

The Public Records (Scotland) Act 2011

NHS Ayrshire and Arran

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

4 October 2018

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1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came 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 Final 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 & Arran is one of fourteen regional health boards in NHS Scotland which is responsible for the protection and the improvement of the population's health and for the delivery of frontline healthcare services. It provides health care to almost 400,000 people across North, East and South Ayrshire (including the islands of Arran and Cumbrae). More than 10,000 staff work across 11 acute/community hospital sites, within community services and health and social care partnerships.

The organisation's objectives are, working together to:

- deliver transformational change in the provision of health and social care through dramatic improvement and use of innovative approaches;
- protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care;
- create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect;
- attract, develop, support and retain skilled, committed, adaptable and healthy staff and ensure our workforce is affordable and sustainable; and deliver better value through efficient and effective use of all resources.

<http://www.nhsaa.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 and Arran

Element	Status of elements under agreed Plan, October 2016	Status of evidence under agreed Plan, October 2016	Progress assessment status, 2018	Keeper's Report Comments on Authority's Plan, October 2016	Self-assessment Update as submitted by the Authority since October 2016	Progress Review Comment, 2018
1. Senior Officer	G	G	G	Update required on any change	No change	No immediate action required. Update required on any future change
2. Records Manager	G	G	G	Update required on any change	No change	No immediate action required. Update required on any future change
3. Policy	G	G	G	Update required on any change	<p>Health Records 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>Corporate Records The Corporate Records Management Policy was reviewed in May 2018 and</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>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>	
4. Business Classification	A	G	A	<p>NHS Ayrshire and Arran are committed to developing and implementing a functional, 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</p>	<p>Within NHS Ayrshire & Arran the decision was taken to focus on the implementation of an 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"> • function 	<p>This update is noted with thanks.</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>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</p>	<ul style="list-style-type: none"> • retention period • earliest record held • format • where it is stored • tracking <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"> • Chief Executive • Human Resources • Finance • Nurse Directorate • Medical Directorate • Public Health • Corporate Support Services • Pharmacy Directorate <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</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>
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				gap. The Keeper's agreement is conditional on him receiving updates as the BCS project progresses.	on the impending upgrades to the Microsoft software.	
5. Retention Schedule	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>Health Records 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>Corporate Records The Retention Schedule for administrative/corporate records was removed from the Corporate Records Management Policy and</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>inserted in the new Corporate Records Retention & Disposal Policy (see below).</p> <p>There has been no progress as yet with auditing compliance of the corporate records retention periods.</p>	
6. Destruction Arrangements	A	G	A	<p>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 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</p>	<p>Health Records 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 of clinical records that have been selected for destruction are sampled by a Senior member of staff to provide quality assurance.</p> <p>Corporate Records The Corporate Records Retention & Disposal Policy was approved by the Information Governance Committee in November</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>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 & Disposal Policy has been</p>

				<p>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>2017. It has been circulated throughout the organisation via:</p> <ul style="list-style-type: none"> • Daily communication email which goes to all staff with an email account • The Chief Executive who cascaded it to the Directors for circulating within their departments. <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 & Disposal register has also been rolled out in each Directorate. The master copy is held by the Records Management Champion.</p>	<p>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>
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					The processes for the destruction of confidential waste and device hardware remain the same.	
7. Archiving and Transfer	A	G	A	<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>
8. Information Security	G	G	G	The authority has stated a future aim of bringing themselves into compliance	The eHealth department are progressing towards	This update is noted with thanks. As with other Elements, the authority is to

				<p>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>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>be commended for its steady development towards its stated goal, in this case of compliance with ISO-27001.</p>
9. Data Protection	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 taken the following action:</p> <ul style="list-style-type: none"> • Review and updating of all policies regarding data protection and the handling of personal identifiable information. • Review and updating of the organisations mandatory e-learning module on Safe Handling of Information. Every member of staff within the organisation has 	<p>This update is noted with thanks. Compliance with the new Data Protection Act 2018 has clearly been thoroughly addressed, 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>been asked to complete the updated module.</p> <ul style="list-style-type: none"> • A new Data Protection Notice has been published on the public website. • Implementation of an Information Asset Register in order to clarify legal bases for processing and ensure information is processed / stored / accessed and shared appropriately. • Ongoing review and update of the forms and processes surrounding Data Protection Impact Assessments, Data Processing Agreements, and System Security Policies. • Arrangement of 20 open awareness sessions aimed at all staff which were held in bases across the organisation. The Head of IG has also 	
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					provided many direct sessions to teams/departments.	
10. Business Continuity and Vital Records	G	G	G	Update required on any change	No change.	No immediate action required. Update required on any future change
11. Audit Trail	A	G	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</p>	<p>Health Records 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>	The tracking arrangements described along with the naming conventions and version control show considerable care in the management of clinical records.

				<p>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 Keeper's agreement is conditional on him receiving updates as the project progresses.</p>	<p>Corporate Records 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 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</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>
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					<p>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"> • Personal drives (H:\ drive) • Shared drives (Network drive) • My Documents and PC/laptop desktops (C:\ drive) • Intranet - AthenA (Microsoft SharePoint) • Email accounts (Microsoft Outlook) 	<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 & 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>
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					<ul style="list-style-type: none"> • Electronic systems (e.g. PMS, Datix, SSTS) <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>	<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 the use of SharePoint or other common software, that records continue to be managed and no additional problems created. 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>Overall, the authority is showing steady progress towards achieving a Green status.</p>
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12. Competency Framework	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>Head of Health Records Services 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 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</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 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</p>
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					<p>information technology improvement elements related to out-patient services, specialty collaboratives and the development of clinical applications.</p> <p>Information Governance Manager (Corporate Records) (IGM) Since taking up post in March 2016, the IGM has undertaken the following external training:</p> <ul style="list-style-type: none"> • PDP Records Management 1&2 • Records Management with SharePoint <p>In addition to mandatory training, the following 'inhouse' training has been undertaken:</p> <ul style="list-style-type: none"> • Presentation Skills • Coaching 4 Change • Personal Assertiveness • Learning@Lunch Management Sessions <p>The IGM has also participated in the following:</p>	<p>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>
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					<ul style="list-style-type: none"> • NHSS RM Forum • NRS Surgery • NRS PUR Session • NRS IJB Surgery • IRMS Events • ICO Webinars • ARMS Training Sessions <p>All staff in NHS A&A 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>Health Records 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>Corporate Records</p>	
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					<p>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. 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>	
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					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.	
13. Assessment and Review	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</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&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</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>Management Group in collaboration with internal auditors and local service areas. The Keeper welcomes this approach and asks that he is informed 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>with a written update on progress since the last meeting.</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	G	G	G	Update required on any change	No change	No immediate action required. Update required on any future change

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 29 June 2018 and further updated on 20 September 2018. The author of the progress update submission is Natali Higgins, Information Governance Manager (Corporate Records).

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

7. PRSA Assessment Team's Summary

The Assessment Team has reviewed **NHS Ayrshire and Arran's** Progress Update Review 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. This Progress Update Review demonstrates a steady progress and indicates that the authority remains on target with its own projected timescale for full compliance with Elements 4, 6, 7 and 11. The development of the Information Audit into a tool to develop a high level Business Classification Scheme and incorporating retention and disposal information and a tracking tool is a very sensible and practical approach to meeting each of these disparate requirements. The Assessment Team commends the progress evident in this work and would welcome updates on these projects in future PUR submissions.

The level of support for continuing professional development given to the two professionals responsible for the Records Manager role in NHS Ayrshire and Arran is particularly notable and it is evident that the authority benefits from their expertise and their engagement with the wider sector. The authority is to be commended for recognising how valuable this investment in staff is.

Where 'no change' has been recorded under the update on provision by the authority, the Assessment Team is happy to agree that these elements require no further action for the time being.

8. PRSA 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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Elsbeth Reid
Public Records Officer