

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

**NHS Lanarkshire**

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

**22 June 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 Lanarkshire. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

### 4. Authority Background

NHS Lanarkshire provides a wide range of healthcare services through numerous locations. There are three district general hospitals in the area - Hairmyres, Monklands and Wishaw General Hospital. Each of these hospitals has an accident and emergency (A&E) department and provides a range of specialist medical and surgical services. Maternity services are based at Wishaw General Hospital. Primary health care is provided in the community and includes general practitioners (GPs), dentists, pharmacists, health visitors and a wide range of health professionals. NHS Lanarkshire's primary care facilities include health centres and community and day hospitals.

NHS Lanarkshire employs approximately 12,000 staff.

<http://www.nhslanarkshire.org.uk/Pages/default.aspx>

### 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	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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				request that they are updated as work on this element progresses.			
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**Progress Update Review (PUR) Template: NHS Lanarkshire**

Element	Status of elements under agreed Plan 16MAY16	Status of evidence under agreed Plan 16MAY16	Progress assessment status 15AUG18	Progress assessment status 17OCT19	Progress assessment status 22JUN20	Keeper's Report Comments on Authority's Plan 16MAY16	Self-assessment Update 12AUG19	Self-assessment Update as submitted by the Authority since 17OCT19	Progress Review Comment 22JUN20
1. Senior Officer	G	G	G	G	G	Update required on any change.	No changes to named contacts.	NHSL have appointed Heather Knox as Interim Chief Executive as from 15 <sup>th</sup> June 2020	The Keeper's Assessment Team thanks NHS Lanarkshire for this update which has been noted.
2. Records Manager	G	G	G	G	G	Update required on any change.	No changes to named contacts.	The Head of Health Records is due to retire at end of June. Lorraine Taggart Head of Information Management has assumed responsibility for PRSA and Health Records strategic management. Please find attached handover report to the June IGC. 	The Keeper's Assessment Team thanks NHS Lanarkshire for this update which has been noted.  The Assessment Team notes that a report to the Information Governance Group was created explaining the situation at the retirement of the Head of Health Records and acknowledges that a copy of this report has been supplied. They will store this in order that they may keep the NHS Lanarkshire submission up-to-date.  The Report contains a commitment to this PUR.
3. Policy	G	G	G	G	G	NHS Lanarkshire move towards greater reliance on electronic records they will ensure that arrangements are in place to permanently delete these records from systems. These will be embedded within the <i>Health and Administrative Records Policies</i> . As these policies will be reviewed in December 2015 the authority has committed to update the Keeper with any changes. The Keeper	NHSL Records Management Policies have been updated to reflect Records Information Classification Scheme Protocol, GDPR, Infected Blood Inquiry and Historical Child Abuse Inquiry.	The NHSL IGC maintains a register of all IG and IT security policies which is reviewed for policies that are due for renewal. This has resulted in a revised Health Records Management Policy to incorporate advice regarding lost health records. Previously this was a separate protocol. This policy was approved at the June Information Governance Committee. See attached policy and example of Policy Register.  	In their original submission NHS Lanarkshire committed to keeping their information governance policies and guidance documents under review and the Assessment Team acknowledges that this is being done.  The Assessment Team notes that new Health Records Policy is available and acknowledges that a copy has been supplied. They will store this in order that they may keep the NHS Lanarkshire submission up-to-date.

						welcomes this and looks forward to being updated on the revised policies.			
4. Business Classification	A	G	A	A	A	<p>There is an indication in NHS Lanarkshire's Plan that certain records held on the 'R' drives sit outwith the Business Classification Scheme. There is a commitment in the Action Plan section to develop the Business Classification Scheme and the Information Asset Register and to develop standard operating practices for the maintenance of the R drives. The Keeper requests updates as work in these areas progress.</p> <p>The Keeper agrees this element under 'improvement model' terms. This means that he is convinced that having identified a gap in provision NHS Lanarkshire has committed to a series of actions to close that gap. The Keeper agrees this element on condition that he is kept informed as these projects progress.</p>	<p>Progress continues to implement RICS across NHSL. This is a significant cultural, behavioural and technical challenge and progress has perhaps been slower than expected. The following areas are adopting this in full</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Property and Support Service</li> <li><input type="checkbox"/> Finance</li> <li><input type="checkbox"/> eHealth</li> <li><input type="checkbox"/> Human Resources</li> <li><input type="checkbox"/> Communications</li> <li><input type="checkbox"/> Corporate Management</li> </ul> <p>NHSL is also drafting a Document Security Marking Policy which has a Records Management Section which incorporate elements of the RICS protocol</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Business Classification Scheme</li> <li><input type="checkbox"/> Security Sharing Classification Scheme</li> <li><input type="checkbox"/> Record/file naming conventions.</li> </ul> <p>This will enable the approach of 'good practice' to business policy and enables implementation. A copy of the Draft Policy can be made available if required.</p>	<p>NHSL recognises the importance of staff training and this is incorporated in the attached handover report. The classification training will be included in the Information Governance Workplan for 2020/21.</p> <p>Please see the Document Security Marking Policy.</p> <p></p>	<p>At the time of the last PUR NHS Lanarkshire indicated they were developing a Document Security Marking Policy and the Assessment Team asked for a copy when it was approved and rolled out. They are pleased to acknowledge this has now been done.</p> <p>For staff training see under element 12 below.</p> <p>As noted at the last PUR, There has been continued good progress in this element with steady implementation of the Records Information Classification Scheme across six non-clinical corporate functions. The authority is likely to achieve Green in this area over a number of years: the progress made so far is commendable.</p> <p>The Keeper is aware that NHS Boards are migrating their systems to a O365 solution. This is bound to be incremental and take several years to bed-in properly. Although not mentioned in the PUR, the Assessment Team acknowledge that NHS Lanarkshire are likely to be part of major project and that the Records and Information Classification Scheme (RICS) will inform the structure of the new solution.</p>
5. Retention Schedule	G	G	G	G	G	Update required on any change.	We continue to retain records required for Scottish Child Abuse Inquiry and also records that may be relevant to the Infected Blood Inquiry. Records Management policies have been updated.	NHSL recognises the importance of complying with retention schedules and this is incorporated in the attached handover report.	<p>No immediate action required. Update required on any future change.</p> <p>In the report to the Information Governance Group (see element 3) there is a recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year.</p>

6. Destruction Arrangements	A	G	A	A	A	<p>NHS Lanarkshire recognise that some further work is required in order to formalise arrangements for the destruction of paper records held with the third-party storage company. Actions have been identified and been added to the RMP. The Keeper would like to receive updates on the work being done in this area.</p> <p>The RMP also states that with the move to a greater reliance on electronic records they will ensure that arrangements are in place to permanently delete records from the systems. The Keeper acknowledges this commitment and requests updates on this on-going work. Upon the renewal of contracts a Data Processing Agreement will be signed between NHS Lanarkshire and third party contractors to establish standards for certifying destruction while simultaneously creating metadata about documents destroyed. The Keeper commends this initiative and would welcome having sight of the Agreement once approved.</p> <p>At the moment, the Keeper can only agree this element under 'improvement model' terms: That NHS Lanarkshire has identified a gap in provision (electronic record destruction</p>	<p>Work continues to return records from 3rd Party storage companies. Operational requirements and Infected Blood Inquiry impacted on plans to complete this by March 2019. Plan is now for completion by March 2020.</p>	<p>NHSL recognises the importance of complying with additional retention requirements and this is incorporated in the attached handover report. NHSL would also wish to draw the Keeper to the significant progress in reducing reliance on 3<sup>rd</sup> Party Storage providers and the review of records held in our own secondary storage facility. This is reported in the handover report.</p>	<p>The steady progress in reviewing and securely destroying records held in third party storage has progressed since the last PUR.</p> <p>There is also evidence of a project to clear out/scan legacy records held in NHS Lanarkshire storage (Hairmyres). This is commendable.</p> <p>This element remains at Amber while this work is ongoing.</p> <p>The Assessment Team look forward to future updates on this work and would expect that this would be likely to move to Green in due course.</p>



						procedures and tightening up on written procedures with third party providers) and has committed to a series of actions to close that gap. The Keeper agrees this element on condition that he is kept informed as these projects progress.			
7. Archiving and Transfer	G	G	G	G	G	Update required on any change.	All records of archival value have been transferred to NLC archive services who are now in process of cataloguing these. NHSL provided additional funding to cover the cost of preserving key registers. The NHSL Information Governance Committee received a presentation from NLC on the archiving service which was very well received. NHSL has now allocated recurring resources for archival service storage. NLC have received request for access to records which NHSL would not have been in a position to respond to. Extract of email from NLC archive service. <i>Please find attached the first accessions survey for NHS Lanarkshire Archive which I submitted to the National Archives. This information will be added to the NHS Lanarkshire Archives webpages on the National Register of Archives (<a href="https://discovery.nationalarchives.gov.uk/details/a/A16474820">https://discovery.nationalarchives.gov.uk/details/a/A16474820</a>). The collection information will appear at the bottom of the page.</i>	NHSL continue to work closely with our Partners in NLC. The inaugural Archive report was submitted to the IGC for approval in February 2020. NLC Archives were present at the IGC. Please see report. We also presented the story of Bollo Ilnicki to the IGC which would never have been uncovered had it not been for the Archival service put in place due to PRSA.	The relationship between NHS Lanarkshire and its archive repository has been a fruitful and mutually beneficial one.  Archiving is a formal requirement of the PRSA and NHS Lanarkshire provides a 'best practice' example of why that should be.  The Keeper has been made aware of the excellent work of both NHS Lanarkshire and North Lanarkshire Archives in this regard Considering that five years ago no archiving agreement existed at all.  To be commended.
8. Information	G	G	G	G	G	As the <i>Information Security Policy</i> is due	The ISMS is complete and NHSL has	The target date for achievement of Cyber Essentials plus accreditation is	Achieving Cyber Essential accreditation and working towards Cyber Essentials

Security						for review in September 2017 the Keeper would be pleased to receive updates, particularly if this review leads to the creation of a revised policy document.	completed a further round of security reviews.	May 2021. NHSL is currently 85% NIS compliant and aims to be fully NIS compliant by end of 2020. A review of the ISMS is scheduled for late 2020 LearnPro training numbers:- Introduction to Information Security 6,325.	Plus demonstrates commitment to appropriate industry standards.  The Document Security Marking Policy as noted under Element 4 is now operational.  The achievement of this objective marks a measurable improvement in the records management provision in the authority.  NHS Lanarkshire is to be commended for its work in this element.  For staff training see under element 12 below.
9. Data Protection	G	G	G	G	G	NHS Lanarkshire has committed to establishing a Subject Access Request link on their website. The Keeper considers this an example of good practice and would like to be informed once this is available. As the <i>Data Protection Policy</i> is due for review in September 2017 the Keeper would be pleased to receive updates, particularly if this review leads to the creation of a revised policy document.	We have completed our GDPR compliance workplan and all policies have been updated.	These are kept under continual review.	As with all other Scottish public authorities NHS Lanarkshire have been required to review and update their data protection procedures in light of the 2018 legislation.  The Assessment Team acknowledges that the public facing Board website has been updated appropriately:  <a href="https://www.nhslanarkshire.scot.nhs.uk/d-ata-protection-notice/">https://www.nhslanarkshire.scot.nhs.uk/d-ata-protection-notice/</a>  The website includes an explanatory BSL video.
10. Business Continuity and Vital Records	G	G	G	G	G	Update required on any change.	NHSL achieved Cyber Essentials accreditation in September 2018. Work continues towards achieving Cyber Essentials Plus accreditation by June 2020 and NIS Directive compliance in the same timescale.	NHSL Digital has a DR Plan which is tested annually, last occasion was August 2019. This is regularly maintained on the basis of testing and lessons learned. Oversight is provided by the Health Resilience Board.	In their original submission NHS Lanarkshire committed to keeping their continuity policies and guidance under review and the Assessment Team acknowledges that this is being done.
11. Audit Trail	A	G	A	A	A	Tracking of administrative records is at an early stage and staff guidance on version control is currently in development. The Keeper asks that he is kept informed of	There have been no instances of a record from a filing system that does not deploy a tracking system as being missing reported to the Information Governance Committee. NHSL have therefore	This is work in progress under RICS and records management training.	The Assessment Team notes that progress is being made in to manage record movement and version control. This is being done under the Records and Information Classification Scheme (RICS) protocol and an essential staff training programme.

						<p>progress in these areas. The Keeper can agree this element under 'improvement model' terms. This means that he is convinced that, having identified gaps in provision (including mental health records in the clinical system and version control guidance), NHS Lanarkshire has committed to a series of actions to close that gap. The Keeper agrees this element on condition that he is kept informed as this project progresses.</p>	<p>concentrated our resources on GDPR compliance including developing further our Information Asset Register, NIS and cyber security and have not progressed this. This will now be added to the Information Governance workplan for 19/20. Disposition of records to either destruction or archive is covered in NHSL Records Management Policies.</p>		<p>NHS Lanarkshire has made progress on this through the inclusion of the RICS protocol in the Document Marking Policy. They recognise that staff awareness and training is vital and therefore this will be included in the Information Governance Workplan for 20/21. The implementation of Office 365 and RICS training should complement each other.</p> <p>The Keeper agreed the original submission on 'improvement model' grounds. That is to say the authority had recorded a gap in provision and was taking steps to close that gap.</p> <p>This was bound to be incremental and the Assessment Team is pleased to acknowledge that steps have been taken as agreed.</p> <p>However, it is vitally important that staff correctly name records at time of creation for any system that does not impose this. Similarly, version control instructions are key.</p> <p>It is important that any organisation can be confident that they can find a record when required and identify the correct version of that record. The Assessment Team acknowledge that NHS Lanarkshire are pursuing this objective. The creation of a clear structure (see element 4) will be a significant step forward.</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 RICS to strengthen this element. (For comments regarding the O365 migration see element 4 above).</p> <p>Once the RICS is rolled out, the creation and roll-out of staff guidance would seem to be the next vital step and the</p>
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									Assessment Team looks forward to updates on progress in subsequent PURs.  This element remains at Amber.
12. Competency Framework	G	G	G	G	G	NHS Lanarkshire have committed to extending their staff training provisions, for example by creating a records management module in LearnPro. The Keeper commends this commitment and looks forward to receiving updates concerning this work.	The number of staff trained in NHSL Records Management Training Module is 7,101 as reported to Information Governance Committee meeting on 6th August 2019. NHSL is extremely pleased with the uptake level of staff and this shows commitment and importance our staff apply to Records Management.	Nine members of Health Records staff attended the training component of the infogov.scot Practitioner Certificate in Scottish Public Sector Records Management in Jan-Mar 2020. We are currently considering which of them may appropriately proceed to the portfolio component for award of the Practitioner Certificate. A further introductory records management training day for a wider group of staff was planned for delivery by Frank Rankin in April but was disrupted by the lockdown. We are currently looking to re-schedule this training online.  This is over and above the NHSL Learnpro Training modules. The number of staff trained in these modules are:- Learnpro Records Management 11,622  Learnpro Safe Handling of Information 13,210	The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported.  There seems to be ample evidence that information governance training is appropriately considered in the authority.  For example:  RICS training will be included in the Information Governance Workplan for 2020/21.  Thousands of staff have engaged with the LearnPro Records Management, Safe Handling of Information and Introduction to Information Security programmes.  Key staff have attended a Public Sector information governance course. The Keeper will be pleased to learn that resource – both financial and in staff time - has been allowed for this.
13. Assessment and Review	G	G	G	G	G	The Plan will be reviewed every three years by the named records managers supported by the Information Assurance Committee and by the NHS Lanarkshire Internal Audit. Individual key policies accompanying the Plan have also been assigned review dates. The Keeper commends this approach and asks that he receive updates following any such reviews,	NHS Lanarkshire Internal Audit has information assurance as part of the audit universe they use to prepare the audit plan. This is undertaken on a 5 year cyclical plan. The next review is on the strategic plan for 2020/2021	A Health Records Management report is submitted to every 2 <sup>nd</sup> NHSL IGC.	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.)  In their original submission NHS Lanarkshire committed to regularly review their plan and explained to the Keeper the methodology of review and the reporting structure.  The Assessment Team is pleased to acknowledge that this is being done and thanks NHS Lanarkshire for the update regarding the update reports to the

						especially if they lead to the revision or creation of new policies and procedures.			Information Governance Committee.
14. Shared Information	G	G	G	G	G	NHS Lanarkshire have committed upon renewal of contracts with third party contractors to include references to the requirements of PRSA and their obligations to ensure compliance with the RMP. The Keeper welcomes this initiative and requests that he be kept informed of developments in this area.	Contract and Vendor arrangements continue to be developed by the post holder. In addition, our GDPR work plan included a review of all contracts with 3rd party suppliers. All Suppliers have been contacted in relation to the new GDPR guidelines and appropriate action has been taken where necessary. We continue to work with current suppliers to ensure full Compliance within NHSL. Our third party contractors also ensure our local GDPR Compliance is adhered to at all times.	These are kept under constant review.	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 9<sup>th</sup> June 2020. The progress update was submitted by John Duncan, Head of Health Records.

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

### PRSA Assessment Team's Summary

The Assessment Team has reviewed NHS Lanarkshire'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 Lanarkshire 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.

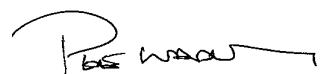
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

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

Based on the progress update assessment the Assessment Team considers that NHS Lanarkshire 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