, USB drives and hard drives removed from equipment. The procedure then goes on to explain that the details of the equipment ready for destruction should be entered into the Asset Decommissioning Register which is maintained in the Decommissioning Room, which also contains a secure safe for</p> |
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|  |          |          | <p>storing equipment until ready for secure destruction. All data storage hardware is securely transported to the local incinerator where it is securely destroyed. The destruction must be undertaken by two IM&amp;T staff.</p> <p><b>Back-ups</b> - NHS Shetland quite rightly backs up its network data and records for business continuity purposes on a regular basis and operates a 'real time recovery' system. NHS Shetland has provided the Standard Operating Procedure for Back-Up Checks (evidence 036). This details the back-up procedures in place for electronic records and systems and also how long they are retained for. Backed up records are retained for a maximum of one year before they are deleted.</p> <p><b>The RMP also states that NHS Shetland intends to develop a disposal register to record the fact that records scheduled for destruction have been securely disposed of. This action is built in to the Records Management Action Plan (evidence 012) and has an estimated completion date of October 2019. The Keeper requests that he is sent a sample of the register once it has been developed.</b></p> <p><b>The Keeper can agree this Element on an 'Improvement Model' basis. This would mean that the authority has identified a gap in provision (the lack of audit trail provision for the destruction of paper records and the lack of ability to delete electronic records in accordance with retention schedules) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being updated as the work to close the gap progresses.</b></p> |
| <p>7. Archiving and Transfer<br/><i>Compulsory element</i></p> | <b>G</b> | <b>G</b> | <p>NHS Shetland has identified Shetland Archives as the place of deposit for records identified as having archival value. NHS Shetland has entered into a Memorandum of Understanding (MoU) with Shetland Archives. This sets out the arrangements for transferring records, of all formats, selected for permanent preservation to a suitable archive repository. The MoU also outlines the obligations of each party and the activities that NHS Shetland staff must undertake to prepare records for transfer.</p>  |

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|  |                 |                 | <p>The MoU is subject to on-going monitoring and will be reviewed every three years.</p> <p>The 'Improvement Action' section of this Element states that NHS Shetland will work with NHS archivists and Shetland Archives to develop a selection policy for paper and electronic records created by NHS Shetland. Submitted as evidence is email correspondence between NHS Shetland and the NHS Grampian Archivist (evidence 022) regarding a meeting to assist NHS Shetland to take this work forward. This is included in the Records Management Action Plan (evidence 012) and has a completion date of March 2018. <b>The Keeper requests that he is sent a copy of the selection policy once it has been finalised and approved.</b></p> <p>The Keeper agrees that NHS Shetland has an arrangement in place to transfer records selected for permanent preservation to a suitable archive.</p>   |
| <p>8. Information Security<br/><i>Compulsory element</i></p> | <p><b>G</b></p> | <p><b>G</b></p> | <p>The RMP states that NHS Shetland has measures in place to protect both manual and electronic records and systems. This is governed in the first instance by the Information Security Policy (evidence 023). The Policy outlines the steps that NHS Shetland has taken to prevent unauthorised access to its information and systems.</p> <p>NHS Shetland also has a Patient Confidentiality Policy (evidence 024) which details the procedures in place to protect patient information. This is based on the NHS Code of Practice on Protecting Patient Confidentiality. <b>All NHS Shetland records management/information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Policy once it has been updated in order to keep the submission up-to-date.</b></p> <p>NHS Shetland also operates under the Handling Information Securely: A guide for staff in NHS Scotland (evidence 025). This outlines the practical steps that staff should take to protect patient information.</p> |

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|                    |          |          | <p>NHS Shetland staff also have access to a range of information governance publications (evidence 026), such as the NHS Scotland Information Security Policy, using email and text messages and handling requests for access to personal health information. This appears on the eHealth website.</p> <p>The RMP states that staff training in information governance and information security issues takes place at induction and is followed up at regular intervals by refresher training. A sample of the induction programme has been provided (evidence 008) showing that information governance forms part of the training. A PowerPoint presentation of the refresher training has also been provided (evidence 009). Also submitted is a screenshot of the mandatory online LearnPro module on Safe Information Handling (evidence 010). Staff training also features in the Information Governance Annual Report 2015-16 (evidence 011). Also provided are screenshots of the Education and Training Area of NHS Shetland's Intranet (evidence 028) showing that staff have access to records management and information governance training and guidance.</p> <p>The 'Improvement Action' section of this Element states that the NHS Scotland Information Assurance Strategy (2011-2015) is being replaced by the NHS Scotland Information Security Policy Framework (ISPF) which will require NHS Boards to design, build and implement an information security management system. This is built into NHS Shetland's Records Management Action Plan (evidence 012) (Section 8.1).</p> <p>The Keeper agrees that NHS Shetland has appropriate measures in place to protect its information and systems.</p> |
| 9. Data Protection | <b>G</b> | <b>G</b> | <p>NHS Shetland is registered as a Data Controller with the Information Commissioner's Office (ICO) (registration number: Z6545407).</p> <p>NHS Shetland has submitted its Information Security Policy (evidence 023). The</p>   |

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|  |  |  | <p>Policy outlines the steps that NHS Shetland has taken to prevent unauthorised access to its personal information and the systems used to manage it.</p> <p>The RMP states that all NHS Shetland staff are required to abide by the NHS Code of Practice on Protecting Patient Confidentiality. Staff receive information governance training, including Data Protection training, on induction which is refreshed on a regular basis (evidence 008, 009 and 010).</p> <p>NHS Shetland has also submitted a Patient Confidentiality Policy (evidence 024) which details the procedures in place to protect patient information. This is based on the NHS Code of Practice on Protecting Patient Confidentiality. <b>All NHS Shetland records management/information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Policy once it has been updated in order to keep the submission up-to-date.</b></p> <p>Also provided are screenshots of the Education and Training Area of NHS Shetland’s Intranet (evidence 028) showing that staff have access to records management and information governance training and guidance.</p> <p>NHS Shetland also has an Access to Health Records Procedure (evidence 031) which is published on their website. The Procedure sets out the processes for staff to follow in the event of patients submitting a Subject Access Request for their own health records. Also submitted as evidence is a screenshot from NHS Shetland’s website informing stakeholders how the confidentiality of their records is maintained and how they can submit Subject Access Requests (evidence 032).</p> <p>The ‘Improvement Action’ section of this Element states that NHS Shetland is reviewing and updating its policies and procedures as a result of the forthcoming EU General Data Protection Regulation and any related change to UK legislation. The</p> |
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|  |                 |                 | <p>Keeper commends this forward-thinking approach and requests that he is provided with any updated policies and procedures in order to keep the submission up-to-date.</p> <p>The Keeper agrees that NHS Shetland understands its requirements under the Data Protection Act 1998 and provides training and guidance for staff.</p>   |
| <p>10. Business Continuity and Vital Records</p> | <p><b>G</b></p> | <p><b>G</b></p> | <p>The RMP states that NHS Shetland has corporate, departmental and site specific Business Recovery/Continuity Plans (BRCPs). An extract from the Major Emergency Plan (evidence 034) indicates that NHS Shetland has BRCPs in place. A Resilience Scotland Template for NHS Business Continuity Plans has been submitted (evidence 035). NHS Shetland has submitted the BCP for its headquarters (evidence 035a). This details the actions to be taken in the event of a number of scenarios. Also submitted is a report from external auditors into business continuity arrangements (evidence 035b). It contains an action plan which NHS Shetland has implemented in order to make improvements.</p> <p>The RMP also states that electronic records and information held and managed on NHS Shetland are subject to regular back-up procedures and are capable of providing a 'real time recovery' option in the event of a disaster. NHS Shetland has provided the Standard Operating Procedure for Back-Up Checks (evidence 036). This details the back-up procedures in place for electronic records and systems and also how long they are retained for. Backed up records are retained for a maximum of one year before they are deleted.</p> <p>Business Continuity Planning also forms part of the internal auditors work programme 2015/16 to 2016/17 (evidence 037).</p> <p>The 'Improvement Action' section of this Element states that the introduction of a network of records management champions will assist with the implementation and review of departmental BCPs. This is built in to the Records Management Action</p> |

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|                 |          |          | <p>Plan (evidence 012).</p> <p>The Keeper agrees that NHS Shetland has processes in place to resume its business in the event of a disaster and has considered the importance of protecting its vital records.</p>   |
| 11. Audit trail | <b>A</b> | <b>G</b> | <p>The RMP states that NHS Shetland manages its paper and electronic records, both corporate and clinical, using a range of different systems. Some of the electronic systems (such as TRAKCARE and Datix) have full audit trail capabilities. NHS Shetland has provided screenshots showing a sample of the audit trail functionality available in the TrakCare system (evidence 055).</p> <p>The RMP goes on to state that the majority of paper clinical records are tracked using a barcode system. NHS Shetland has explained that it is seeking to reduce its reliance on paper records by scanning both clinical and corporate records. A photograph of the scanning equipment has been provided (evidence 056). <b>To improve the tracking of paper corporate records NHS Shetland will implement a tracking system based on one in operation at the University of Edinburgh (evidence 057). The Keeper looks forward to receiving updates on the progress of this work as part of the PUR process.</b></p> <p>NHS Shetland has in place a Policy for the Transportation of Health Records (evidence 038). This covers the movement of both electronic and paper health records between departments within NHS Shetland and out-with the organisation. <b>The Keeper requests that he is sent the updated version once it becomes available. All NHS Shetland records management/information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Policy once it has been updated in order to keep the submission up-to-date.</b></p> <p>Also submitted is a Framework for Document Development (evidence 040). The</p> |

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|                                      |          |          | <p>Framework is intended to lead to a consistent approach to the development of corporate documents such as strategies, policies and protocols. This includes appendices which act as templates for the unified development of cover sheets and document control information. <b>The Keeper requests that he is sent the updated version once it becomes available. All NHS Shetland records management/information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Framework once it has been updated in order to keep the submission up-to-date.</b></p> <p>The RMP states that NHS Shetland also uses the Fairwarning software which is used to monitor various information systems for unauthorised use and can provide audit trail information.</p> <p><b>The RMP also states that there is limited audit trail provision for records managed on shared drives. The project to develop and implement an EDRMS is intended to significantly improve the level of provision in this area. This work is built in to the Records Management Action Plan (evidence 012) and has an estimated completion date of June 2021. The Keeper requests that he is kept informed of the progress of this work.</b></p> <p><b>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified gaps in provision (the lack of audit trail capabilities in NHS Shetland’s shared drives and paper records) and has identified how it intends to close these gaps. This agreement would be dependent upon the Keeper being kept informed of progress.</b></p> |
| 12. Competency Framework for records | <b>G</b> | <b>G</b> | <p>The RMP states that the NHS Scotland Information Governance Competency Framework (evidence 041) recommends that a records manager should have a degree or a postgraduate qualification or working towards one. This is not a requirement of the PRSA and NHS Shetland has committed to providing training to</p>  |

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| <p>management staff</p>          |                 |                 | <p>the appropriate level for relevant staff. NHS Shetland also recognises that additional specialist training is required for the records managers identified in Element 2.</p> <p>The Job Descriptions for the RMP Project Manager (Corporate Records) and the Health Records and Clinical Coding Manager (Clinical Records) (evidence 003 and 004) both show the responsibility for records management in their respective areas.</p> <p>Staff are provided with information governance training on induction (evidence 008). This is followed up by regular refresher training and mandatory LearnPro online training (evidence 009 and 010). There is also records management and information governance training available on the NHS Shetland intranet (evidence 027).</p> <p>The 'Improvement Action' section of the Element states that NHS Shetland will undertake a Learning Needs Analysis to identify the training required by staff to carry out their records management responsibilities. This will then inform a training programme at foundation, intermediate and advanced levels to support staff who have operational responsibility for records management. This is included in the Records Management Action Plan (evidence 012) and has a completion date of March 2019. The Keeper commends this commitment to training and requests that he is kept informed of the progress of this work.</p> <p>The Keeper agrees that there are arrangements in place to ensure that all staff with responsibility for records management have access to appropriate training.</p> |
| <p>13. Assessment and Review</p> | <p><b>G</b></p> | <p><b>G</b></p> | <p>The RMP states that the RMP and associated policies and procedures will be reviewed as part of NHS Shetland's established governance procedures. The monthly meeting of the eHealth and Information Strategy Group (eISG) will be used as a conduit for reporting records management progress and issues. The SIRO and RMP Project Manager (see Element 2) both sit on the eISG.</p> <p>The Terms of Reference of the eISG has been provided (evidence 044). This</p>   |

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|  |  |  | <p>outlines the remit of the Group and its membership. It also outlines the governance structure for reporting issues and progress. The Group acts as a sub-group of the Clinical Care and Professional Governance Committee (CCPGC) which in turn reports to the Board of NHS Shetland. A sample agenda from a meeting of the eISG on 15 June 2017 has also been submitted (evidence 042a).</p> <p>The RMP also states that in addition to the monitoring of the RMP and associated policies and procedures carried out by the eISG, NHS Shetland's internal auditors will, on a 5 year rolling cycle, audit all Elements of the RMP. Section D3 of the Internal Audit Plan (evidence 043) confirms this approach. The Keeper commends the use of internal auditors in measuring compliance with an authority's RMP as any issues will be reported through the relevant governance structure.</p> <p>The 'Improvement Action' section of this Element states that the development of a Records Management Working Group (RMWG) will support the work of the eISG by conducting a review of all records management policies, procedures and guidance documents. The Terms of Reference of the RMWG have been submitted (evidence 015) which describes the Group's remit and membership. The RMWG will report to the eISG on a quarterly basis and will be chaired by the RMP Project Manager (see Element 2). The RMWG will also consist of a network of records management champions from across the organisations. The Keeper commends the use of local representatives as this will likely lead to an increased 'buy-in' from all business areas.</p> <p>NHS Shetland has also registered for access to the Archives and Records Management Quality Improvement Tool (ARMS). An email confirming this registration has been submitted (evidence 046).</p> <p>The Keeper agrees that NHS Shetland has identified how it intends to ensure that its RMP and key supporting policies and procedures are regularly updated.</p> |
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| <p>14. Shared Information</p> | <p><b>G</b></p> | <p><b>G</b></p> | <p>NHS Shetland is a signatory to the Shetland Data Sharing Partnership along with Shetland Islands Council, Police Scotland and Voluntary Action Shetland. The Partnership has been developed to allow the secure sharing of information amongst the partners. The Partnership’s arrangements are governed by the provisions of the Shetland Data Sharing Policy (evidence 047). This sets out the information governance arrangements in place for both the systematic or one-off sharing of information. It also describes the Partnership’s commitment to complying with the Data Protection Act 1998 and the Data Sharing Code of Practice produced by the Information Commissioner’s Office with regards to personal information. It is also used as the basis for information sharing agreements with organisations out-with the Partnership. <b>All NHS Shetland records management/information governance policies and procedures are being reviewed and updated as part of the RMP Action Plan. The Keeper requests that he is sent the Policy once it has been updated in order to keep the submission up-to-date.</b></p> <p>Individual information sharing agreements between NHS Shetland and other bodies are based on the Scottish Accord for Sharing Personal Information (SASPI) (evidence 048). This is being replaced by the Scottish Information Sharing Toolkit (evidence 050). NHS Shetland will in future use the Toolkit for reviewing existing information sharing agreements and this is built into the Records Management Action Plan (evidence 012).</p> <p>A sample Information Sharing Agreement between NHS Shetland, Shetland Islands Council and the Common Services Agency for the Scottish Health Service has been submitted (evidence 049). The Agreement contains a section on records management.</p> <p>The Keeper agrees that NHS Shetland has procedures in place to allow it to share information securely with other bodies and has considered information governance in these arrangements.</p> |
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| Third Parties | <b>G</b> | <b>G</b> | <p>The RMP states that NHS Shetland is aware of the importance of ensuring that third party contractors have provisions in place to allow them to create and manage records in accordance with the obligations placed upon NHS Shetland.</p> <p>The RMP states that some of NHS Shetland’s functions are carried out by third parties. For example, its HR functions are carried out by NHS Grampian which is also subject to the requirements of the Public Records (Scotland) Act 2011. Some functions are also carried out by independent medical practitioners. NHS enters into Service Level Agreements (SLAs) with third party providers which contains reference to the Data Protection Act 1998 and the Freedom of Information (Scotland) Act 2002 and covers issues such as confidentiality and security. A template SLA has been supplied (evidence 051).</p> <p>This Element contains an Improvement Action to review and, where necessary, revise the SLAs and contracts at the relevant time to ensure that contractors have measures in place to manage their records in accordance with NHS Shetland’s obligations.</p> <p>The Keeper agrees that NHS Shetland has provisions in place to ensure that third party providers are aware of their records management obligations.</p> |
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## 6. Keeper’s Summary

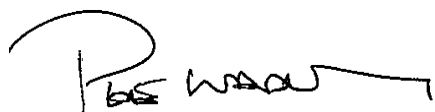
Elements 1-14 that the Keeper considers should be in a public authority records management plan have been properly considered by NHS Shetland. Policies and governance structures are in place to implement the actions required by the plan.

## 7. Keeper's Determination

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

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



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