

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

**Scottish Public Services Ombudsman**

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

**27 August 2021**

**Contents**

1. The Public Records (Scotland) Act 2011.....	3
2. Progress Update Review (PUR) Mechanism.....	3
3. Executive Summary.....	3
4. Authority Background.....	4
5. Assessment Process.....	4
6. Records Management Plan Elements Checklist and PUR Assessment.....	5
7. The Public Records (Scotland) Act Assessment Team’s Summary.....	10
8. The Public Records (Scotland) Act Assessment Team’s Evaluation.....	10

## 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 Scottish Public Services Ombudsman. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

### 4. Authority Background

The SPSO was set up by the Scottish Public Services Ombudsman Act 2002. They handle complaints about public services in Scotland including councils, the National Health Service, housing associations and cooperatives, universities and colleges, most water and sewage providers, prisons, the Scottish Government and its agencies and departments, and most other Scottish authorities.

<http://www.spsso.org.uk/>

### 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:

<b>G</b>	The Assessment Team agrees this element of an authority's plan.	<b>A</b>	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.	<b>R</b>	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.
----------	---	----------	---	----------	--

## 6. Progress Update Review (PUR) Template: Scottish Public Services Ombudsman

Element	Status under agreed Plan 23FEB16	Progress status 05SEP20	Progress status 27AUG21	Keeper's Report Comments on Authority's Plan 23FEB16	Self-assessment Update 18JUN20	Progress Review Comment 05SEP20	Self-assessment Update as submitted by the Authority since 05SEP20	Progress Review Comment 27AUG21
1. Senior Officer	G	G	G	Update required on any change.	No change.	No immediate action required. Update required on any future change.	No change.	Update required on any change.
2. Records Manager	G	G	G	Update required on any change.	No change.	No immediate action required. Update required on any future change.	No change.	Update required on any change.
3. Policy	G	G	G	Update required on any change.	No change to Records Management Policy Statement.	No immediate action required. Update required on any future change.	No change to Records Management Policy Statement.	Update required on any change.
4. Business Classification	G	G	G	Update required on any change.	Our Business Classification Scheme has undergone significant review as part of the move to a new eRDM platform (Objective). The updated policy and guidance is planned for finalisation by the end of July 2020.	<p>In their original submission SPSO explained that their corporate records were managed digitally on a SharePoint platform. Casework was managed on a line of business system (WorkPro) although were in hard-copy format.</p> <p>The Assessment Team understands that this situation is now changing with the authority's corporate records to be managed on the Scottish Government eDRM (Objective). The management of casework information remains the same as in 2016.</p> <p>SPSO have confirmed that their corporate records are managed on the Scottish Government eDRM (Objective) system, as a completely separate and restricted file plan. The migration from the SharePoint platform to Objective was completed in March.</p> <p>The public records of the NRS are also managed under the SG eDRM and it is therefore clearly endorsed by the Keeper as a suitable system for use by the public sector.</p>	<p>Project to move corporate documentation onto Scottish Government eRDM (Objective) system was completed in March 2020. Associated policies were updated in the Information Governance Handbook, then approved for publication December 2020.</p> <p>The updated business classification scheme is included in the published handbook:  <a href="#">SPSOInformationGovernanceDec2020.pdf</a></p>	The Keeper's Assessment Team is grateful for this positive update. We also acknowledge the receipt of the published Information Governance Handbook with thanks. This appears to have been a major undertaking with implication to all areas of records management within SPSO.

						For data cleansing see element 6 and for staff training see element 12.  The Assessment Team looks forward to feedback on the effectiveness of the new system in subsequent PURs.		
5. Retention Schedule	G	G	G	Update required on any change.	Our Retention and Disposal Policy has been reviewed with changes to the retention schedule for casework. The revised documents are with the Leadership Team for final approval prior to implementation.  Non-casework retention and disposal has been reviewed as part of the move to the new eRDM platform (Objective) and is planned for finalisation by the end of July 2020.	In their original submission the Scottish Public Services Ombudsman committed to keeping their information governance policies and guidance documents under review and the Assessment Team acknowledges that this is being done.  See under element 4 for the eDRM migration.	The review of the retention and disposal policy was completed and the approved policy is included in the published handbook:  <a href="#">SPSO Information Governance Dec 2020.pdf</a>	Thank you for this update on the retention and disposal policy review. Its inclusion to the Information Governance Handbook has also been noted with thanks.
6. Destruction Arrangements	G	G	G	Update required on any change.	No changes to arrangements. Note that limited casefile destruction undertaken as per our policy due to Infected Blood Inquiry request to retain any relevant records, and IT application failure. Due to resume in 2020.	The Assessment Team thanks SPSO for this casework update which has been noted.  A full data cleansing exercise was undertaken when documents were matched to the new file plan, prior to migration (November 2019-February 2020).  It is assumed that control of the routine destruction of corporate records will be enhanced by the migration to eDRM (See element 4 above).	Limited casefile destruction was undertaken between Oct 2019 and Nov 2020 due to a major fault with the electronic application; government restrictions during lockdown; and continuing open Inquiry request.  The application fault was remedied by November 2020 and a catch-up destruction exercise was undertaken to clear the casework due for destruction. Casework destruction has now resumed on a fortnightly basis in accordance with the policy, retaining those cases required by the Inquiry.	Thank you for informing the Assessment Team about a fault within the application, as well as how this was addressed. While casefile destruction has been temporarily limited, it is reassuring to hear of return to regular scheduled destruction procedures.  The Keeper's Assessment Team is confident that SPSO continues to ensure that robust destruction arrangements are in place, and that these are operating as intended.
7. Archiving and Transfer	G	G	G	Update required on any change.	No changes since MoU with NRS agreed.	No immediate action required. Update required on any future change.	No changes since MoU with NRS agreed.	Update required on any change.
8. Information Security	G	G	G	Update required on any change.	Records Management and Security Guidance updated (May 2018).  Cyber Essentials Accreditation (November 19).	In their original submission the Scottish Public Services Ombudsman committed to keeping their information governance policies and guidance documents under review and the Assessment Team acknowledges that this is	Objective Connect application implemented for use by all staff in September 2020 as a secure way to share electronic information.  Alongside the training and guidance provided, a new Information Sharing	Thank you for this update on information sharing arrangements through Objective Connect. The sharing policy, part of the Information Governance Handbook, is also noted with thanks.

				<p>ICT Strategy and IT Security Policy in draft – planned for finalisation August 2020.</p>	<p>being done. The Assessment Team notes that new Records Management and Security guidance document is available</p> <p>The Assessment Team acknowledge that SPSO have achieved Cyber Essentials accreditation: Certificate Number: IASME-A-014166 and that a copy of their certificate has been provided.</p>	<p>– eRDM Connect policy has been added to the Information Governance handbook: <a href="#">SPSOInformationGovernanceDec2020.pdf</a></p> <p>Cyber Essentials Accreditation (November 20): Certificate Number IASME-CE-009821 (attached).</p> <p>SPSO Information and Communication Technology Handbook was updated and published in January 2021, and includes IT Security Policy (attached).</p> <p>Internal Audit of Cyber Resilience was undertaken in September 2020, with an overall conclusion of Substantial, 13 areas of good practice and 7 recommendations of medium and low level (attached).</p>	<p>Thank you also for the update on the Information Technology Security Policy.</p> <p>The Assessment Team commends SPSO for maintaining its Cyber Essential Accreditation and acknowledges the receipt of the certificate, as well as the results of the Internal Audit of Cyber Resilience.</p>	
9. Data Protection	G	G	G	<p>Update required on any change.</p>	<p>Enhanced DPIA process and guidance (March 2019).</p> <p>Enhanced data breach procedures planned for finalisation by the end of June 2020.</p> <p>Project underway to prepare for introducing Connect, a secure file sharing platform within eRDM (Objective). Policy and guidance is planned for finalisation by the end of July 2020.</p>	<p>As with all other Scottish public authorities SPSO have been required to review and update their data protection procedures in light of the 2018 legislation.</p> <p>The Assessment Team acknowledges that the public facing Ombudsman website has been updated appropriately: <a href="https://www.spsso.org.uk/privacy-notice">https://www.spsso.org.uk/privacy-notice</a></p> <p>The Assessment Team note the planned use of Objective Connect for secure file sharing. This is the solution used by the Keeper of the Records of Scotland and thus would meet his agreement.</p>	<p>Enhanced data breach procedures completed and the approved updated protocol is included in the published handbook: <a href="#">SPSOInformationGovernanceDec2020.pdf</a></p> <p>Objective Connect application implemented for use by all staff in September 2020 as a secure way to share information (see element 8).</p> <p>Internal Audit of Data Management (GDPR) was undertaken in November 2020, with an overall conclusion of Strong, 17 areas of good practice and no recommendations (attached).</p>	<p>Thank you for this update that data breach protocols have been reviewed and published in the Information Governance Handbook. Thank you also for letting us know that Objective Connect is now used as a secure way to share information.</p> <p>The SPSO should also be commended for running an Internal Data Management Audit as a way to ensure appropriate legislation is adhered to in a consistent manner across the organisation.</p>
10. Business Continuity and Vital Records	G	G	G	<p>Update required on any change.</p>	<p>Business Continuity Policy reviewed, audited, and published on website (August 2019).</p> <p>Link to policy on website: <a href="https://www.spsso.org.uk/sites/spsso/files/communications_material/business_information/2019BusinessContinuityPlan.pdf">https://www.spsso.org.uk/sites/spsso/files/communications_material/business_information/2019BusinessContinuityPlan.pdf</a>.</p>	<p>The Assessment Team thanks SPSO for this update which has been noted. The publication of key documents, in order that service users can be reassured that an authority engages with its information governance responsibilities, is commended.</p> <p>Again this provides the Assessment Team with</p>	<p>Vital records are clearly identified in the eRDM file plan with their own Corporate, Legal or Historic file type to ensure correct retention periods are maintained.</p> <p>BCP reviewed, audited and published on website February 2021. <a href="#">SPSOBusinessContinuityFeb2021.p</a></p>	<p>The Keeper's Assessment Team commends SPSO on its continuous commitment to identifying Vital Records. It also acknowledges the scheduled review, auditing and the publication of its Business Continuity arrangements.</p>

						evidence that SPSO is committed to keeping its information governance policies and guidance documents under review.	<a href="#">df</a> Internal Audit of Business Continuity (C-19) was undertaken in February 2021, with an overall conclusion of Strong, 24 areas of good practice and no recommendations of medium and low level (attached).	
11. Audit Trail	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	Change from SharePoint to new eRMP platform (Objective) for non-casework records.	The Objective eRDM has a powerful search facility (which the Keeper has endorsed by adopting it himself) that allows a user to track all records using a variety of search criteria. The efficiency of the search facility relies on consistent naming of documents as they are saved as records on the system and SPSO is encouraged to ensure their naming convention (which is explained to staff as part of their Business Classification document) is suitable. The eDRM will automatically apply version control.  The Keeper has previously agreed that the tracking processes for SPSO casework records is appropriate.	The move to eRDM (Objective) and Connect (Objective) applications for storage and sharing of electronic documents has provided enhanced version controls and audit trails.	Thank you for confirming that the move to Objective eRDM has provided enhanced version control functionality with implications for the maintenance of reliable audit trails.  The Keeper's Assessment Team has no concerns about this element as the SPSO continues to demonstrate dedication to compliance.
12. Competency Framework	<b>G</b>	<b>G</b>	<b>G</b>	There is a commitment in the <i>Records Management Policy</i> (page 4) (see element 3) that states "The identification of records management as a distinct stream within the organisation's training portfolio, with dedicated training provided to all staff". The Keeper commends this commitment and request that any training material relevant to this RMP should be sent to him when available.	No change.	Mandatory training was undertaken by all staff before being granted access to the eRDM system (see element 4), and a follow-up training session was provided in July for the management team and heavy users.	No change.	Thank you for letting the Assessment Team know there has been no major changes to training provision.
13. Assessment and Review	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	PUR submission (June 2020)	The Keeper has previously agreed that SPSO has appropriate arrangements in place to review the implementation of their records management plan and this PUR confirms that this has not changed.  The authority's participation in the PUR process in 2020 demonstrates a commitment to	PUR submission (May 2021).	The Assessment Team commends SPSO's continuing participation in the PUR process, which demonstrates a commitment to the regular review of its records management processes.

					reviewing its RMP.			
14. Shared Information	N/A	A	G	Update required on any change.	<p>Note the SPSO's information sharing powers have been extended.</p> <p>Link to legislation:  <a href="http://www.legislation.gov.uk/asp/2002/11/section/20">http://www.legislation.gov.uk/asp/2002/11/section/20</a>  <a href="http://www.legislation.gov.uk/asp/2002/11/schedule/5">http://www.legislation.gov.uk/asp/2002/11/schedule/5</a></p> <p>SPSO are also part of the <a href="#">Sharing Intelligence for Health and Care group</a> which has an emerging concerns protocol, and a new information sharing policy is being drafted ensuring we are taking a structured approach. This work should be completed by Autumn 2020.</p>	<p>The Assessment Team thanks SPSO for this update which has been noted.</p> <p>Changes to the activities of the authority have now brought this element into scope and it is clear that SPSO are working towards putting appropriate controls in place to ensure that information governance is properly managed during information sharing programmes.</p> <p>For example, they are creating an information sharing policy in relation to the extension of the legislation – that explicitly deals with the Sharing Intelligence for Health and Care group.</p> <p>The Keeper has addressed his expectations around this element in his Model Plan (2019 version), <a href="https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan">https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan</a>, which includes suggestions of 'best practice'. SPSO may wish to consult this to ensure they are compliant in this new element.</p> <p>However, the Keeper would agree that developing an Information Sharing Protocol is a commendable start. This element remains at Amber while this work is ongoing.</p> <p>The Assessment Team looks forward to updates in subsequent PURs.</p>	<p>The new Information Sharing policy completed (with training provided) and the approved policy is included in the published handbook:</p> <p><a href="#">SPSOInformationGovernanceDec2020.pdf</a></p> <p>Link to data sharing agreements that are in place:</p> <p><a href="#">Working with others to improve service and protect the public   SPSO</a></p>	<p>The Keeper's Assessment Team thanks you for this update, and acknowledges the receipt of the new Information Sharing Policy as well as the link to Data Sharing Agreements.</p> <p>The Assessment Team is happy to change this element from Amber to Green within the PUR process. Should a formal resubmission take place, based on this PUR, the SPSO is in a very good position to pursue approval for a robust Records Management Plan.</p>

## 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 31 May 2021. The progress update was submitted by Helen Littlemore, Corporate Information Governance Officer.

The progress update submission makes it clear that it is a submission for **Scottish Public Services Ombudsman**.

The Assessment Team has reviewed Scottish Public Services Ombudsman's Progress Update submission and agrees that the proper record management arrangements outlined by the various 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

Scottish Public Services Ombudsman 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 Scottish Public Services Ombudsman continues to take their statutory obligations seriously and are working hard to keep all the elements of their records management arrangements in 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



Lida Saarinen  
Public Records Support Officer