

The Public Records (Scotland) Act 2011

NHS Highland

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

6th September 2024

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

4. Authority Background

The population of NHS Highland is 320,000 people and is spread over 32,500 square kilometres, making it one of the largest and most sparsely populated Health Boards in the UK. NHS Highland is managed by a [Board of Executive and Non-Executive Directors](#) and is accountable to the Scottish Government through the Cabinet Secretary for Health and Wellbeing. The Chair and each of the Non-Executive Directors are appointed by the Cabinet Secretary. Executive Directors are the Chief Executive, Medical Director, Director of Public Health, Chief Operating Officer, Director of Human Resources, Director of Nursing and Director of Finance. The Board governs accountability and performance. There are Highland-wide departments or functions and include Business Transformation; Clinical Governance and Risk Management; Dental Services; e-Health; Finance; Human Resources; Infections, Prevention and Control; Nursing and Midwifery; Pharmacy; Planning and Performance; Procurement; Public Health and [Public Relations and Engagement](#).

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 Highland

Element	Status of elements under agreed Plan 25OCT17	Progress review status 19JUN23	Progress review status 06SEP24	Keeper's Report Comments on Authority's Plan 25OCT17 See full Assessment Report at https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-nhs-highland.pdf	Self-assessment Update 19JAN23	Progress Review Comment 19JUN23	Self-assessment Update as submitted by the Authority since 19JUN23	Progress Review Comment 06SEP24
1. Senior Officer	G	G	G	Update required on any change.	No change to update provided in 2021.	Thank you for letting the Assessment Team know that there have been no changes to this Element. Update required on any change.	No change to update provided in 2022/23, however we have included a revised letter from the Chief Executive (Appendix 2) that includes reference to Elements 1, 2, 3 along with clarity the RMP will be reviewed every 12 months as part of Element 13. Fiona Davies has been confirmed as the new Chief Executive for NHS Highland from 1 st April 2024.	Thank you for letting the Assessment Team know that the Chief Executive remains the person named under Element 1, and that NHS Highland now has a new Chief Executive, Fiona Davies. The receipt of Chief Executive's Letter dated 5 th January 2024 (Appendix 2) is also confirmed with thanks.
2. Records Manager	G	G	G	Update required on any change.	No change to existing roles and responsibilities, however the Board's Governance & Assurance Co-Ordinator has incorporated Corporate Records Management specialism into their role from September 2022.	Thank you for this positive update on the Board's Governance & Assurance Co-Ordinators CPD which has been noted. Update required on any change.	No material change to existing roles and responsibilities; the Board's Governance & Corporate Records Manager continues to incorporate the Corporate Records Managements specialism within their role driving day to day progress and has now been included in the Chief Executive's letter (Appendix 2). The Letter from the Chief Executive (Appendix 2) also includes reference to Elements 1, 2, 3 along with clarity the RMP will be reviewed every 12 months as part of Element 13.	Thank you for this update. The Chief Executive's Letter confirms that Ruth Daly, Board Secretary, leads on the development and roll-out of the plan and remains the named individual responsible for RMP implementation at NHS Highland under Element 2. It confirms she is supported by Information Assurance Group, Health Records Manager, Governance & Corporate Records Manager, Data Protection Officer, Information Governance & IT Security Manager, Head of Service: Quality Assurance, and Adult Social Care. Update required on any future change.
3. Policy	G	G	G	The Policy has recently been reviewed and updated and is currently in draft format awaiting approval by the Information Assurance Group. The draft Policy has been supplied (evidence 3.8). The next meeting of the Group is in November 2017. The Keeper requests that he is sent the updated Policy once it has been approved at this meeting. The Policy for the Management of Policies, Procedures, Guidelines and Protocols (evidence 3.16) has recently	Retention and Destruction Policy for Corporate Records updated. New Policy agreed by Information Assurance Group September 2022 and valid to August 2024 (revised policy attached Appendix 1). Corporate Records Archive Policy updated. New Policy agreed by Information Assurance Group September	The Assessment Team thanks you for this update on policies adjacent to the Records Management Policy. It is great to hear that both the Corporate Records Retention and Destruction Policy and Corporate Records Archive Policy have been revised and updated. The receipt of these policies is also noted with many thanks.	All relevant policies remain in date that were provided in last year's PUR and are widely publicised at regular intervals throughout the organisation. (this includes Health Records, Corporate Records, Information Security and Data Protection). A wider review of the Scottish Government Code of Practice is ongoing and due for finalisation in the first or second quarter of 2024 which	Thank you for confirming that Records Management Policy and other adjacent policies remain operational. It is also good to hear that a review is forthcoming based on the newest version of the SG Code of Practice. For comments on staff training, see Element 12

				<p>been reviewed and updated but is awaiting approval by the Risk Management Steering Group which is due to meet in November 2017. Once approved it will be communicated to staff and made available on the NHS Highland intranet. The Keeper requests he is sent a copy of the updated Policy once approved.</p> <p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a gap in provision (lack of updated key policy documents) and has identified how it will close this gap. Once he receives the updated and approved Policies when they become available, the Keeper should be able to fully agree this Element.</p>	<p>2022 and valid to August 2024 (revised policy attached Appendix 2).</p>		<p>will instigate an automatic review of all policies to ensure they remain relevant and valid.</p> <p>We don’t just disseminate policies as we manage the implementation of them through a Corporate Records TURAS course and an application to make this a mandatory course for all staff to complete has been submitted to further embed policies.</p> <p>NHS Highland have also implemented a statutory/mandatory training improvement plan (Appendix 3) that has been approved by the Board to progress improvement across the organisation.</p> <p>There is an intention to begin Corporate Records ‘surgeries’ in 2024 across each of the relevant directorates where staff can ask questions and get the guidance they need first-hand without the need to refer to a policy.</p> <p>The Letter from the Chief Executive (Appendix 2) also includes reference to Elements 1, 2, 3 along with clarity the RMP will be reviewed every 12 months as part of Element 13.</p>	
<p>4. Business Classification</p>	<p>A</p>	<p>A</p>	<p>A</p>	<p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a gap in provision (the lack of an operational organisation-wide BCS) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being kept informed as work to close the gap progresses.</p>	<p>There has been no progress on this since the last update however the function-based Business Classification Scheme for Corporate directorates had been sent for review to Senior Managers, due to some changes during the pandemic this hasn’t been finalised but is now a priority for the Governance & Corporate Records Specialist to progress.</p> <p>MS365 continues to be implemented, SharePoint hasn’t been fully rolled out but it is likely a national Business Classification Scheme will emerge based on work undertaken by the NHS National Records Managers Forum.</p>	<p>Thank you for this update. It is disappointing to hear progress on this Element has stalled, but it is noted that a Corporate BCS has also been made a priority for the Governance and Corporate Records Specialist – particularly considering the implementation of M365 and the gradual rollout of SharePoint. It is also great to hear that NHSS RM Forum intends to roll out a national BCS which can then be adjusted to reflect each NHS Board’s operations as required.</p> <p>This Element will remain at Amber as the work is ongoing. The Assessment Team look forward to updates on this Element in subsequent PURs.</p>	<p>Once the revised Scottish Government Code of Practice and Retention Schedule national guidance is published (Q1/Q2 2024) this will help inform a comprehensive Business Classification scheme to be used as the foundation for all NHS Boards.</p> <p>There were plans in NHS Highland to pilot Business Classification within one department, but this work is on hold until national guidance is published.</p> <p>The Health Records Manager and Governance & Corporate Records Manager are members of the national records management forum which will pick up this BCS workstream in early 2024 – both are part of the forum’s planned short life working group (SLWG).</p> <p>The Governance & Corporate Records</p>	<p>The Assessment Team thanks NHS Highland for noting that the work on an organisation-wide Business Classification Scheme remains ongoing and awaiting refreshed national guidance. It is also good to hear that the records managers continue to engage with the NHSS RM Forum and participate in its work.</p> <p>Thank you for providing a copy of the SharePoint Migration Roadmap and a copy of the 2021 NHSScotland Business Classification Scheme and Retention Periods document, received with thanks.</p> <p>It is clear that NHS Highland continues to pursue an NHS Highland Business Classification Scheme while also proceeding with the gradual migration of active data</p>

							<p>Manager will inform NHS Highland's Board Secretary and Information Assurance Group of progress.</p> <p>Whilst a local Business Classification Scheme hasn't been implemented, there is a national one (Appendix 5) in place to utilise as a guide for all Boards until such time as a formal agreement is made nationally to align it to the Code of Practice.</p> <p>The migration to M365 will enable deeper control and appropriate classification of data; a copy of NHS Highland's SharePoint migration roadmap (Appendix 4) has been included to provide confidence the work is well underway to enable and maintain improvements.</p>	<p>to M365.</p> <p>This Element remains at Amber while work continues. The Assessment Team look forward to being updated on progress in subsequent PURs.</p>
5. Retention Schedule	G	G	G	<p>Update required on any change.</p> <p>As noted for Element 3 the Retention & Destruction policy has been updated which contains the current Retention Schedule.</p> <p>As noted for Element 3 the Archive Policy has been updated which assists the Retention Schedule.</p> <p>As noted for Element 4 Function based Business Classification Scheme for Corporate directorates is now out for review by Senior Managers and is now a priority for Governance & Corporate Records Specialist to progress.</p>	<p>The Assessment Team is grateful for this update on recent policy updates, as well as the BCS. The Team remains reassured that NHS Highland continues to have adequate retention schedules and procedures in place, especially with the shift to M365.</p> <p>Update required on any future change.</p>	<p>The retention schedules for Health Records and Corporate Records that were provided in last year's PUR remain in date. Over the last year organisational communication has been issued providing clear guidance on where the schedules can be accessed and who the key points of contact are for any queries.</p> <p>Comms is only part of the management work, and a need has been identified to commit to engaging with directorates, meeting with staff becoming BAU to ensure the policies make sense to staff and are being applied. This work would be incorporated into the proposed 'surgeries'.</p> <p>A Corporate Records TURAS course is in place and an application to make this a mandatory course for all staff to complete has been submitted to further embed policies such as the retention schedule.</p>	<p>Thank you for this update on retention schedules. It is good to hear that these remain up to date. The described provision of additional staff guidance sounds very positive as well!</p> <p>For further comments on staff competencies and training, see Element 12.</p> <p>Update required on any future change.</p>	
6. Destruction Arrangements	A	A	A	<p>Electronic – The RMP states that NHS Highland manages the destruction of electronic records from its shared drives but recognises that there is a need for improvement in this area. The RMP also states that NHS Highland is working to address the gap in the destruction of electronic records and plans to update protocols and procedures to ensure staff</p>	<p>M365 implementation continues to progress well which will enable NHS Highland to have more robust control over the destruction of electronic records.</p> <p>The NHS Scotland Records</p>	<p>The Assessment Team agrees that the eventual full implementation of M365, when set up, will be able to assist in the automation of electronic records destruction processes. The intention to follow the guidance of</p>	<p>Health Records</p> <p>Clinical/Care Destruction arrangements remain as documented previously and are accurate and in date. Once the new Code of Practice is published they will be reviewed to ensure guidance is harmonised. Communication is issued throughout</p>	<p>Thank you for this welcome update on public records destruction arrangements.</p> <p>For comments on policy implementation training, see Element 12.</p> <p>It is clear that work towards closing</p>

				<p>are aware of what they need to do. Some guidance exists in the Protocol for the Secure Archiving and Destruction of Records (evidence 6.10) for the destruction of electronic records. A Standard Operating Procedures document has also been produced for Tracking Culled Notes on the PMS system (evidence 6.7). The Keeper requests that he is kept informed of progress in the development of this guidance.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the destruction of electronic records) and has identified how it intends to close this gap. As part of this agreement, the Keeper expects to be regularly updated on the progress of the work.</p>	<p>Management Code of Practice is in the final stages of its review and has been sent to Records Managers within NHS Scotland to assist in finalising the changes proposed to further increase the robustness of Records Management in all Health Boards.</p> <p>As noted for Element 3 the Retention & Destruction policy has been updated which contains the current Retention Schedule and is valid to August 2024. Quarterly Updates are now sent across the organisation reminding staff of their obligations to destroy records appropriately providing a clear point of contact for any queries (Example update attached – Appendix 3).</p> <p>As noted for Element 3 the Archive Policy has been updated which assists the Retention Schedule and Destruction Arrangements which is valid to August 2024.</p>	<p>NHSS Records Management Code of Practice is also very commendable.</p> <p>Thank you also for sending us an example of quarterly communication sent to staff (Retention & Destruction of Corporate Records Reminder) which has been received with thanks.</p> <p>It is clear that work towards closing the gap identified in 2017 is ongoing. The Assessment Team looks forward to receiving updates on progress in subsequent PURs.</p>	<p>the organisation through existing organisational channels to ensure management of health records is taking place appropriately.</p> <p>Corporate Records</p> <p>As per the above, the Corporate Records Retention & Destruction policy has been published which explains how long staff should retain documents and how to carry out the appraisal and disposal process – quarterly comms are issued as a reminder across the organisation.</p> <p>Comms is only part of the management work and a need has been identified to commit to engaging with directorates, meeting with staff becoming BAU to ensure the policies make sense to staff and are being applied. This work would be incorporated into the proposed 'surgeries'.</p> <p>A Corporate Records TURAS course is in place and an application to make this a mandatory course for all staff to complete has been submitted to further embed policies such as the destruction arrangements.</p> <p>Contact has been made with our offsite storage facility to assess and review the destruction arrangements and associated costs.</p> <p>Work has commenced on exploring how best to utilise Varonis in managing Corporate Records assisting in the full records lifecycle in line with the retention schedule. (Varonis is a software platform that enables organisations to manage and protect unstructured data on its network drives).</p> <p>Part of the early preparatory work is looking at what contingencies would need to be in place should the product be used throughout the organisation. Health Records form part of this early work.</p>	<p>the gap identified in 2017 is ongoing. Costs are being explored in terms of appropriate records destruction at the off-site facility, and it is particularly interesting to hear that NHS Highland is exploring a software (Varonis) approach to managing unstructured data on network drives.</p> <p>This Element will remain at Amber. The Assessment Team looks forward to receiving updates on the results of this preparatory work – as well as other progress – in subsequent PURs.</p>
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7. Archiving and Transfer	G	G	G	Update required on any change.	Corporate Records Archive Policy has been reviewed and updated. Ratified by Information Assurance Group September 2022 and valid to August 2024 (Appendix 2).	Thank you for this update. As noted under Element 3, the Assessment confirms the receipt of the updated Corporate Records Archive Policy. Update required on any future change.	Both Health & Corporate Records Archiving policies remain in date and are well communicated. The Governance & Corporate Records Manager has undertaken a visit to the regional archive that is owned and managed by The Highland Council where NHS Highland's archive materials are kept assisting in raising awareness and form the basis of education in what does/doesn't need to be archived with comms issued to the organisation to provide appropriate clarity.	Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records. Thank you for confirming that Archiving Policies remain operational and in date, as well as well-communicated to staff. It is also positive to hear that a visit to the archive repository has taken place, and that this, supported by the Archive Policy and a formal Transfer/Deposit Agreement, Memorandum of Understanding, or similar, will feed into wider awareness training on the permanent preservation of public records with enduring value in the selected archival repository.
8. Information Security	G	G	G	The Policy is supported by a suite of information governance policies, such as an Email Policy (evidence 8.3a), an Internet Policy (evidence 8.3b), a Password Change Policy (evidence 8.3c), Mobile Data and Devices Policy (evidence 8.3d) and a Social Media Protocol (evidence 8.3i). The RMP also states that these policies are available to staff on NHS Highland's intranet. A number of the abovementioned policies are currently under review and will be submitted to the Information Assurance Group for approval in November 2017. The Keeper requests that he is sent these policies once they have been approved to keep the submission up-to-date.	In response to the Network & Information System Regulations (NISR) a program of work is currently underway to create a national cyber resilience documentation pack. The pack will contain a suite of policies and standards along with process and guideline templates. The documentation will be written to align with the control set contained in the Scottish Governments Cyber Resilience Framework. The cyber resilience framework is the framework against which the Scottish Health Competent Authority audits NHS Scotland Boards to measure compliance to the NISR. When this pack is available NHS Highland intends to adopt it to replace the current suite of information security policies. Current published policy review dates will be extended until June 2023.	This update on work towards a national cyber resilience documentation pack is very positive, and seems like a very suitable way to measure compliance with the Network and Information System Regulations (NISR). Thank you for letting us know that NHS Highland intends to implement this when it becomes available. As this pack will replace NHS Highland's current suite of information security policies, it is understood that the review of these has been paused until June 2023. The Assessment Team looks forward to further updates on this implementation in subsequent PURs.	To bolster this element further there are now scheduled weekly meetings of the national workgroup developing the policies individually – a combined pack will be agreed shortly however the policy naming conventions, format and agreed content will be made available to Boards in the first half of 2024 so has not yet been concluded. The intention would be to then replace the in-date existing NISH information security policies with the national templates. As mentioned, the existing Information Security policy remains in date so has not been reviewed but will be once national work completes.	Element 8 stipulates that public records are held in accordance with information security compliance requirements. Thank you for confirming that the Information Security policy remains operational and up to date. Thank you for sharing the ongoing work on the policy pack, undertaken by the national working group. It is good to hear that a harmonised approach with other NHS Scotland Health Boards will be taken through the use of uniform policy templates.
9. Data Protection	G	G	G	NHS Highland has submitted its Information Governance Policy (evidence 9.2) which outlines its approach to	There are no further updates at this time. The Data Protection Policy and the	The Assessment Team thanks you for this update on Element 9. It is great to	As previously mentioned, the Data Protection policy remains in date and is due for review on 27/09/2024. There	Thank you for this update on Data Protection Policy and ongoing project work on the national

				<p>information governance and assigns responsibilities for complying with it... The draft Policy has been supplied (evidence 3.8). The next meeting of the Group is in November 2017. The Keeper requests that he is sent the updated Policy once it has been approved at this meeting.</p> <p>NHS Highland have also submitted their Handling Requests for Access to Personal Health Records Policy (evidence 9.9). NHS Highland has indicated that this Policy is currently being updated due to organisational changes and planning for the EU GDPR coming into force. At present NHS Highland is currently using NHS Scotland's Subject Access Request Policy (evidence 9.18). The Keeper agrees that this is appropriate and requests that he is provided with a copy of the updated local policy once it becomes available</p>	<p>Access to Personally Identifiable Records Policy will be reviewed and where appropriate updated in 2024.</p> <p>Any relevant updates that are identified in the interim will instigate a review of the appropriate policy.</p>	<p>hear that the Data Protection Policy and the Access to Personally Identifiable Records Policy remain up to date.</p> <p>Update required on any future change.</p>	<p>is a full policy suite being developed nationally that will tie in Information Security/Data Protection and elements of Health/Corporate Records to harmonise the approach across all Boards and all existing guidance will be reviewed at that point.</p>	<p>approach. Update required on any future change.</p>
10. Business Continuity and Vital Records	A	A	A	<p>The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of a fully rolled out BCP(s) and has evidenced a commitment to closing the gap. As part of this agreement the Keeper will expect to be kept informed as work progresses towards closing the gap.</p>	<p>There has been no progress with business continuity planning for corporate records due to other competing demands; a very early stage draft plan was created but needs additional work - however, this is now a priority for the Governance & Corporate Records Specialist to progress.</p>	<p>It is disappointing to hear progress on this Element has stalled, but it is noted that business continuity arrangements have also been made a priority for the Governance and Corporate Records Specialist. Especially in light of the recent emergency, it is essential that robust procedures are in place in the event of a disaster of any kind.</p> <p>This element remains at Amber while NHS Highland continues to work towards full compliance.</p>	<p>NHS Highland has appointed a Head of Resilience who has an organisational wide focus on all areas of business continuity – A Resilience Framework has been drafted, due for approval by the Executive Directors Group (EDG) within the next 12 months; work is ongoing to complete this and this work will include input from the Corporate Records Manager and other key members of staff.</p> <p>The framework will include business continuity for vital records once concluded. This work is ongoing and for corporate records it is expected that the Business Continuity Plan will mirror the provisions already in place for Health Records.</p> <p>All business continuity plans including the plan for corporate records once drafted will be incorporated into the resilience framework to ensure staff have one single point of reference for each workstream including retention schedules/archiving. (Appendix 1 – Resilience Framework Governance)</p>	<p>Thank you for sharing this positive update on investment in NHS Highland's business continuity arrangements. The Team notes that a 'Head of Resilience' is in post, and that a Resilience Framework (including maintaining access to vital records in the face of an unexpected event, and other aspects of business continuity) has been drafted and is awaiting formalisation.</p> <p>The Receipt of Appendix 1 (Resilience Framework Governance) is noted with thanks.</p> <p>It is clear that NHS Highland has made significant progress, and is close to closing the gap identified by the Keeper in 2017 (the lack of a fully rolled out Business Continuity Plan(s)), and that the Resilience Framework approach will, once fully formalised, rolled out and implemented, ensure the authority remains adequately prepared.</p> <p>This Element will remain at Amber while work continues.</p>
11. Audit Trail	A	A	A	<p>Also submitted as evidence is NHS Highland's Policy for the Management of Policies, Procedures, Guidelines and Protocols (evidence 11.3)...NHS Highland has stated that the Policy has now been</p>	<p>There has been no progress made for Corporate Records other than the function based Business Classification Scheme as mentioned in</p>	<p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of</p>	<p>NHS Highland utilise the NHS Scotland M365 tenancy which will provide a suite of security and compliance features; including granular detail on the files saved</p>	<p>Thank you for providing this update on the ongoing M365 implementation. The Team is also grateful that NHS Highland is sharing the ongoing challenges</p>

				<p>reviewed and updated but is awaiting approval by the Risk Management Steering Group which is due to meet in November 2017. Once approved it will be communicated to staff and made available on the NHS Highland intranet. The Keeper requests he is sent a copy of the updated Policy once it has been approved.</p> <p>The RMP states that NHS Highland is currently in the process of implementing new software, File 360, for managing some corporate records. Some of the documentation for the implementation of this software has been supplied (evidence 11.4-11.6). The RMP also states that NHS Highland is considering implementing a document management system. The Keeper requests that he is kept informed in both these areas, particularly because this work will presumably need to be aligned with the BCS (see Element 4).</p> <p>The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (the lack of a fully implemented and rolled out system for the management of corporate electronic records) and has evidenced a commitment to closing the gap. As part of this agreement the Keeper will expect to be kept informed as work progresses towards closing the gap.</p>	<p>Element 4 some additional work is required to ensure NHS Highland's Audit Trail process is as robust as possible but this is now a priority for the Governance & Corporate Records Specialist to progress.</p> <p>M365 continues to be rolled out within NHS Highland which should further enhance the ability to control document tracking.</p>	<p>all changes that occur in relation to a particular record.</p> <p>With the roll-out of M365, electronic document tracking will become more straightforward.</p> <p>This element remains at Amber while NHS Highland continues to work towards full compliance. Update required on any future change.</p>	<p>within the tenancy, managing records through their lifecycle and appropriately auditing who in the organisation has accessed or made amendments to a record; not all of these are available as work is being carried out at a National level to ensure any auditing access is restricted to the appropriate individuals.</p> <p>Whilst these functions are due to be provided they are not all in place and there is no local admin access at this stage to appropriately manage documents through their lifecycle, posing a Records Management/IS concern – the admin access is held nationally as it is a 'one tenancy' model which is restrictive with 22 individual Boards/Entities – this is raised by each Board as a significant concern at every possible opportunity</p> <p>A meeting is planned with the Varonis software developers to discuss the full scope of Varonis' Records Management capability which may include providing audit trail functionality through shared drives.</p> <p>Clinical Records have audit trails in place for all electronic records that can be referred to as and when required, both front end (abridged) and back end by systems/technical teams (comprehensive).</p> <p>NHS Highland will be rolling out Sharepoint on a more substantive basis throughout 2024 in small pilots which will allow full audit functionality, additional controls such as allowing information classification, automatic version control and retention labelling to be applied. The Corporate Records and Health Records Manager's are part of the oversight group to provide advice and receive updates. (Appendix 4 – Sharepoint RM)</p>	<p>with administrator access under the 'one tenancy' model. This is a known issue, and it is clear that collaborative work among NHS Scotland Boards/Entities remains ongoing to satisfactorily resolve it. The Assessment Team looks forward to hearing about the progress of this in subsequent PURs.</p> <p>That NHS Highland is also exploring Varonis' functionality when implemented on shared drives in terms of audit trails is also noted with thanks.</p> <p>The internal SharePoint migration and rollout schedule (a copy of which has been provided) as well as the appropriate oversight of this is also acknowledged.</p> <p>This element remains at Amber while NHS Highland continues to work towards full compliance. Update required on any future change.</p>
12. Competency Framework	A	G	G	NHS Highland has created an Education and Development Framework for Medical Records and Administration Staff (evidence 12.4). This is currently available	The Governance & Corporate Records Specialist will complete the practitioner certificate in records	Thank you for this positive update on the relevant CPD of the Governance & Corporate Records	The Professional Lead for Health Records is now designated as LHRIM (licentiate member of the Institute of Health Records and Information	Congratulations on the recently-achieved professional fellowships and other planned accreditation. It is also positive to hear that the

				<p>for staff at Raigmore Hospital, Inverness, but NHS Highland intends to standardise the document and roll it out to all relevant staff by the end of 2018. The Keeper commends this commitment to training and requests that he is kept informed of the progress in rolling this out.</p> <p>The RMP also contains an action to create a similar tool for staff working with corporate records. This will be based on the NHS Scotland Information Governance Competency Framework (evidence 12.1) and will be rolled out by December 2017. Again the Keeper commends this commitment to providing staff with the necessary skills and requests that he is kept up-to-date with the progress of this work.</p> <p>The Keeper can agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the lack of an organisation-wide competency framework) and has identified how it intends to close this gap. As part of this agreement the Keeper requests that he is kept informed of progress in this area.</p>	<p>management in January 2023.</p>	<p>Specialist; this has been noted.</p>	<p>Management and a Fellow of the Institute of Admin Management) All clinical records leads are registered with IRMS and (soon) IHRIM and will undergo foundational and up accreditation.</p> <p>The Governance & Corporate Records Manager is now a member of IRMS and has also fully completed the accredited Corporate Records Management practitioner certificate.</p> <p>The Corporate Records management TURAS training module has been rolled out to the organisation and has been refreshed in the last 12 months – attempt has been made to make it mandatory for all staff to complete. The organisation is refreshing it’s approach to statutory/mandatory training through the improvement plan (Appendix 3) which was approved by the Board in November 2023.</p>	<p>Corporate Records Manager has recently completed a relevant Practitioner Certificate.</p> <p>Thank you also for confirming that staff training has been refreshed, and that efforts have been made to make records management training mandatory for all staff. The provided Statutory & Mandatory Training Improvement Plan (2023) indicates that while staff uptake on some training is lower than expected, NHS Highland is taking steps to ensure greater uptake in the future.</p> <p>The Assessment team is also grateful for the updates given under Elements 3, 5 and 6, further expanding on how the authority plans to ensure that Records Management Plan and adjacent plans and policies are being consistently implemented by all staff in all BAU activities.</p> <p>These are all indicators that all NHS Highland staff continue to be provided with role-relevant records management skills and knowledge, that there is awareness of where improvement is still required, and that the authority is demonstrably actively working on addressing the relatively low training uptake numbers.</p>
<p>13. Assessment and Review</p>	<p>G</p>	<p>A</p>	<p>G</p>	<p>NHS Highland has stated that discussions are currently underway with its internal auditors to determine whether there is capacity to add the RMP into the internal audit programme. Email correspondence with Internal Audit has been supplied (evidence 13.6) showing that discussions are on-going and that they have previously audited aspects of information governance, information and records management. The Keeper requests that he is informed of the results of these discussions.</p>	<p>Information Assurance Group has standing items on the agenda to cover Health Records & Corporate Records to ensure regular updates are provided – continuous assessment & review of the plan is considered due to the ongoing implementation of M365 and its wider impact on Records Management.</p> <p>The need for active records management for Adult Social Care has been highlighted to the Adult Social Care Leadership Team to ensure it remains a visible priority across the Board.</p>	<p>The Assessment Team is grateful for this update. It is very positive to hear that NHS Highland is considering the impact of software platform implementation and other changes on the authority’s Records Management Plan, and continues to keep it under review. It is also clear from this update that NHS Highland continues to give records management matters visibility across multiple levels of the organisation. NHS Highland’s regular participation in the PUR process is commendable.</p>	<p>NHS Highland continues to assess and review its relevant policies and process under this element. Section 1(5)(i)(a) of the act states an authority must keep its RMP under review – This is acknowledged by the Board as Records management is now a standing item on the Information Assurance Group (IAG) agendas each quarter with full updates on DPA, Information Security, Health Records & Corporate Records across the organisation provided. The IAG have oversight of the RMP and subsequently provide assurance to the Audit Committee</p> <p>The NRS PUR process is used to ensure that the RMP is kept under</p>	<p>Thank you for confirming that the authority continues to keep relevant plans and policies, including the Records Management Plan, under regular review. Maintaining a high profile through a standing presence on key agendas (including the Information Assurance Group). NHS Highland’s regular uptake of the Progress Update Review process and the submitted content’s discussion in multiple relevant settings is commendable.</p> <p>The establishment of a specific Information Assurance Group sub-group focused on overseeing the local operational implementation of</p>

						<p>This Element was given an indicative Amber PUR status in 2010, when it was indicated that <i>'this element would be graded 'amber' (at best) until:</i></p> <p>a) Evidence could be provided that Internal Audit will include the Plan. b) Another review methodology could be confirmed to the Keeper (that specifically focuses on the implementation of the Plan)'. The Assessment Team understands that neither of these conditions has yet been met.</p> <p>This Element will remain at Amber while the work is ongoing. The Team look forward to being updated on progress in subsequent PURs.</p>	<p>review, it is also discussed at the Operational M365, IG, Records Management Group and subsequently the IAG prior to submission.</p> <p>The IAG will be asked in February 2024 to formalise a working sub-group, agree a terms of reference and receive progress reports from it;</p> <p>The sub-group will meet on a quarterly basis to enable operational implementation of the RMP at a more local level and provide assurance updates to IAG and onwards to Audit Committee, providing the Board with oversight of review of the RMP, preparation of the PUR and an assessment of responses to changes in circumstances occurring over time.</p> <p>The Letter from the Chief Executive (Appendix 2) includes references to Elements 1, 2, 3 but also provides clear commitment that the RMP will be reviewed every 12 months as part of the review process in line with the requirements of Element 13.</p>	<p>the authority's Records Management Plan is excellent news. The Letter from the Chief Executive is also noted with thanks. A commitment to annual review of the Records management Plan is also gratefully noted</p> <p>This Element can be turned from Amber to Green for the PURs to celebrate the progress made. If this was a formal resubmission, it is likely that this Element would receive a Green status.</p>
14. Shared Information	G	G	G	<p>NHS Highland has stated that the Information Sharing Policy has been updated but is still in draft form as it remains to be ratified by one of the partners in the Data Sharing Partnership. The Keeper requests that this is forwarded to him once it has been approved by all parties.</p> <p>A set of Information Sharing Procedures (evidence 14.2) has been created to practically administer the sharing of information. This covers the types of information to be shared, who it is to be shared with and how that sharing takes place. NHS Highland has stated that these have also been updated but are still in draft form until ratified by one of the partners in the Data Sharing Partnership. The Keeper requests that this is forwarded to him once it has been approved by all parties.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (lack of updated key policy documents) and has identified how this gap will be closed. Once he</p>	<p>Information Sharing Agreement (ISA) between NHS & Highland Council is still in place.</p> <p>An overarching Memorandum of Understanding (MoU) to cover information sharing has been agreed by the Highland Public Protection Chief Officers Group (HPPCOG), Partners to the Information Sharing Policy (Appendix 4). Work is now underway to agree two ISAs for Adult Protection activities (QA & Operational).</p> <p>Update, June 2023: It is noted that this is dated 2013 however the DPO Officer has provided an update to advise of extensive work that is ongoing around information sharing in collaboration with the ICO (Appendix 6). There is an 'intra-Board' sharing/data processing policy in place (Appendix 5)</p>	<p>Thank you for confirming that an ISA with Highland Council remains in place, and further MoUs and ISAs are being pursued. Thank you also for providing the Assessment Team with a copy of the Highland Data Sharing Partnership Information Sharing Policy (Appendix 4). This has been received with thanks. The Assessment Team note, however, that this Policy is dated 2013.</p> <p>Comments on Authority's June Update: The Assessment Team thanks NHS Highland for this clarification, including the additional evidence submitted (Intra-Board Sharing/Data Processing Policy (Appendix 5) and DPO Update (Appendix 6). The indication in the latter, that work is currently underway to ensure all recorded</p>	<p>All previously noted policies etc around shared information remain valid and in date</p> <p>A new Memorandum of Understanding for multi-agency information sharing has been agreed between NHS Highland, Police Scotland, Scottish Fire & Rescue and the Highland Council (Appendix 6).</p>	<p>The Assessment Team is grateful for this confirmation that information-sharing policies and procedures remain valid and in date. Thank you also for the provision of the Overarching Memorandum of Understanding (Highland Multi-Agency Information-Sharing Public Protection, 2023), received with thanks.</p>

				receives the updated and approved documents when they become available, the Keeper should be able to fully agree this Element.	to ensure data shared between Boards & NES is handled appropriately.	agreements go through a review process, is very good to hear.		
15. Public Records Created or Held by Third Parties	N/A	N/A	A	[Not assessed.]	N/A	N/A	<p>Whilst we have not made significant progress on the new element, we felt it was important to note that preparatory work has begun so we can provide a fuller update in due course.</p> <p>The Governance & Corporate Records Manager has met with key individuals in Highland Council to begin the discussions on the data they process of ours to gain the appropriate assurances that our public records are being robustly managed.</p> <p>The Governance & Corporate Records Manager has also reached out to the Procurement team to identify if there are appropriate contingencies in place to extend this assurance.</p> <p>The multi agency MOU contains reference to records created and the agreed process in line with NRS requirements (Appendix 6).</p>	<p>Thank you for this update on Element 15. The Public Records (Scotland) Act (PRSA) makes it clear that records created by a contractor in carrying out a scheduled authority's functions are public records (Part 1 section 3.1 (b)). In the formal assessment process, evidence would be required. This might include, for instance, an example of a third-party contract with strong contractual clauses relating to records management processes.</p> <p>Scottish Council on Archives has published a helpful guidance document which may be beneficial when considering PRSA compliance under Element 15: PRSA-Contractors-Guidelines-ARMS-2018.pdf (scottisharchives.org.uk).</p> <p>This is a new Element, and it is very positive that NHS Highland has voluntarily submitted a PUR update on it.</p> <p>This Element has been given an Amber status as it is clear that NHS Highland has begun to actively consider its requirements. This RAG status is specific to the PURs only. Should NHS Highland prefer a 'N/A' status here, please let the Assessment Team know.</p>

7. The Public Records (Scotland) Act Assessment Team's Summary

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 8th March 2024. The progress update was submitted by Nathan Ware, Governance & Corporate Records Manager (Manaidsear Riaghlachais & Clàran Corporra).

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

The Assessment Team has reviewed NHS Highland'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 Highland 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 Highland 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



Lida Saarinen
Public Records Officer