

The Public Records (Scotland) Act 2011

NHS National Service Scotland and the Scottish Advisory Committee on Distinction Awards (SACDA)

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

02 August 2022

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1. Public Records (Scotland) Act 2011

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

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

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

2. Progress Update Review (PUR) Mechanism

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

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

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

3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for NHS National Service Scotland and the Scottish Advisory Committee on Distinction Awards (SACDA). The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

National Services Scotland (NSS) provides specialist advice and services to support the NHS and wider public sector.

NSS supports customers to deliver their services more efficiently and effectively. We offer shared services on a national scale using best-in-class systems and standards. Our aim is to help our customers save money and free up resources so they can be re-invested into essential services. We also provide consultancy and support to help public bodies join up health and social care.

<https://www.nss.nhs.scot/how-nss-works/our-aims/>

The Scottish Advisory Committee on Distinction Awards (SACDA) acts on behalf of the Scottish Ministers by taking decisions on which NHS consultants will receive awards and reviewing existing awards on a regular (five-yearly) basis, using a system based on peer review with employer and lay input and the evidence submitted by consultants in their curricula vitae.

SACDA implements the scheme as directed by the Scottish Government. The awards budget has been frozen by the Scottish Government since 2010. No awards have been granted and there has been no progression through the scheme. Existing awards remain subject to review by SACDA.

<https://www.shsc.scot/meetings/scottish-advisory-committee-on-distinction-awards/>

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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6. Progress Update Review (PUR) Template: NHS National Services Scotland and the Scottish Advisory Committee on Distinction Awards (SACDA)

Element	Status of elements under agreed Plan 29NOV13	Progress review status 29JAN19	Progress review status 02AUG22	Keeper's Report Comments on Authority's Plan 29NOV13	Self-assessment Update 29JAN19	Progress Review Comment 29JAN19	Self-assessment Update as submitted by the Authority since 29JAN19	Progress Review Comment 02AUG22
1. Senior Officer	G	G	G	Update required on any change.	Colin Sinclair, Chief Executive of NHS National Services Scotland (NSS). Eilidh McLaughlin, Associate Director of Corporate Affairs & Compliance has senior management responsibility for Corporate Records Management. This is evidenced within the NSS Corporate Records Management Policy (V3.0).	This update is noted with thanks.	Mary Morgan, Chief Executive of NHS National Services Scotland (NSS) has overall responsibility for records management within NSS. Eilidh McLaughlin, Associate Director, Information Security & Governance has senior management responsibility for the Corporate Records Management function within NSS. As senior responsible officer she is responsible for the Corporate Records Management Policy and is also the organisation's Deputy	The Assessment Team thanks you for this thorough update which has been noted. Update required on any future change.

							<p>Senior Information Risk Owner (SIRO).</p> <p>The Interim NSS SIRO is the Director of Finance Carolyn Low.</p> <p>As of 1st April 2022 Eilidh McLaughlin will no longer be in post and responsibility for records management will be transferred to Scott Barnett, who is the NSS Head of Information and Cyber Security.</p> <p>A substantive SIRO appointment is expected by the end of March 2022.</p>	
2. Records Manager	G	G	G	<p>Update required on any change.</p>	<p>Day-to-day operational responsibility is devolved to Roddy Mitchell, the Corporate Records and FOI Organisational Lead for NSS.</p> <p>This is evidenced within the NSS Corporate Records & FOI Organisational Lead job description.</p>	<p>This update is noted with thanks. The Public Records (Scotland) Act requires a named person with operational responsibility for records management. The Keeper is assured that the functions and role of the post have been fully included in the</p>	<p>Day-to-day operational responsibility is devolved to Roddy Mitchell, the Corporate Records and FOI Organisational Lead for NSS.</p> <p>NSS also utilise a group of records management leads within each of its strategic business units, with this group of staff being subject matter experts within their</p>	<p>The Assessment Team thanks you for confirming that Roddy Mitchell remains the person responsible for day-to-day operational records management. It is also good to hear that records management</p>

						submitted Job Description of the Organisational Lead for Corporate Records and FOI.	respective areas of the business.	matters are supported in each of the authority's strategic business units. Update required on any change.
3. Policy	G	G	G	Update required on any change.	The NSS Corporate Records Management Policy (V3.0) was approved in October 2016 by the NSS Board.	It is positive that the policy has been reviewed. This would be an important item of evidence if the Keeper chooses to invite NSS and SACDA to submit a new Records Management Plan five or more years after the RMP was agreed.	There is the current NSS Corporate Records Management Policy 4.0 (Final). This policy was signed off by the NSS Audit & Risk Committee in November 2020. NSS also have a corporate risk around the tracking of our records management and data protection compliance in a systematic way, with oversight by the NSS Audit & Risk Committee.	Thank you for letting us know that the Records Management Policy is being kept up to date. It is also very good to hear that records management and data compliance is recognised as a corporate risk and tracked in a systematic way. Update required on any change.
4. Business Classification	A	A	G	The Keeper acknowledges the authority's clear commitment to implementing an	NSS has implemented BCS throughout the organisation, except for the Scottish National Blood Transfusion Service (SNBTS). SNBTS have achieved technical implementation,	It is understandable that the Penrose Public Inquiry would delay other areas of work. The timetable of implementation shows an estimated	Technical implementation of the NSS Business Classification Scheme (BCS) was achieved across the Health Board on 02 MAR 2022, which included the Scottish	The Assessment Team is delighted to hear that the technical implementation of the NSS BCS has been completed, including the

				<p>organisation-wide Business Classification Scheme (BCS) by December 2015. Updates on this implementation would be gratefully received by the Keeper, who is keen to have the chance to review the new system once operational.</p>	<p>but full implementation was put on hold due to the Penrose Public Inquiry as well as the consolidation of 3 working sites and the migration of blood, tissues, cells and associated component manufacturing and testing working processes and staff of into the new Jack Copland Centre.</p> <p>Work is currently under way to review and update the SNBTS BCS to defined timelines with an implementation deadline of <u>01 APR 2019</u>.</p> <p>The previous submission contained an error in that NSS advised that work would be carried out by 01 APR 2018 when this should have been 01 APR 2019.</p> <p>This is evidenced within the latest SNBTS staff communications relating to the implementation of BCS.</p>	<p>completion date of 1 April 2019. The Assessment Team are assured that work is progressing to meet this timescale and should they receive evidence of full implementation this would be likely to move the estimated RAG status to Green for this element.</p>	<p>National Blood Transfusion Service.</p> <p>In line with records management and BCS principles NSS has a suite of records management processes, procedures and guidelines for staff to refer to when carrying out their roles.</p> <p>Advancing upon the current NSS BCS the NSS Corporate Records and FOI Organisational Lead was heavily involved in the creation and development of the NHSScotland Business Classification Scheme for use in the NHSScotland M365 tenancy SharePoint environment.</p>	<p>Scottish National Blood Transfusion Service. It is also very positive to hear that NSS has taken an active role in the creation and development of NHSScotland-wide BCS for use in the M365 SharePoint environment.</p> <p>This PUR element's RAG status has been changed from Amber to Green to acknowledge progress made by the authority in this area. If this was a formal resubmission, this element might be turned Green upon receipt of appropriate evidence.</p>
5. Retention Schedule	G	G	G	Update required on any change.	The NSS Document Storage, Retention & Disposal Policy (V7.3)	Update required on any change. The Keeper would	The current version of the NSS Document Storage, Retention &	Thank you for sharing some of the challenges

				<p>The Keeper would appreciate the opportunity to receive updates and view the retention schedule once it has been linked with the Business Classification Scheme being rolled out throughout the organisation.</p>	<p>now links to the NSS business classification scheme.</p> <p>The Policy is currently due for review; however, the key source document (Scottish Government NHS Scotland Records Management Code of Practice) that makes up the vast majority of the Policy is currently under stakeholder review with the Scottish Government.</p> <p>The 2nd round of stakeholder reviews is yet to start so there is no timelines in place to update our Policy accordingly.</p>	<p>appreciate the opportunity to receive updates and view the retention schedule once it has been linked with the Business Classification Scheme being rolled out throughout the organisation.</p>	<p>Disposal Policy (V7.3) does not contain the published updates within the Scottish Government Records Management HSC Code of Practice (Scotland) 2020.</p> <p>The Policy is in the final stages of update and is undergoing an organisational wide consultation ending on 04 APR 2022 prior to being reviewed/signed off by NSS committee. The new draft version does contain the published updates within the Scottish Government Records Management HSC Code of Practice (Scotland) 2020.</p> <p>This Policy refresh was impacted by a lack of resource due to COVID-19.</p> <p>During this time the business was also overwhelmed by a significant increase in Freedom of Information (Scotland) Act 2002 requesting.</p>	<p>NSS has faced during the COVID-19 pandemic with regard to this element. The Assessment Team acknowledge that Freedom of Information requests took precedence over a records management focus due to limited resource.</p> <p>It is good to hear that staff were reminded of their continuing responsibilities in terms of the records they manage throughout the pandemic. It is important to remember that these records are an integral part of the public record of Scotland.</p>
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							<p>Due to the dual role of the NSS Corporate Records and FOI Organisational Lead FOI compliance was prioritised over records management by the business.</p> <p>During the Coronavirus/COVID-19 pandemic all staff were made aware of their duty to manage their records appropriately, and the importance of retaining their Coronavirus/COVID-19 records related records so that NSS could contribute to the national record on how Scotland responded to the pandemic. This has been essential in light of the current Scottish COVID Public Inquiry.</p>	<p>It is positive to hear that the Disposal Policy has now been appropriately reviewed and updated to reflect the published updates from Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020.</p>
6. Destruction Arrangements	G	G	G	Update required on any change.	NSS has contracted out the function of secure destruction of confidential waste, who in turn sub-contract out provision to 3 rd party suppliers.	Update required on any change.	NSS has contracted out the function of secure destruction of confidential waste, who in turn sub-contract out provision to 3 rd party suppliers. NSS	The Assessment Team thanks you for this update on Records Destruction Arrangements. It is reassuring that

				<p>The main contractor and one of the sub-contractors have been successfully audited by the NSS Corporate Records & FOI Organisational Lead and the SNBTS Audit Manager.</p> <p>NSS also utilises secure confidential destruction processes of retention reached records held off-site though our supplier of off-site storage who sub-contract this function out.</p> <p>Both the supplier for off-site storage and their sub-contractor has been successfully audited by the NSS Corporate Records and FOI Organisational Lead, SNBTS audit team and subject matter experts from across the organisation.</p> <p>NSS is currently restricted from destroying historical records relating to both the Scottish Child Abuse Inquiry and the UK Infected Blood Inquiry until further notice.</p>		<p>developed a campaign around the destruction of confidential waste with communications to all staff, an information flyer and 2 posters: Think Before You Print and also Protection People's Information.</p> <p>NSS have experienced a vast reduction in printing with a large number of staff working at home due to Scottish Government guidance for the last 2 years. As a result, NSS produced "Information Governance at Home" and "Printing and Shredding at Home" guidance for staff to follow.</p> <p>NSS also utilises secure confidential destruction processes of retention reached records held off-site though our supplier of off-site storage who sub-contract this function out. The contract with our off-site storage supplier has been extended until 2023.</p>	<p>guidance has been developed and circulated to take into account the specific challenges of paper records in a home-working environment.</p> <p>Whilst it is clear that the number of paper records created and managed has decreased, the challenge of (and the risks posed by) unstructured and unclassified data held on the NSS infrastructure remains. It is good to hear that this has been recognised as a corporate-level risk, and that some mitigations, such as data-cleansing reminders, are in place.</p>
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							<p>NSS is currently restricted from destroying historical records relating to a number of Public Inquiries i.e. Scottish Child Abuse Inquiry, UK Infected Blood Inquiry, Scottish Hospitals Inquiry and the Scottish COVID-19 Inquiry until further notice.</p> <p>Data cleansing is regularly promoted across NSS with a specific campaign being developed in late 2019/early 2020 before the Coronavirus/COVID-19 pandemic, with reminder emails sent out to all staff in 2021 and 2022. In 2022 data cleansing has become a topic of greater focus and the Corporate Records and FOI Organisational Lead has been working with NSS Digital & Security to encourage data cleansing across the business to reduce the amount of stored records.</p>	
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							NSS have raised a corporate risk around unstructured and unclassified data being held on NSS infrastructure, in which review of records and data cleansing of ephemeral and retention reached records is a major mitigating action.	
7. Archiving and Transfer	G	G	G	Update required on any change.	<p>NSS currently has a Memorandum of Understanding with the Keeper of the Records of Scotland for the archiving and transfer of records of enduring value.</p> <p>There is no formalised procedure for this activity, however work is underway to finalise a standard operating procedure to instruct staff on how to identify appropriate records for transfer/archive to NRS.</p> <p>NSS has been liaising with Laura Gould (Inspecting Officers at NRS) on this procedure since April 2018.</p>	Update required on any change.	<p>NSS signed a Memorandum of Understanding with The National Records of Scotland. that in 2014, although NSS have been liaising with Laura Gould (Inspecting Officers at NRS) in this area since April 2018.</p> <p>Alongside this Memorandum of Understanding with the Keeper for the archiving and transfer of records of enduring value, NSS and the NRS Client Management Team have been developing an updated DPA 2018 /UK-GDPR version of the agreement. This updated</p>	<p>Thank you for letting us know that The MoU with NRS remains active, and that the new agreement has been developed to take into account DPA 2018 and UK-GDPR.</p> <p>The Team are very pleased to hear that the NRS Client Management Team NSS now has a formal standard operating procedure for the</p>

					Records deemed suitable for permanent preservation with NRS will be identified as such in the next version of the NSS Document Storage, Retention & Disposal Policy.		version has now been returned to NRS with comments from the NSS Central Legal Office for review and consideration. As a result of the work alongside the NRS Client Management Team NSS now has a formal standard operating procedure for the transferring records of enduring value to NRS for permanent preservation that was issued in 2018. Records deemed suitable for permanent preservation with NRS will be identified as such in the next version of the NSS Document Storage, Retention & Disposal Policy.	transferring records of enduring value to NRS for permanent preservation. It is also good to hear that a new version of NSS Document Storage, Retention & Disposal Policy. Is under development. Update required on any change.
8. Information Security	G	G	G	Update required on any change.	NSS has implemented and manage multi-layered security infrastructure to meet the NHSScotland Information Security Policy Framework requirements, and is working towards	There is clear progress in information security as NSS and SACDA work towards compliance with recognised standards. These developments are to	In 2018 the information security team was comprised of three members of staff, two years later this has doubled to six with four additional staff to be recruited to complete the	The significant increase in the number of information security staff is a very positive development, and the Assessment

				<p>compliance with Cyber Essentials by end October 2018. NSS have implemented operational and technical policies and controls to ensure the confidentiality, integrity and availability of the IT infrastructure, the data services and the data stored, used and transferred across it, or in other formats.</p> <p>NSS have several technical and operational policies which are currently being reviewed to meet our Information Security Management System (ISMS) requirements.</p> <p>NSS has a current Information Security Policy (V1.0) which was approved in 2017 by the NSS Information Governance Group.</p>	<p>be expected in all NHS bodies and NSS and SACDA are to be commended for developing best practice.</p>	<p>projected complement of 10. The Director of Digital and Security has been the driving force in the expansion of the team with the vision to structure the governance and responsibilities into three areas: NSS Information Security, NHS Scotland CSOC and Cyber Architecture and Consultancy. This expansion is further evidence of the support of the NSS board and executive for cyber security and also that of Scottish Government eHealth in creating and funding a national resource for NHS Scotland. Close engagement of the Cyber Security Team with NHS Digital and the National Cyber Security Centre further strengthens this initiative.</p>	<p>Team thanks you for sharing this update. It is evident from the update that NSS has ambitions to improve – and is actively working towards improving – its overall provision of cyber security. The Team trusts that relevant policies are continuing to be kept up to date to support these changes.</p>
9. Data Protection	G	G	G	<p>Update required on any change.</p> <p>NSS is responsible for large volumes of personal and 'special category' personal data subject to the new General Data Protection Regulation (GDPR) and Data</p>	<p>Compliance with the Data Protection Act 2018 and the Caldicott Guidelines is driving higher standards in data protection. NSS is to</p>	<p>NSS has various responsibilities in terms of Data Controller, Data Processor and Joint Data Controller for large volumes of personal and</p>	<p>The Assessment Team appreciates this update on its Data Protection legislation compliance.</p>

				<p>Protection Act 2018. The patient data we hold are also protected by national Caldicott Guidelines including the Caldicott Principles.</p> <p>In common with other NHSScotland organisations NSS have been implementing changes to comply with this year's new data protection laws, including updating our Data Protection Policy, privacy notices and processes for adverse events management and data protection impact assessments.</p> <p>Our staff are obliged to protect confidentiality and we recently re-launched our foundation level information governance training to remind staff of this, and their other information-handling obligations.</p> <p>NSS now has a designated Data Protection Officer in line with GDPR and the DPA 2018.</p> <p>NSS have a suite of DP Policies and Procedures</p>	<p>be commended for the work undertaken to ensure that all staff are appropriately trained and all policies and procedures are reviewed and compliant with the Data Protection Act 2018.</p>	<p>'special category' personal data subject to the Data Protection Act 2018 (UK GDPR).</p> <p>The patient data we hold are also protected by national Caldicott Guidelines including the Caldicott Principles.</p> <p>In common with other NHSScotland organisations NSS has implemented changes to comply with data protection laws, including updating our Data Protection Policy (updated in 2022), privacy notices and processes for adverse events management and data protection impact assessments. We have also implemented additional required data protection policies in relation to law enforcement and handling of data.</p> <p>NSS are undergoing preparations for an ICO audit which will focus on our accountability and</p>	<p>Thank you also for letting us know that preparations for an ICO audit are ongoing, and that there has been a recent communications campaign in relation to data protection and records management.</p> <p>The quarterly-tracked corporate risk on data protection and information management compliance is also noted with thanks. It is positive to see that PRSA is considered here alongside DPA (UK-GDPR) and FOISA.</p>
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					<p>in place that have recently been reviewed and updated in line with GDPR and the DPA 2018.</p> <p>Information on Data Protection within NSS can be found at the following URL:</p> <p>https://nhsnss.org/how-nss-works/data-protection/</p>		<p>governance structures as well as our transparency and have been actively pursuing improvements to the Information Asset Register. Further, we have had a communications campaign in relation to data protection and records management as well as a concerted effort to ensure that information governance training is up to date across NSS.</p> <p>NSS has a designated Data Protection Officer in line with UK GDPR and the DPA 2018.</p> <p>As mentioned under Element 3, NSS have a corporate risk around the tracking of our records management and data protection compliance in a systematic way.</p> <p>This risk monitors DPA (UK-GDPR), PRSA and FOISA compliance, which includes work around the Information Asset Register, Records</p>	
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							<p>of Processing Activities and staff resilience and succession planning.</p> <p>This risk is reviewed and updated on a quarterly basis by the NSS Corporate Information Governance Leads, with oversight by the NSS Audit & Risk Committee.</p> <p>Information on Data Protection within NSS can be found at the following URL: https://www.nss.nhs.scot/how-nss-works/data-protection/</p>	
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	<p>Business continuity and vital records are reviewed on a regular basis.</p> <p>NSS have recently implemented an Information Asset Register where all vital records must be included and will be reviewed on a quarterly basis going forward.</p>	An Information Asset Register is best practice and contributes to compliance with the Data Protection Act 2018. The regular review of this Element is positive and to be commended.	<p>Business continuity and vital records have assigned Information Asset Owners.</p> <p>NSS have retained the "Vital records" classification within our Information Asset Register (IAR), which has just successfully migrated onto a new platform.</p>	<p>Thank you for this positive update on IAR classification, and the confirmation that records part of this classification also have IAOs.</p> <p>Update required on any change.</p>
11. Audit Trail	A	G	G	The Keeper would	The tracking of movement and changes to corporate	It appears that most of the authority's	NSS are currently procuring a system	Based on this update, there has

				<p>appreciate receiving an up-to-date assessment of the progress being made on the authority's standardisation of document tracking.</p> <p>The Keeper agrees NSS 'audit trail' element as an improvement model and would appreciate being kept up-to-date with progress when NSS consider it appropriate.</p>	<p>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. Tracking mechanisms will record key events in the lifecycle of the record which support its reliability, accuracy, authenticity and availability. Wherever they are in use, such mechanisms will themselves be assessable to appropriate staff and will be able to be interrogated as required to support the evidential value of the records to which they relate. The information contained in audit trails is retained only for as long as the records to which it relates.</p> <p>Systems used to access person identifiable information are access restricted to identified users who have business requirement to access this data. These systems have audit trail functionality.</p> <p>Records held in off-site storage can be tracked via the supplier's online</p>	<p>records are now tracked in one way or another. It is a reasonable strategy to prioritise higher risk, sensitive records for movement tracking and changes. NSS has provided evidence of its audit trail capabilities and if this was a formal re-submission under Section 5(6) of the Public Records (Scotland) Act 2011 it would likely change the estimated RAG status to Green. It is a reasonable strategy to prioritise higher risk, sensitive records for movement tracking and changes.</p> <p>It is good practice to retain evidence of the destruction of records in accordance with the retention schedules as there is a risk of non-compliance with Freedom of Information legislation if authorities do not know when, why and</p>	<p>called Fairwarning on behalf of NHS Scotland that can be applied to systems that monitor user activity for unusual or inappropriate access person identifiable information and sensitive person identifiable information. Initially within NSS there will be monitoring the COVID Case Management Service (CMS) as NSS are controllers for this. NSS will also be covering Emergency Care Summary (ECS) which is hosted by ATOS as part of our national contract.</p>	<p>been no change to provision since the previous PUR. NSS is continuing to demonstrate good understanding and implementation of the audit trail requirement, especially important when person-identifiable information is accessed. The update on the Fairwarning system is also noted with thanks.</p> <p>Update required on any change.</p>
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					<p>web-based inventory management system which is accessed through the Client Login portal. Boxes and records can be located using both historical and current indexing numbers. The system is fully audit trailed for user access and box/record movements through the system from receipt, movement and also to destruction.</p> <p>As directed by the NSS Document Storage, Retention & Disposal Policy (V7.3 – page 2) each NSS Strategic Business Unit (SBU) and Directorate are required to compile and submit a Document Disposal Register to the NSS Corporate Records & FOI Organisational Lead on an annual basis.</p> <p>This is also a requirement of the annual NSS Records Management Improvement Process.</p> <p>The usage of BCS fileplans for standardised storage of records and associated access restrictions that are all reviewed on a regular</p>	<p>on whose authority records have been destroyed. The Assessment Team commends the authority for maintaining a Document Disposal Register. It is also reasonable to retain information in an audit trail only for as long as the records exist.</p>		
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					<p>basis within each SBU/Directorate.</p> <p>Staff user active directory accounts are logged on domain access (e.g. NSS network); if a user is working offline then a record of their access is recorded on the PC. Where logging into a data service (e.g. Corporate Data Warehouse, Oracle database, etc.) these systems collate user activities and stored with the system.</p>			
12. Competency Framework	G	G	G	<p>Update required on any change.</p>	<p>NSS will provide appropriate training and development support to ensure all staff are aware of their records management responsibilities.</p> <p>All records management policies, procedures and guidelines are openly available on the organisation's intranet for all staff.</p>	<p>It is good practice to have policies, procedures and guidelines accessible to all staff. The intention to follow this up with training is sensible and if this were a statutory review the Keeper would expect to see evidence of this being implemented.</p>	<p>Information Governance, which includes records management, is included within the mandatory all staff Corporate Induction programme.</p> <p>All staff have access to a specific records management page on the NSS intranet that holds all policies, procedures and guidelines for all staff to read.</p> <p>Records management training can be delivered on an ad-hoc or as required basis to any</p>	<p>Thank you for this overview of mandatory staff training and the availability of guidance, procedures, and policies.</p> <p>It is also good to hear that NSS are considering implementing the NHSScotland Records Management Forum's records management competency framework</p>

							<p>group of staff either through the NSS Corporate Records and FOI Organisational Lead or the network of records management leads throughout NSS.</p> <p>The NHSScotland Records Management Forum have now created a records management competency framework document for all levels of staff. NSS are now considering how to implement this framework across the Health Board.</p>	document across the Health Board.
13. Assessment and Review	G	G	G	<p>Update required on any change. The Keeper would welcome updates on the planned annual internal audit programme for records management practices noted as part of the Improvement Plan.</p>	<p>All SBUs and Directorates within NSS carry out an annual self-inspection audit of records management provision within their areas in the form of a Records Management Improvement Plan.</p> <p>These annual self-inspections inform the overall organisational Records Management Improvement Plan which is used to complete the NRS PUR submission.</p>	<p>Participation in the PUR process is welcomed and provides an opportunity to demonstrate compliance with the statutory requirement to keep the RMP under review.</p>	<p>All SBUs and Directorates within NSS carry out an annual self-inspection audit of the records management provision within their areas in the form of a Records Management Improvement Plan exercise. This was last carried out across NSS in 2020 due to the impact of COVID on the business.</p>	<p>The Assessment Team thanks you for this update on continuing records management provision self-inspection audits. It is understandable there has been a pause in this process due to the pandemic, but it is good to hear this process has</p>

							<p>These annual self-inspections inform the overall organisational compliance against the PRSA and is used in developing the NSS submission to the NRS PUR cycle and will also inform the next NSS Records Management Plan.</p> <p>The NSS Records Management Improvement Plan exercise will be restarted in 2022 on the back of this PUR submission in order to continue the cycle that will inform the next NSS Records Management Plan.</p>	<p>now been restarted.</p> <p>NSS continuing involvement in the PUR process is also commended.</p> <p>Update required on any change.</p>
14. Shared Information	A	G	G	<p>The Keeper understands that this authority will adopt an incremental transition rather than a wholesale swap to SASPI (as outlined in the Information</p>	<p>SASPI (Scottish Accord on the Sharing or Personal Information 2011) has evolved into the Scottish Information Sharing Toolkit.</p> <p>There is no compulsion to use this, but it is considered best practice. Our organisational position on using it is the same as under SASPI,</p>	<p>The Keeper's view in 2013 was that "SASPI properly considers the governance of records and that, if adopted, NSS will have properly considered this element for this aspect of their information sharing". The incremental adoption of the</p>	<p>NSS have established a Register of Processing Arrangements as per the data protection section. This Register will detail who we hold data sharing and processing agreements within relation to our data assets and enhances the Information Asset Register. There is also a Register of Data Sharing</p>	<p>Thank you for this update on the establishment of Register of Processing Arrangements, and the continuing use of Register of Data Sharing Agreements.</p>

				<p>Action Plan). Updates on the progress of this transition would be welcomed.</p> <p>The Keeper is happy to agree this element of the RMP on 'improvement model' terms.</p>	<p>however there is no requirement to sign it.</p> <p>Relevant staff are informed and aware that the SG Information Sharing Toolkit (recently updated for GDPR and published at this link) is the SG recommended approach for information sharing. It is the starting reference for new information sharing agreements involving health data, and where a pre-existing information sharing agreement comes up for review, its use is also considered.</p> <p>However, in common with other Scottish NHS Boards, if an information sharing partner prefers to use another template that is legally adequate for all parties to the information sharing, then we would not seek to jeopardise necessary information sharing for health and care purposes by imposition of the Toolkit template.</p>	<p>Scottish Information Sharing Toolkit is an appropriate change from SASPI. NSS maintains a flexibility of approach with regards to the use of information sharing agreements and is equally content to utilise templates developed by partners in information sharing provided these meet NSS's legal requirements. The Assessment Team considers this to be an appropriate approach to take, providing the issues of information governance are properly considered in each agreement. If evidence, such as a sample of information sharing agreements, were supplied it is likely that it would be appropriate to change the estimated RAG status to Green.</p>	<p>Agreements which is in place but will require updating. The template we use is the ICO template.</p>	<p>This RAG status will remain at Green. Update required on any change.</p>
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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 1st April 2022. The progress update was submitted by Roddy Mitchell, Organisational Lead for Corporate Records & FOI (NSS).

The progress update submission makes it clear that it is a submission for **NHS National Service Scotland and the Scottish Advisory Committee on Distinction Awards (SACDA)**.

The Assessment Team has reviewed NHS National Service Scotland and the Scottish Advisory Committee on Distinction Awards (SACDA)'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

NHS National Service Scotland and the Scottish Advisory Committee on Distinction Awards (SACDA) 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 National Service Scotland and the Scottish Advisory Committee on Distinction Awards (SACDA) 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

A handwritten signature in blue ink that reads "Iida Saarinen". The signature is written in a cursive, flowing style.

Iida Saarinen
Public Records Support Officer