

The Public Records (Scotland) Act 2011

NHS Orkney

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

20th February 2020

Contents

1. The Public Records (Scotland) Act 2011.....	3
2. Progress Update Review (PUR) Mechanism.....	4
3. Executive Summary.....	5
4. Authority Background.....	5
5. Assessment Process.....	5-6
6. Records Management Plan Elements Checklist and PUR Assessment.....	8-21
7. The Public Records (Scotland) Act Assessment Team's Summary.....	22
8. The Public Records (Scotland) Act Assessment Team's Evaluation.....	23

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 Orkney. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

NHS Orkney is the smallest of the fourteen regions of NHS Scotland. It provides healthcare services in the Orkney area. NHS Orkney is headquartered in Garden House, Kirkwall.

It operates one hospital, Balfour Hospital, in Kirkwall.

NHS Orkney has 24 General Practitioners who work across 10 Practices.

According to their website: <http://www.ohb.scot.nhs.uk/article.asp?page=40> they have responsibility for:

- creating healthcare facilities that are fit for purpose for patients and staff
- patient safety
- having patients needs and interests at the heart of what they do
- living within their means and driving efficiency, productivity and sustainability
- working with and listening to the Community
- working in multidisciplinary teams where everyone's skills are valued
- creating an environment where people enjoy working and giving their best
- constantly improving by aiming high, using evidence and best challenge to improve, encouraging innovation and driving out inefficiency wherever we find it

NHS Orkney's Corporate Objectives can be found at:

<http://www.ohb.scot.nhs.uk/images/pdf/Corporate%20Themes%20and%20Corporate%20Priorities%202011-2012.pdf>

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		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment
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				<p>authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.</p>			<p>Team may choose to notify the Keeper on this basis.</p>
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Progress Update Review (PUR) Template: NHS Orkney

Element	Status of elements under agreed Plan 09SEP16	Status of evidence under agreed Plan 09SEP16	Progress assessment status 20FEB20	Keeper's Report Comments on Authority's Plan 09SEP16	Self-assessment Update as submitted by the Authority since 09SEP16	Progress Review Comment 20FEB20
1. Senior Officer	G	G	G	Update required on any change.	Gerry O'Brien, Chief Executive	Thank you for this update. The change of identified individual has already been noted.
2. Records Manager	G	G	G	Update required on any change.	Anne McOmish, Corporate Records Manager. Responsibility for NHS Orkney's Records Management Plan, and Progress Update Reviews sits with the Corporate Records Manager.	Thank you for this update. The change of job title has been noted.
3. Policy	G	G	G	Update required on any change.	Records Management Policy was updated in November 2018 (v5). Review date July 2020 – copy attached. The Policy mentions compliance with Data Protection Act 1998 and GDPR.	In their original submission NHS Orkney committed to keep its information governance policies and guidance documents under review and the Assessment Team acknowledge that this has been done. The Assessment Team

						acknowledge receipt of the updated <i>Records Management Policy</i> (v5.0 November 2018). This document will be retained in order that NHS Orkney's submission can be kept up-to-date.
4. Business Classification	A	G	A	<p>To further this objective, NHS Orkney is developing a <i>Classification Scheme</i> based on its statutory functions and drawing on the NHS Scotland template. The <i>Classification Scheme</i> will feature both clinical and administrative records. This project is specifically mentioned in the <i>Covering Letter</i> from the Chief Executive (see element 1). The Keeper accepts that the <i>Covering Letter</i> provides a commitment to proceed with the development of a <i>Business Classification Scheme/Information Asset Register</i>. The <i>Plan</i> suggests a target date for this work in 2018. The Keeper requests that he is updated as this major records management project proceeds.</p> <p>The Keeper notes that the <i>Plan</i> (page 16) suggests that NHS Orkney is considering a scanning project for paper</p>	<p>NHS Orkney has a Business Classification Scheme and Information Asset Registers were developed between February-May 2018.</p> <p>An Action Plan for Information Governance is being developed to include review and update of the Information Asset Registers with a completion date of 31st March 2020.</p> <p>NHS Orkney's scanning project was completed at the end of May 2019 with Health and Corporate records being delivered electronically.</p> <p>With the completion of the DMR Project and the move into the new Hospital & Healthcare Facility, gaps remain, especially in relation to the management of the electronic health records.</p> <p>An action plan has been developed to address this with a completion date of 31st March</p>	<p>In the original submission NHS Orkney indicated that they were pursuing an <i>Information Asset Register</i> structure around the management of their public records. The Assessment Team acknowledge that this action has now been completed.</p> <p>The achievement of this objective marks a measurable improvement in the records management provision in the authority. This work is underway.</p> <p>Once completely populated the <i>Information Asset Register</i> will need to be reviewed at a local level (the involvement of local business areas in the work is vital). The Assessment Team looks forward to updates in subsequent PURs.</p> <p>This element remains at Amber</p>

				records. The Keeper agrees this element of NHS Orkney's <i>Plan</i> 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 a functional business classification scheme, 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.	2019.	while this work is ongoing. 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. The Assessment Team acknowledge that NHS Orkney is part of this major project.
5. Retention Schedule	G	G	A	Update required on any change.	The Process for the Retention, Storage and Destruction of Records was updated in November 2019. Next review date July 2021. A gap in the management of health records continues due to the completion of the DMR Project and move into the new Hospital & Healthcare Facility. Retention periods have been included within C-cube with system testing to be undertaken. This is being addressed and an action plan developed.	In 2016 the Keeper agreed this element of NHS Orkney's Records Management Plan on the understanding that NHS Orkney apply the retention decisions detailed in the <i>Scottish Government NHS Records Management Code of Practice (2012)</i> . This PUR suggests that the authority is not confident that these retention decisions can be applied universally due to the DMR (Digital Medical Record) Project and the

					<p>NHSO recognises that it needs to apply the retention schedule more comprehensively and consistently across the organisation. A programme of creating retention schedules for specific business areas will be programmed in 2020.</p>	<p>move into the new Hospital & Healthcare Facility. This element switches temporarily to 'amber' while this gap is closed. The Assessment Team is confident that the authority has processes in place to close that gap (see element 4).</p> <p>Furthermore, The Keeper has been kept apprised of the development of an updated <i>Code of Practice</i> through the NHSS Forum and accepts that NHS Orkney will adopt that Code when it is available.</p> <p>The Assessment Team note that NHS Orkney will include retention decisions in its <i>Information Asset Register</i>. This is to be commended as liable to create a stronger business tool.</p> <p>The NHS Scotland O365/SharePoint project should impose retention decisions on all electronic records automatically. However, as noted above, this is a long-term aim.</p>
	A	G	A	Electronic	With the completion of the DMR	The Keeper agreed this element of

6. Destruction Arrangements				<p>The <i>Records Management Policy</i> (section 6.1) states: “The Board must have robust systems and processes that ensure that records are.....destroyed in compliance with the retention and destruction schedule...”</p> <p>The Procedure for the Retention, Storage and Disposal of Records includes information on electronic records. NHS Orkney’s IT department issues reminders to staff regarding Information Governance and will be adapting a leaflet used by NHS Grampian and will include a section on deleting electronic records - NHS Grampian leaflet was attached for the Keeper’s perusal and he agrees that, when rolled out, this will provide instructions to staff on the management of electronic records. The Keeper requires to be informed when this instruction is adapted, approved and issued to staff.</p> <p>The Keeper agrees this element of NHS Orkney’s Records Management Plan on ‘improvement model’ terms. This means that he acknowledges that the</p>	<p>(Digital Medical Record) Project and the move into the new Hospital & Healthcare Facility, there is a gap in the destruction schedule of electronic records.</p> <p>A Gap Analysis was recently undertaken to identify the current and emerging issues related to records management and data protection along with a review of the roles as defined by main NHS Orkney policies, ie records management, data protection and information governance.</p> <p>A number of key staff members retired during 2019 who were instrumental to the effective delivery of information governance and IT. NHS Orkney introduced the role of Corporate Records Manager to the organisation, in June this year, who is addressing the current gaps with the introduction of action plans and awareness sessions.</p> <p>A series of information leaflets are being developed on how to manage electronic records providing advice and guidance on standard naming conventions, filing structures, audit trails, disposal etc.</p> <p>Copies will be supplied to the</p>	<p>the NHS Orkney <i>Records Management Plan</i> on improvement model terms due to the authority being aware of gaps in the provision around the controlled, timely and secure destruction of electronic records managed on shared drives.</p> <p>This PUR makes it clear that this situation has not been fully resolved. However, the Assessment Team are pleased to acknowledge that steps are being taken to resolve the issue.</p> <p>Clearly, once all the public records of the authority are managed on the O365 system the routine and controlled destruction of electronic records should be more robust. However, this functionality will probably not be universally operational for some time. In the meantime it will remain important that staff are correctly prompted to destroy records appropriately.</p> <p>The Assessment Team notes the planned introduction of "A series of information leaflets are being developed on how to manage electronic records providing advice</p>
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				authority, having identified a gap in provision (staff guidance on the destruction of electronic records held on shared drives is insufficiently robust), have put in place procedures to close that gap. His agreement is conditional on NHS Orkney approving and issuing new guidance on the destruction of electronic records and supplying him with a copy.	Keeper of the Records on completion.	and guidance on standard naming conventions, filing structures, audit trails, disposal". This element remains at amber while this guidance is being rolled-out.
7. Archiving and Transfer	G	G	G	Update required on any change.	No change.	No immediate action required. Update required on any future change.
8. Information Security	G	A	G	... this Policy is out of date showing a "next review" date of May 2015. In the <i>Plan</i> (page 14) NHS Orkney acknowledge this gap in provision and note that the new version is "going through the Board approval process". NHS Orkney have provided the following follow-up statement (September 2016): "The IT Security policy is in the process of being updated and has not been through the approval process yet. This has not been done due	NHS Orkney's IT Security Policy was reviewed and updated on the 19 th January 2018 (v6.4). Next formal review date is April 2020 (copy attached). The IT Team numbers increased following the approval of a business case and due to the retirement of the Head of IT and eHealth Manager, an IT Manager and Head of Digital Transformation & IT both commenced post in November 2019.	The update to the IT Security Policy fulfils a commitment by NHS Orkney in their original <i>Plan</i> and, if this were now a formal submission, it is likely that the RAG status of this element of the RMP would change from Green/Amber to Green/Green. The Assessment Team is pleased to acknowledge the appointment of new staff in this area. This was also a target in the original submission.

				<p>to pressures within the IT department and conflicting work demands. A Business Case has been approved to increase staffing numbers within the team which I attach as evidence of this development.” The Keeper accepts that NHS Orkney is attempting to update this Policy and understands the pressures of business. However his agreement on this element is conditional on a new version of the <i>IT Security Policy</i> being approved, issued and forwarded to him as soon as possible (and that the new version does not significantly reduce the information security provision in the health board).</p>		<p>The Assessment Team acknowledge receipt of the updated <i>Information Security Policy</i> (v6.4 January 2018). This document will be retained in order that NHS Orkney’s submission can be kept up-to-date.</p>
9. Data Protection	G	A	G	<p>... this Policy is out of date showing a “next review” date of May 2015. In the <i>Plan</i> (page 14) NHS Orkney acknowledge this gap in provision and note that the new version is “going through the Board approval process”. NHS Orkney have provided the following follow-up statement (September 2016): “The IT Security policy is in the</p>	<p>NHS Orkney’s Data Protection Policy (v0.4) was reviewed and updated in March 2018 with a next formal review date of January 2021 (copy attached).</p> <p>As above, the IT Team staff numbers have increased following the approval of a business case and due to the retirement of the Head of IT and eHealth Manager, an IT Manager and Head of Digital Transformation&IT both</p>	<p>The update to the Data Protection Policy fulfils a commitment by NHS Orkney in their original <i>Plan</i> and, if this were now a formal submission, it is likely that the RAG status of this element of the RMP would change from Green/Amber to Green/Green.</p> <p>Furthermore, as with all other Scottish public authorities, NHS</p>

				<p>process of being updated and has not been through the approval process yet. This has not been done due to pressures within the IT department and conflicting work demands. A Business Case has been approved to increase staffing numbers within the team which I attach as evidence of this development.” The Keeper accepts that NHS Orkney is attempting to update this Policy and understands the pressures of business. However his agreement on this element is conditional on a new version of the <i>IT Security Policy</i> being approved, issued and forwarded to him as soon as possible (and that the new version does not significantly reduce the data protection provision in the health board).</p>	<p>commenced post in November 2019.</p> <p>Orkney Islands Council’s Data Protection Officer and Information Governance Officers provide IG and data protection support to NHS Orkney one day a week. MOU in place.</p>	<p>Orkney have been required to review and update their data protection procedures in light of the 2018 legislation since their original submission.</p> <p>The Assessment Team acknowledges that the public facing Health Board website has been updated appropriately: https://www.ohb.scot.nhs.uk/data-protection</p> <p>The Assessment Team acknowledge receipt of the updated <i>Data Protection Policy</i> (v4.0 April 2018). This document will be retained in order that NHS Orkney’s submission can be kept up-to-date.</p>
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	Business Continuity Plans and Business Impact Analysis have been updated to reflect the move to The Balfour.	<p>The Assessment Team thanks NHS Orkney for this update.</p> <p>No immediate action required. Update required on any future change.</p>

11. Audit Trail	A	G	A	<p>The Keeper agrees that the development of the <i>Business Classification</i> structure will greatly improve document tracking particularly if naming conventions are imposed. The Keeper requires to be updated as this project develops.</p> <p>The <i>Plan</i> states (page 16) “The tracking of movement and changes to records is undertaken as appropriate based on assessment of risk and commensurate with the sensitivity of information which they contain, and its value as evidence.” From an Information Security angle this seems reasonable. However, the Keeper would like to point out that, for compliance with element 11, a public authority should aim to be in a position where they are confident that they can locate <u>any</u> record they hold and identify the most up-to-date version. Freedom of information requests (for example) can be targeted at quite obscure or non-sensitive information.</p> <p>The Keeper agrees this element of NHS Orkney’s <i>Plan</i> under ‘improvement</p>	<p>A gap in the tracking of movement of health records continues due to the completion of the DMR Project and move into the new Hospital & Healthcare Facility. This is being addressed and an action plan developed.</p> <p>An information governance risk register is being developed to assist in managing the risks.</p>	<p>The Keeper agreed this element of the NHS Orkney <i>Records Management Plan</i> on improvement model terms due to the authority being aware of gaps in the provision around a lack of board-wide record tracking.</p> <p>This PUR makes it clear that this situation has not been fully resolved. However, the Assessment Team are pleased to acknowledge that steps are being taken to resolve the issue.</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</p>
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				<p>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>key. The Assessment Team would ask NHS Orkney to expand on how they guide staff in naming/version control in their next PUR.</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 the NHS Orkney are pursuing this objective. The information governance risk register project 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 Information Asset Register to strengthen this element. (For comments regarding the O365 migration and the Information Asset Register see element 4 above).</p> <p>Until the Information Asset</p>
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						Register is completed and rolled-out this element remains at Amber (this element often matches element 4). The Assessment Team looks forward to updates in subsequent PURs.
12. Competency Framework	G	G	G	Update required on any change.	<p>NHS Orkney has recently undergone internal audit of Information Governance which proved positive for the Organisation.</p> <p>NHS Orkney had identified areas for improvement following a GAP Analysis and recruitment of key Information Governance staff which were reflected in the audit, ie Corporate Records Manager.</p> <p>A total of 748 staff have completed the NES Safe Information Handling e-learning modules which is almost 100% of the substantive workforce.</p>	<p>The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported.</p> <p>It is clear that the authority has taken steps to determine what learning (and roles) should be put in place to ensure this element continues to be compliant.</p> <p>For internal audit see element 13 below.</p> <p>The Assessment Team notes the impressive uptake in records management training in the authority.</p>
13. Assessment and Review	G	G	G	Update required on any change.	With the recruitment of the Corporate Records Manager, the records management plan will be continually reviewed, updated and significant changes shared with the Keeper of the Records,	It is a requirement of the Public Records (Scotland) Act 2011 that “An authority must— (a) keep its records management plan under review” (PRSA Part 1 5.1.a.)

					<p>Edinburgh.</p> <p>Responsibility for reviewing the Plan and the Action Points now falls to the Corporate Records Manager. Reports on the implementation of the Plan will be provided to the Information Governance Group who are responsible for monitoring compliance with the standards, legislation, policies and procedures relating to the management of records.</p> <p>An internal audit of information governance was undertaken in September 2019 with the draft report being received in November 2019. A comprehensive action plan is being developed to address the issues raised along with the actions from the recently completed Gap Analysis.</p> <p>The Procedure on the Development, Consultation, Approval and Dissemination of Strategies, Policies, Procedures, Guidelines and Protocols was reviewed and updated in February 2017. This is currently being circulated again for review to NHS Orkney's Professional Advisory Committees.</p> <p>NHS Orkney has arrangements in</p>	<p>The Assessment Team note a continued commitment to do this with practical actions such as the recruitment of a dedicated records manager evidence that the records management programme is recognised as important in the authority. Reviewing the implementation of the actions in the <i>Records Management Plan</i> is clearly part of that programme. NHS Orkney have explained the reporting structures.</p> <p>The Assessment Team notes the use of an corporate internal audit facility in the information governance area of the health board. The Keeper has previously commended the use of in-house (but independent of the IG Team) formal audits when practical and will be pleased to learn about this.</p> <p>The authority's participation in the PUR process in 2019 demonstrates a commitment to reviewing its RMP.</p> <p>In their original submission NHS Orkney committed to keep its</p>
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					<p>place to review the Records Management Plan as required by the Act.</p> <p>The registration fee payable to the Information Commissioners Office is up-to-date with last payment made in October 2019.</p> <p>The undernoted policies are updated with new review dates (all attached):</p> <p>Records Management Policy – updated November 2018. Next review July 2020.</p> <p>Information Governance Policy – updated March 2018. Next review March 2021.</p> <p>NHSO Decommissioning Premises Policy is currently under review and will be sent to the Keeper of the Records once authorised.</p> <p>The Plan – in relation to review of the retention of records is a work in progress following implementation of electronic health and corporate records. The move into the new Hospital and Healthcare Facility (The Balfour) in June 2019 has impacted on the progress of this. This is included within the Action Plan.</p>	<p>information governance policy documents under review and the Assessment Team acknowledge that this is being done.</p> <p>The Assessment Team acknowledge receipt of the updated <i>Records Management Policy</i> (version 5 November 2018) And <i>Information Governance Policy</i> (version 3.2 March 2018).</p>
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	G	G	G			
14. Shared Information	G	G	G	Update required on any change.	NHS Orkney is reviewing its Information Sharing Protocols on a regular basis via the Information Governance Officer and Caldicott Guardian.	As with element 13 above, reviews of any operational document should be scheduled to ensure their continued efficacy. The Assessment Team acknowledge that, as with other Information Governance policies and guidance, information sharing protocols are routinely reviewed.

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 10th December 2019. The progress update was submitted by Anne McOmish, Corporate Records Manager.

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

PRSA Assessment Team's Summary

The Assessment Team has reviewed NHS Orkney'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 Orkney 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.

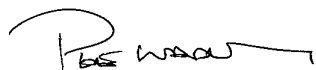
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

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

Based on the progress update assessment the Assessment Team considers that **NHS Orkney** 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