

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

**NHS Ayrshire and Arran**

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

**2<sup>nd</sup> August 2020**

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## 1. Public Records (Scotland) Act 2011

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

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

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

## 2. Progress Update Review (PUR) Mechanism

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

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

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

## 3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for NHS Ayrshire and Arran. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

## 4. Authority Background

NHS Ayrshire and Arran is one of the fourteen regions of NHS Scotland. It was formed on 1 April 2004.

It has a responsibility to provide health and social care to almost 400,000 people with an operating budget of around £700 million (for 2013-2014).

Areas of responsibility include:

- Healthcare Quality, Governance and Standards
- Infection Control
- Patient safety
- Research and Development
- Waiting times
- Litigation
- Medical workforce
- Patient Management System

•Appraisal

The Executive Medical Director is the Board's Responsible Officer and the Assistant Director Healthcare Quality, Governance and Standards is the Caldicott Guardian.

<http://www.nhsaaa.net/>

5. Assessment Process

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

**Key:**

G	The Assessment Team agrees this element of an authority's plan.	A	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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**Progress Update Review (PUR) Template: NHS Ayrshire & Arran 8<sup>th</sup> January 2020**

Element	Status of elements under agreed Plan 03OCT16	Status of evidence under agreed Plan 03OCT16	Progress assessment status 04OCT18	Progress assessment status 02AUG20	Keeper's Report Comments on Authority's Plan 03OCT16	Self-assessment Update 29JUN18	Progress Review Comment 04OCT18	Self-assessment Update as submitted by the Authority since 04OCT18	Progress Review Comment 02AUG20
1. Senior Officer	G	G	G	G	Update required on any change	No change	No immediate action required. Update required on any future change	No change This remains as: John Burns, Chief Executive.	No immediate action required. Update required on any future change.
2. Records Manager	G	G	G	G	Update required on any change	No change	No immediate action required. Update required on any future change	No change This remains as: Robert Bryden, Health of Health Records Services and Natali Higgins, Information Governance Manager (Corporate Records).	No immediate action required. Update required on any future change.
3. Policy	G	G	G	G	Update required on any change	<p><b>Health Records</b> The Personal Health Records Policy has been reviewed in September 2018 and updated to reflect the introduction of GDPR and Scotland's Digital Health and Care Strategy.</p> <p><b>Corporate Records</b> The Corporate Records Management Policy was reviewed in May 2018 and updated to reflect the introduction of the new GDPR.</p> <p>The Corporate Records Management Policy is highlighted and explained at all Records Management Awareness Sessions and is published on both the intranet and internet.</p>	This update is noted with thanks. It is positive to hear that these documents are being reviewed as a matter of best practice and that the requirements of the Data Protection Act 2018 have been implemented.	<p><b>Health Records</b> No change, the Personal Health Records Policy is due to be reviewed in November 2021.</p> <p><b>Corporate Records</b> No change. The Corporate Records Management Policy is due for review in May 2020.</p> <p>The policy continues to be published on both the organisations staff intranet and public internet.</p> <p>The policy itself and some of the content, e.g. lifecycle, is highlighted within NHS A&amp;A's learnPro module training and face to face training sessions.</p>	<p>Thank you for the update regarding health and corporate records policies.</p> <p>The Assessment Team agrees that the Health Board continues to provide appropriate guidance and support for staff creating, processing and managing records.</p>
4. Business Classification	A	G	A	A	NHS Ayrshire and Arran are committed to developing and implementing a functional,	Within NHS Ayrshire & Arran the decision was taken to focus on the implementation of an	This update is noted with thanks.	The Information Asset Register has been introduced across the whole organisation. In excess of 200 meetings have	In previous updates NHS Ayrshire and Arran have indicated that they were pursuing an Information Asset

					<p>three-tiered Business Classification Scheme to improve the systematic management of their records. Whilst this must remain a business decision for authorities, the use of a functional classification scheme is considered good practice. The Keeper is similarly pleased to see that local business units will be consulted in the planning of this document.</p> <p>The Action Plan has identified a target date of 3-5 years in which to complete the Scheme and then roll it out to departments. The Keeper recognises that due to the size of this organisation progress will inevitably be made on an incremental basis. However he expects to see continual progress in the coming years and requests that he is kept informed as work continues in this area.</p> <p>This authority is also considering the use of an electronic document management system such as SharePoint. The Keeper asks that he is notified should any decision be taken.</p> <p>The Keeper agrees this element of NHS Ayrshire and Arran's records management plan under 'improvement model' terms. This means that the authority has identified a gap in provision (a full business classification scheme has not yet been rolled-out in the organisation) and have put measures in place to close that gap. The Keeper's agreement is conditional on him receiving updates as the BCS project progresses.</p>	<p>Information Asset Register and then use the information collected to form the basis of a high level Business Classification Scheme. Advice was sought from NRS as part of this decision making process.</p> <p>The Information Asset Register has been designed to capture the following records management elements about each information asset:</p> <ul style="list-style-type: none"> <li>• function</li> <li>• retention period</li> <li>• earliest record held</li> <li>• format</li> <li>• where it is stored</li> <li>• tracking</li> </ul> <p>The Information Asset Register continues to be rolled out across the organisation. Explanatory meetings have been held with managers within the following Directorates:</p> <ul style="list-style-type: none"> <li>• Chief Executive</li> <li>• Human Resources</li> <li>• Finance</li> <li>• Nurse Directorate</li> <li>• Medical Directorate</li> <li>• Public Health</li> <li>• Corporate Support Services</li> <li>• Pharmacy Directorate</li> </ul> <p>No further decisions have been made regarding the implementation of an electronic document management system. This is due to the organisation awaiting a national decision on the impending upgrades to the Microsoft software.</p>	<p>The Information Asset Register described sensibly addresses Elements 4, 5 and 11 together, as well as tackling some requirements of the Data Protection Act 2018. It is reasonable to expect that the process of disseminating this to staff will take some time, starting with senior management. Once senior management understand the purpose and the benefit of this work it will be easier to achieve effective compliance.</p> <p>The Keeper is aware that NHS Scotland is developing a national EDM system and that NHS Ayrshire and Arran are awaiting the roll out of this system.</p> <p>The steady and realistic approach to compliance with this Element is to be commended. The authority is making progress towards achieving a Green RAG status for this Element.</p>	<p>taken place with managers and staff are in the process of registering assets. The organisation is taking a high level approach to this initially and over 800 assets have been registered at this point.</p> <p>The Information Asset Register holds information on both, assets which contain personal identifiable information and assets which are of vital importance to the organisation.</p> <p>NHS Scotland has agreed a contract with Microsoft for the implementation of Microsoft Office 365 (O365) across all 22 Boards in Scotland. The SharePoint application which is included within the O365 package will form the EDM system for NHS Scotland. If this is implemented within the Board, provided that the appropriate policies, governance and staff training are in place, this could significantly improve the organisations management of corporate records.</p> <p>As part of the implementation of O365, the NHSS Records Management Forum will develop a national business classification scheme which it is intended will be adopted by all Boards. The Information Governance Manager (Corporate Records) is Co-Chair of the Forum and will be directly involved in the development of this.</p>	<p>Register structure around the management of their public records. The Assessment Team acknowledge that this action has now been completed.</p> <p>The achievement of this objective marks a measurable improvement in the records management provision in the authority.</p> <p>The Information Asset Register is now being populated at a local level (the involvement of local business areas in the work is vital). The Assessment Team looks forward to updates in subsequent PURs.</p> <p>This element remains at Amber while this work is ongoing.</p> <p>The Keeper is aware that all NHS Boards are migrating their systems to a O365 solution. This is bound to be incremental and take several years to bed-in properly. The Assessment Team acknowledge that NHS Ayrshire and Arran have correctly identified the importance of "appropriate policies, governance and staff training" in making this major project a success.</p> <p>The Assessment Team recognise that NHS Ayrshire and Arran's Information Governance Manager (Corporate Records) has been consistently engaged in developments in NHS Scotland centrally through the NHSS Forum. This version are developing a BCS and an update to the Code of Practice while closely monitoring the O365 implementation.</p>
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5. Retention Schedule	G	G	G	G	Update required on any change	<p>The organisation continues to follow the retention schedule provided within the Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1.</p> <p><b>Health Records</b> The Operational Procedure for the Destruction of Personal Health Records continues to be used within the organisation to manage retention/destruction of personal health records. This was updated to version 4.0 in April 2017 to include guidance on the retention of records required for litigation purposes.</p> <p><b>Corporate Records</b> The Retention Schedule for administrative/corporate records was removed from the Corporate Records Management Policy and inserted in the new Corporate Records Retention &amp; Disposal Policy (see below).</p> <p>There has been no progress as yet with auditing compliance of the corporate records retention periods.</p>	<p>This update is noted with thanks. Retention schedules are not static. The authority has made good progress in keeping the retention schedules under review and identifying areas where changes were required. Given the work evident in other Elements, it is to be expected that the audit of compliance with corporate records retention schedules has not yet been completed. This demonstrates that the authority is realistic in what can be achieved at present and is mindful of what further work is needed.</p> <p>The Keeper has been monitoring the development of the new version of the NHS Code of Practice and recognises that NHS Ayrshire and Arran will adopt the retention decisions of this code when it is implemented.</p>	<p>Overall there has been no change. As per the previous update the organisation continues to follow the retention schedule provided within the Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1.</p> <p>The Head of Health Records and the Information Governance Manager (Corporate Records) have participated in the ongoing review and update of the Code of Practice.</p> <p><b>Health Records</b> The Operational Procedure for the Destruction of Personal Health Records was updated to Version 4.1 in September 2018 to include updated guidance on the retention of records relating to bleeding disorders.</p> <p><b>Corporate Records</b> As per the previous update the retention schedule for corporate records is included in the local Corporate Records Retention &amp; Disposal Policy. This policy is available on both the public website, staff intranet and is highlighted within the learnPro training module and face to face training sessions.</p>	<p>Thank you for the update regarding changes to the retention schedules.</p> <p>This is a recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year.</p> <p>As noted above the Assessment Team recognise that NHS Ayrshire and Arran's Head of Health Records Services and Information Governance Manager (Corporate Records) have been consistently engaged in developing the updated Code of Practice through the NHSS Forum.</p>
6. Destruction Arrangements	A	G	A	G	NHS Ayrshire and Arran recognise that procedures for the secure and irretrievable destruction of administrative records (predominantly held electronically) are not implemented throughout the organisation. The authority has acknowledged the need to develop a Corporate	<p><b>Health Records</b> The Operational Procedure for the Destruction of Personal Health Records V4.0 continues to be used within the organisation to manage retention/destruction of personal health records. A percentage</p>	<p>This update is noted with thanks. Sampling for quality assurance by a senior member of staff prior to destruction is best practice and the authority is to be commended for developing this system in relation to highly sensitive clinical records.</p>	<p>Both documents continue to be used within the organisation. In August 2019 a joint statement was circulated throughout the organisation via the daily communications email bulletin (Daily Digest) to remind staff that they must refer to the appropriate disposal policy when appraising records.</p>	<p>The Keeper agreed the original NHS Ayrshire and Arran Records Management Plan on an improvement model basis partly on the grounds that the authority could not be confident that staff were destroying digital records at the end of their retention periods. He was convinced that processes were in place to remedy this. The</p>



					<p>Records Destruction Procedure and roll this out to all functional areas. Moreover, arrangements for auditing compliance with these procedures will be put in place. The Keeper believes that NHS Ayrshire and Arran have identified a gap in provision and have committed to putting processes in place to close that gap. The Keeper requests that he is kept informed of progress under this element and that he is provided with a copy of the guidance procedures once approved.</p> <p>The Keeper is able to agree this element of NHS Ayrshire and Arran's records management plan under 'improvement model' terms. This means that he acknowledges the authority has identified a gap in provision (in this case, lack of staff guidance on the routine deletion of records held electronically), but he agrees that they have put in place measures to close that gap. His agreement is conditional on his being updated as the project progresses.</p>	<p>of clinical records that have been selected for destruction are sampled by a Senior member of staff to provide quality assurance.</p> <p><b>Corporate Records</b> The Corporate Records Retention &amp; Disposal Policy was approved by the Information Governance Committee in November 2017. It has been circulated throughout the organisation via:</p> <ul style="list-style-type: none"> <li>• Daily communication email which goes to all staff with an email account</li> <li>• The Chief Executive who cascaded it to the Directors for circulating within their departments.</li> </ul> <p>Compliance with this policy is not yet being monitored, however through awareness sessions and records management sub groups, staff are being asked to carry out a data cleanse. Sub groups have action plans to monitor the progress with the data cleanse.</p> <p>A Retention &amp; Disposal register has also been rolled out in each Directorate. The master copy is held by the Records Management Champion.</p> <p>The processes for the destruction of confidential waste and device hardware remain the same.</p>	<p>As noted above, it is to be expected that the audit of compliance will take some time. It is very positive that the Corporate Records Retention &amp; Disposal Policy has been approved and its existence communicated to staff at least twice and is being promoted through other techniques.</p> <p>The authority appears to be well on the way to achieving a Green RAG status for this element. The Assessment Team would welcome further updates and in due course provision of evidence of these significant steps forward.</p>	<p><b>Health Records</b> The Operational Procedure for the Destruction of Personal Health Records was updated to Version 4.1 in September 2018 to include updated guidance on the retention of records relating to bleeding disorders.</p> <p><b>Corporate Records</b> There have been no changes to the policy or processes previously mentioned. The data cleanse of corporate records is ongoing across the organisation. This continues to be led by the Directorate Corporate Records Management Champions through the sub group action plans.</p> <p>Following a recent update at the Corporate Management Team* meeting, Directorates were given a six month period to review the paper records, appraise them for disposal and improve storage conditions. A further update was provided to the Corporate Management Team in December regarding the progress made.</p> <p>The Information Governance Manager (Corporate Records) regularly provides advice regarding retention periods not covered within the Scottish Government retention schedule and advises what departments require to consider when appraising documents. They routinely visit departments at their request to support them with the appraisal of paper or electronic documents.</p> <p>*The Corporate Management Team meetings chaired by the Chief Executive and all Directors attend.</p>	<p>Assessment Team is pleased to acknowledge that the authority now appears to be compliant in this element.</p> <p>Clearly, once all the public records of the authority which are currently managed on designated shared drives have been migrated to the O365 system the routine and controlled destruction of these electronic records should be more robust. However, this functionality will probably not be universally operational for some time. In the meantime it will remain important that staff are correctly prompted to destroy records appropriately. The example of the paper record review shows that NHS A&amp;A are pursuing this.</p> <p>If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.</p>
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7. Archiving and Transfer	A	G	A	G	<p>NHS Ayrshire and Arran have selected Ayrshire Archives as the repository for records selected for permanent preservation. An action under this element has been identified as the creation of a Memorandum of Understanding between the authority and Ayrshire Archives to formalise these transfer arrangements. The Keeper commends this initiative and asks that he is sent a copy of this MoU as soon as possible.</p> <p>The Keeper is able to agree element 7 on 'improvement model' terms while he awaits a signed MoU.</p>	<p>Memorandum of understanding has recently been signed by Ayrshire Archives and has been submitted to the Interim Director of Public Health for signature. This will be signed on Tuesday 25 September 2018.</p> <p>Action has been taken jointly with Ayrshire Archives to establish what historic records they are holding on behalf of the organisation and what historic records continue to be stored within the organisation. A comprehensive register is being collated and further discussions will be arranged with Ayrshire Archives to discuss the contents of the register.</p>	<p>This update is noted with thanks and the Keeper would be glad of a copy of the signed Memorandum of Understanding as soon as it is available.</p> <p>The joint work with Ayrshire Archives is a commendable initiative and should assist in developing appropriate public access to NHS records of enduring value in due course. It is important that both the authority and the archives repository have complete records of what is held. In due course this should include appropriate arrangements for digital records of enduring value.</p>	<p>The Memorandum of Understanding has been agreed and signed by both organisations.</p> <p>A full register of historic records has been created and a meeting will be arranged with Ayrshire Archives in early 2020 to discuss the records and services provided, including exploration of the potential arrangements for digital records.</p>	<p>In their original submission NHS Ayrshire and Arran identified Ayrshire Archives as an appropriate repository for the public records selected for permanent preservation.</p> <p>They set an objective of formalising transfer arrangements through a memorandum of understanding between the archive service and the health board. The Assessment Team is pleased to acknowledge that this has now been done.</p> <p>If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.</p>
8. Information Security	G	G	G	G	<p>The authority has stated a future aim of bringing themselves into compliance with ISO-27001. The Keeper will be notified when the authority is confident of having attained this standard. The Keeper welcomes this approach and looks forward to hearing from the authority.</p>	<p>The eHealth department are progressing towards compliance with the standard.</p> <p>The Senior Technical Specialist for IT Security is liaising with Heads of Services and progress is being monitored within an Information Security Policy Maturity Assessment Framework and Action Plan.</p>	<p>This update is noted with thanks. As with other Elements, the authority is to be commended for its steady development towards its stated goal, in this case of compliance with ISO-27001.</p>	<p>In 2018 NHS Ayrshire &amp; Arran achieved Cyber Essentials accreditation.</p> <p>NHS Scotland Health Boards have been tasked with complying with the Information Security Policy Framework (ISPF) which is aligned to ISO 27001. NHS A&amp;A have carried out a gap assessment and are working with various departments to gather evidence of compliance of work on areas where there are gaps. The Competent Authority (the Scottish Government) will be auditing NHS A&amp;A against this in 2020.</p>	<p>The Assessment Team notes that the authority has recently been awarded Cyber Essential Plus certification:  NHS Ayrshire &amp; Arran  Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB  Sector: Human Health and Social Work  Certificate 3075927977800023  Certificate Level: Cyber Essentials  Date issued: 19/03/2019</p> <p>Thank you for the update regarding the Scottish Government security audit. The Assessment Team looks forward to an update on this in subsequent PURs.</p>
9. Data Protection	G	G	G	G	<p>Update required on any change</p>	<p>In order to promote compliance with the new General Data Protection Regulation the organisation has</p>	<p>This update is noted with thanks. Compliance with the new Data Protection Act 2018 has clearly been thoroughly addressed,</p>	<p>The fundamental requirements to promote compliance with the updated Data Protection Legislation have been completed, with the exception</p>	<p>As with all other Scottish public authorities NHS Ayrshire &amp; Arran have been required to review and update their data protection</p>

						<p>taken the following action:</p> <ul style="list-style-type: none"> <li>• Review and updating of all policies regarding data protection and the handling of personal identifiable information.</li> <li>• Review and updating of the organisations mandatory e-learning module on Safe Handling of Information. Every member of staff within the organisation has been asked to complete the updated module.</li> <li>• A new Data Protection Notice has been published on the public website.</li> <li>• Implementation of an Information Asset Register in order to clarify legal bases for processing and ensure information is processed / stored / accessed and shared appropriately.</li> <li>• Ongoing review and update of the forms and processes surrounding Data Protection Impact Assessments, Data Processing Agreements, and System Security Policies.</li> <li>• Arrangement of 20 open awareness sessions aimed at all staff which were</li> </ul>	<p>with a review of policies, forms and procedures aligned with staff training. As noted, the Information Asset Register described under Element 4 is being used very sensibly to pull together related requirements under different legislation: recording the lawful basis for holding information alongside the retention periods and within a classification system is excellent practice.</p>	<p>of the completion of the Information Asset Register, the ongoing maintenance is now considered business as usual.</p> <p>The Information Governance team continue to progress a wider information governance action plan which encompasses the implementation of the IAR and wider remit of the information governance team.</p>	<p>procedures in light of the 2018 legislation.</p> <p>The Assessment Team acknowledges that the public facing Heath Board website has been updated appropriately: <a href="https://www.nhsaaa.net/data-protection-notice/">https://www.nhsaaa.net/data-protection-notice/</a></p> <p>For comments regarding the <i>Information Asset Register</i> see element 4 above.</p>
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					held in bases across the organisation. The Head of IG has also provided many direct sessions to teams/ departments.				
10. Business Continuity and Vital Records	G	G	G	G	Update required on any change	No change.	No immediate action required. Update required on any future change	No change. NHS A&A has organisational wide business continuity strategies, departmental business continuity plans and IT disaster recovery plans in place.	No immediate action required. Update required on any future change.  In 2016 the Keeper agreed that the record recovery procedures in NHS A&A were appropriate and is content that these procedures are still in place.
11. Audit Trail	A	G	A	A	<p>NHS Ayrshire and Arran recognise the importance of having arrangements in place for the auditing and tracking of records. Not only will the development of the Business Classification Scheme greatly improve such arrangements but this programme of work will also be accompanied by the rolling-out of policies surrounding document control and naming conventions. A methodology to gauge compliance with these policies will also be introduced. The Keeper commends these endeavours and requests that he is updated as work in this area progresses.</p> <p>The Keeper agrees this element of NHS Ayrshire and Arran's records management plan 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</p>	<p><b>Health Records</b> TrakCare Patient Management System is deployed throughout the board to record the physical movement of acute, mental health and maternity paper based personal health records. Accredited electronic systems are used to record clinical information, impose naming conventions/version control at time of record creation and during updating. SCI Store and Clinical Portal Systems use the NHS Scotland Clinical Document Indexing Standard thereby ensuring there is uniformity in storage and retrieval of clinical documents.</p> <p><b>Corporate Records</b> A Corporate Records Naming Convention and Version Control Guideline has been circulated throughout the organisation to all staff via email.</p> <p>Records Management Champions have</p>	<p>The tracking arrangements described along with the naming conventions and version control show considerable care in the management of clinical records.</p> <p>Although the corporate records are less well managed than clinical records at present, the authority is clearly getting to grips with establishing tracking systems, naming conventions and version control guidelines. Again the Information Asset Register described under Element 4 is being used sensibly to deal with these issues.</p>	<p><b>Health Records</b> No change</p> <p><b>Corporate Records</b> The Corporate Records Naming Convention &amp; Version Control Guideline was reviewed in August 2019 however it was agreed that no changes were required. The next review is due in 2021. Face to face training has also been created to complement the guideline (see element 12).</p> <p>Controlled Document Policy - No change.</p> <p>The SharePoint Implementation Group has been stood down from meetings at present due to the pending implementation of O365. However the membership continues to review and approve proposed changes and inclusions to the SharePoint AthenA site.</p> <p>The Corporate Records Electronic Storage Guideline was approved in March 2019 and is accessible on the staff intranet. The guideline is promoted through records management sub groups and at face to face training sessions.</p>	<p>Thank you for this update.</p> <p>The Assessment Team notes that a new information governance document, <i>Corporate Records Electronic Storage Guideline</i> is operational in the authority.</p> <p>In their original submission NHS A&amp;A committed to keep its information governance policy documents under review and the Assessment Team acknowledge that this is being done.</p> <p>The O365 migration should greatly increase the control over document tracking although it will take some time for this to be universally applied in the authority. However, in the short term the Assessment Team would expect the populated Information Asset Register to strengthen this element. (For comments regarding the O365 migration and the Information Asset Register see element 4 above).</p> <p>The Assessment Team notes the continued use of local records management 'champions'. This is to be commended.</p>

					<p>Keeper's agreement is conditional on him receiving updates as the project progresses.</p>	<p>circulated the guideline within their directorates and sub groups are monitoring implementation.</p> <p>An updated version of the Controlled Document Policy has been rolled out across the organisation which provides a new document template, which includes version control fields in the footer and a document control sheet.</p> <p>The implementation of the Information Asset Register will help to identify records which move around the organisation and enable review of whether there are adequate processes in place.</p> <p>The SharePoint Implementation Group is exploring the implementation of a Corporate Document Management platform however this work is subject to national decision regarding the upgrade of Microsoft software.</p> <p>A Corporate Records Electronic Storage Guideline has been drafted. It provides clear guidance about where electronic documentation should be stored and covers the following platforms:</p> <ul style="list-style-type: none"> <li>• Personal drives (H:\ drive)</li> <li>• Shared drives (Network drive)</li> <li>• My Documents and PC/laptop desktops (C:\ drive)</li> <li>• Intranet - AthenA (Microsoft SharePoint)</li> </ul>	<p>SharePoint offers potential for electronic records management and the work that has been undertaken on naming conventions, version control and retention and disposal schedules will make for a straightforward transition to this or any other software system. As noted under Element 4, the Keeper is aware of the national development of an EDRMS and that NHS Ayrshire &amp; Arran are awaiting this roll out.</p> <p>The development of this storage guideline is pragmatic, bringing standardisation to a range of storage areas led by a variety of software systems and uses.</p> <p>Developing procedures for shared drives sits well beside the work on electronic storage and on version control/naming conventions and retention and disposal schedules. It is important that until a decision can be made on a the use of SharePoint or other common software, that records continue to be managed and no additional problems created.</p> <p>The process described should mitigate against the possibility of additional, unmanaged problems. The authority is to be commended for taking account of these issues and putting in place methods of controlling and minimising problems until national decisions are made.</p>	<p>The governance process for the creation of new drives has been implemented and all requests for new 'shared' drives are reviewed by records management champions to ensure there is a legitimate requirement for the drive and to ensure it is the best solution.</p>	<p>Until the <i>Information Asset Register</i> is completed and rolled-out this element remains at Amber (it is likely to match element 4). The Assessment Team looks forward to updates in subsequent PURs.</p>
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					<ul style="list-style-type: none"> <li>Email accounts (Microsoft Outlook)</li> <li>Electronic systems (e.g. PMS, Datix, SSTS)</li> </ul> <p>A governance process for the creation of shared drives is being implemented. Staff will now be asked to complete forms and liaise with managers and the Records Management Champion prior to submitting a request for a new drive. This is in order to ensure there is a legitimate requirement for the drive and to ensure it is the best solution. The forms will be completed to provide the purpose of the drive and detail which department will own the drive. New drives will be created using permission groups to aid the control of file plans and permissions.</p>	Overall, the authority is showing steady progress towards achieving a Green status.			
12. Competency Framework	G	G	G	G	<p>The Plan states that staff will be trained in information governance principles, whilst existing e-learning modules will be revised. The Keeper commends these commitments and requests that he has sight of the updated training modules once available.</p>	<p><b>Head of Health Records Services</b> The Head of Health Records Services is a Senior Manager within the Board with responsibility to deliver the personal health records aspects of the Boards Strategic Service Transformation Programme. The Head of Health Records Services chairs the Electronic Patient Records Implementation Group and sits on the Boards Digital Steering Group. The Head of Health Records Services is examiner in Health Records Practice for the Institute of Health Records and</p>	<p>The authority has made a significant contribution to collaborative work. The support that the authority provides to enable its Head of Health Services to share expertise is an important and commendable approach to the professional development of this post. Similarly, the support given to the Information Governance Manager is excellent, enabling her to access appropriate training and to share her expertise with both the NHS records sector and the wider records management profession. Her contribution to further development of Model Records Management Plan under the Public Records (Scotland) Act is</p>	<p><b>Head of Health Records Services</b> The Board's Strategic Transformation Programme has been re-named 'Caring for Ayrshire'. The Electronic Patient Records Implementation Group has been stood down and a new group Digital Systems Operational Group has been convened in its place. The Head of Health Records Services co-chairs this group along with an Associate Medical Director</p> <p><b>Information Governance Manager (Corporate Records) (IGM)</b> No change, the IGM continues to attend:</p> <ul style="list-style-type: none"> <li>A&amp;A Learning@Lunch Management Sessions</li> <li>NRS Sessions</li> <li>IRMS Events</li> </ul>	<p>The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported.</p> <p>There is abundant evidence that NHS A&amp;A take this aspect of their records management provision seriously.</p> <p>In the original submission the authority committed itself to revamp their training modules and the Assessment Team acknowledges that this has been done (at least once).</p> <p>The Assessment Team notes the impressive uptake in records management training in the authority. This applies to online and</p>

						<p>Information Management and sits on the Examination Board for Health Informatics Examinations [University of Manchester]. The Head of Health Records Service sits on a number of national groups to provide subject matter expertise in respect of delivering personal health records and information technology improvement elements related to out-patient services, specialty collaboratives and the development of clinical applications.</p> <p><b>Information Governance Manager (Corporate Records) (IGM)</b>  Since taking up post in March 2016, the IGM has undertaken the following external training:</p> <ul style="list-style-type: none"> <li>• PDP Records Management 1&amp;2</li> <li>• Records Management with SharePoint</li> </ul> <p>In addition to mandatory training, the following 'inhouse' training has been undertaken:</p> <ul style="list-style-type: none"> <li>• Presentation Skills</li> <li>• Coaching 4 Change</li> <li>• Personal Assertiveness</li> <li>• Learning@Lunch Management Sessions</li> </ul> <p>The IGM has also participated in the following:</p> <ul style="list-style-type: none"> <li>• NHSS RM Forum</li> <li>• NRS Surgery</li> <li>• NRS PUR Session</li> <li>• NRS IJB Surgery</li> </ul>	<p>valuable and very welcome.</p> <p>The focus on Data Protection is practical and it is good to see timely recognition of the changes that the Data Protection Act 2018 has introduced. As an authority that deals with sensitive personal records, this is to be expected but it is nevertheless excellent practice.</p> <p>The extensive staff training and awareness sessions are very positive. The additional training on records management for relevant managers is welcome. .</p>	<p>The IGM Chairs the NHS A&amp;A Corporate Records Management Group and the Ayrshire Records Management Pan Ayrshire Group. Additionally they Co-Chair the NHS Scotland Records Managers Forum.</p> <p><b>All staff in NHS A&amp;A</b></p> <p><b>Health Records</b>  No change</p> <p><b>Corporate Records</b>  The Corporate Records Management learnPro module has been completed by approx. 1300 staff. The completion of the module 'role specific mandatory' and staff are encouraged to complete it at face to face training and through directorate sub group action plans.</p> <p>It was recognised that staff would benefit from face to face training sessions on naming conventions. A course was created and seven sessions were held in the organisation which were well attended and received positive feedback.</p> <p>It was then recognised that staff would also benefit from training on retention and disposal. It was therefore decided to create a training course which would provide staff with training on the records life-cycle, principles, implications, naming conventions, retention and disposal. Fifteen sessions have been held which have been attended by approximately 170 staff in total. Evaluations for the sessions are very positive and 12 session have been arranged in 2020. These sessions are targeted at all staff handling corporate records and have been attended by staff at all levels.</p>	<p>face-to-face training both of which appear to be well rolled-out to staff.</p> <p>The learning opportunities afforded the Information Governance Manager has also been noted and should be commended. It seems from this (and previous) submissions that the personal development of this officer is well supported.</p>
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						<ul style="list-style-type: none"> <li>• IRMS Events</li> <li>• ICO Webinars</li> <li>• ARMS Training Sessions</li> </ul> <p><b>All staff in NHS A&amp;A</b> The Safe Information Handling eLearning is a mandatory module for all staff. It has recently been updated to reflect the introduction of the new General Data Protection Regulation. All staff are being asked to re-complete this module.</p> <p><b>Health Records</b> In addition to the MAST Safe Information Handling module, Health Records staff receive departmental based induction/ training covering operational procedures for management of personal health records.</p> <p><b>Corporate Records</b> The e-learning 'learnPro' module was revised and re-launched in February 2017. Approx 1000 staff have completed the module. The module has a three year time lapse and staff are encouraged to complete it at corporate induction as well as within departments (through Records Management Champions).</p> <p>In excess of 50 awareness sessions have been held throughout the organisation to highlight the programme of work and inform staff what action is required.</p>		<p>The Information Governance Team held 'IG Week' in November 2019 in order to raise the profile of the team and meet with staff. Information stands covering:</p> <ul style="list-style-type: none"> <li>- Data protection</li> <li>- Freedom of information</li> <li>- IT Security</li> <li>- Health records</li> <li>- Corporate records</li> </ul> <p>were held on three separate full days at the three main hospital sites. This provided staff with the opportunity to find out about the services provided. Postcards were produced to outline 10 golden rules for good information governance. Throughout the week 14 face to face sessions were held to remind staff of the fundamental rules for good information governance.</p>	
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					<p>Some of these session have been delivered jointly with colleagues and covered GDPR and IT Security.</p> <p>A slot has been secured on the organisation's Line Managers Training Programme to highlight managers' responsibilities with regards to the management of corporate records.</p> <p>It has been recognised that clinical areas/managers require support with records management therefore training is in the process of being produced for administration assistants working within these areas to enable them to guide the Senior Charge Nurses.</p>				
13. Assessment and Review	G	G	G	G	<p>NHS Ayrshire and Arran have committed to undertaking a review of their RMP in May 2017 and annually thereafter. There are also scheduled dates for the review of several specific policies such as the <i>Information Governance Framework</i> and for arrangements including the auditing of compliance with the procedures for recording the destruction of corporate records.</p> <p>Compliance with the Plan and these accompanying policies and provisions will be assessed by the Information Governance Manager and Records Management Group in collaboration with internal auditors and local service areas. The Keeper welcomes this approach and asks that he is informed</p>	<p>Due to the introduction of the self-assessment progress update report (PUR), the decisions was taken locally not to carry out an additional review of the RMP and use the PUR tool to review progress instead.</p> <p>Following the approval of NHS A&amp;A's RMP a detailed Records Management Improvement Plan was created to monitor progress towards the actions required. This plan is regularly updated and is submitted to every Information Governance Committee meeting along with a written update on progress since the last meeting.</p>	<p>This update is noted with thanks. The Public Records (Scotland) Act requires authorities to keep their Records Management Plan under review. While the PUR tool is not the only method of doing this, it is very encouraging to see it being used.</p> <p>The authority shows a commendable approach to identifying issues and planning future progress. It is clear from the work described in other Elements that the authority is using its internal monitoring to develop and make progress on required actions.</p>	<p>No change</p> <p>NHS A&amp;A will continue to use the progress update review (PUR), to annually review its status against the Records Management Plan.</p> <p>The local records management improvement plan is regularly reviewed/updated and continues to be submitted with an accompanying paper to all Information Governance Committee meetings.</p>	<p>It is a requirement of the Public Records (Scotland) Act 2011 that "An authority must— (a) keep its records management plan under review" (PRSA Part 1 5.1.a.)</p> <p>In their original submission NHS Ayrshire and Arran set a review date on the <i>Plan</i> of May 2017 and annually thereafter. The Assessment Team is pleased to acknowledge that this is being done.</p> <p>The authority's participation in the PUR process in 2018 and 2020 demonstrates a commitment to reviewing its RMP.</p>

					<p>of the findings of these self-assessments and audits, particularly if they result in changes to records management arrangements.</p> <p>As the <i>eHealth Disaster Recovery Plan</i> and accompanying procedures were due to be reviewed during the period of this assessment, the Keeper asks that he receives any new version of these documents as soon as possible.</p>	<p>Within the IG department all policies, procedures, guidance and frameworks have been updated recently. With the exception of the Document Scanning Guidance which is undergoing a review.</p> <p>Compliance with the plan and accompanying documents has not yet been audited however this remains the intention.</p>			
14. Shared Information	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change	No change	No immediate action required. Update required on any future change	No change NHS A&A continues to share information in line with Data Protection Legislation. Information Sharing Protocols remain in place with partner agencies. All sharing of information is subject to the appropriate level of risk assessment.	No immediate action required. Update required on any future change.

## 7. The Public Records (Scotland) Act Assessment Team's Summary

### Version

The progress update submission which has been assessed is the one received by the Assessment Team on 8<sup>th</sup> January 2020. The progress update was submitted by Natali Higgins, Information Governance Manager (Corporate Records).

The progress update submission makes it clear that it is a submission for **NHS Ayrshire and Arran**.

### PRSA Assessment Team's Summary

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

### General Comments

NHS Ayrshire and Arran continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

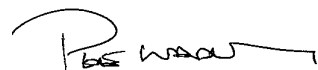
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

## 8. The Public Records (Scotland) Act Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that NHS Ayrshire and Arran continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

- The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by,



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Pete Wadley  
Public Records Officer