

The Public Records (Scotland) Act 2011

NHS Highland

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

3rd April 2020

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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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Progress Update Review (PUR): NHS Highland

Element	Status of elements under agreed Plan 25OCT17	Status of evidence under agreed Plan 25OCT17	Progress assessment status 28MAY19	Progress assessment status 03APR20	Keeper's Report Comments on Authority's Plan 25OCT17	Self-assessment Update 10JAN19	Progress Review Comment 28MAY19	Self-assessment Update as submitted by the Authority since 28MAY19	Progress Review Comment 03APR20
1. Senior Officer	G	G	G	G	Update required on any change.	Elaine Mead has now left NHS Highland. The Interim Chief Executive and Accountable Officer is Dr Gregor Smith until late January. From 1 st February, the substantive Chief Executive will be Iain Stewart.	The Keeper's Assessment Team thanks NHS Highland for this update and have amended their records accordingly.	No Update	No immediate action required. Update required on any future change.
2. Records Manager	G	G	G	G	Update required on any change.	No Update	No immediate action required. Update required on any future change.	No Update	No immediate action required. Update required on any future change.
3. Policy	G	A	G	G	<p>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.</p> <p>The Policy for the Management of Policies, Procedures, Guidelines and Protocols (evidence 3.16) has recently been reviewed and updated but is awaiting approval by the Risk</p>	<p>The Information Governance Policy (evidence 3.8) is currently under review in light of the new GDPR legislation. Clinical Governance is leading a review of all relevant policies with a completion date of April 2019.</p> <p>The policy (evidence 3.16) was ratified in September 2017.</p>	<p>The Records Management Policy referenced in the original 2017 submission as draft is now operational.</p> <p>The Assessment Team note that this policy is under review in light of GDPR/DP2018. The Keeper requests that he is sent the updated Policy at the next Progress Update Review.</p>	<p>The Information Governance Policy (evidence 3.8) was ratified by the Information Assurance Group in January 2019. This policy is available on NHS Highland's Intranet and is attached to this PUR.</p> <p>The Policy for the Management of Policies, Procedures, Guidelines and Protocols was reviewed, updated and approved by the Risk Management Steering Group in January 2019. This policy is available on the Intranet and is attached to this PUR.</p>	<p>In their original submission NHS Highland committed to keep its information governance policy documents under review and the Assessment Team acknowledge that this is being done.</p> <p>The Keeper has been kept apprised of the development of an updated <i>Code of Practice</i> through the NHSS Forum and accepts that NHS Highland will adopt that Code when it is available.</p> <p>The Assessment Team acknowledge receipt of the updated <i>Information Governance Policy</i> (v2.1 January 2019) and <i>Revised Policy for Management of Policies, Procedures and other Written Controlled Documents</i> (v5.0 January 2019). These documents will be retained in order that NHS Highland's submission can be kept up-to-date.</p>

					<p>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>With regards to Medical Records, all NHS Highland clinical records policies are due to be updated in 20/21 once the new Scottish Government Code Of Practice has been published.</p>	<p>The roll-out of this policy fulfils a commitment by NHS Highland in previous PUR and, if this were now a formal submission, it is likely that the RAG status of this element of the RMP would change from Green/Amber to Green/Green.</p>
4. Business Classification	A	G	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 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>A function based Business Classification Scheme has been drafted. (attached)</p> <p>It is a requirement of GDPR to create an Information Asset Register. This is being progressed as part the GDPR work, with a completion date of March 2019. The Information Asset Register will be a live document and constantly under review and appropriate updates.</p> <p>It is intended these two documents will be merged to provide a cohesive business classification scheme mapping all information assets according to function.</p>	<p>The Keeper's Assessment Team acknowledge they have received the NHS Highland Business Classification Scheme showing a functional system. This must remain a business decision for the authority but the Keeper has previously acknowledged that a Functional Schema is currently considered best practice.</p> <p>The Assessment Team note the intention to use this scheme to support an Information Asset Register and agrees this is appropriate. The Keeper has previously commended the principle of combining a business classification scheme and retention schedule as liable to create a strong business tool and the assessment team assume that the</p>	<p>A function based Business Classification Scheme has been drafted as previously indicated.</p> <p>An Information Asset Register as been developed as stipulated under GDPR. The first Information Asset Register will now undergo a review as part of a self-assessment process that we are starting to roll out. Officers will be asked to review and update where appropriate their submissions.</p> <p>It is still intended these two documents will be merged to provide a cohesive business classification scheme mapping all</p>	<p>In the previous update NHS Highland indicated that they were pursuing an <i>Information Asset Register</i> structure around the management of their public records. The Assessment Team acknowledge that this action has now been completed.</p> <p>The achievement of this objective marks a measurable improvement in the records management provision in the authority. This work is underway.</p> <p>Once completely populated the <i>Information Asset Register</i> will need to be reviewed at a local level (the involvement of local business areas in the work is vital). The Assessment Team looks forward to updates in subsequent PURs.</p> <p>This element remains at Amber while this work is ongoing.</p> <p>The Keeper is aware that NHS Boards</p>

					There would be benefit in communicating this throughout the organisation once all of the work has been completed.	Information Asset Register will do this. Once the Information Asset Register is operational throughout NHS Highland it is liable that, if it were submitted as part of a formal re-submission, this element might be awarded a green RAG status. As the Information Asset Register is yet to be rolled out, this element remains Amber. However, the Assessment Team recognises that the work described in this PUR represents steps towards a significant improvement in records management provision in the authority.	information assets according to function. Once this piece of work has been completed, it will be communicated throughout the organisation and made available to the Keeper.	are migrating their systems to a O365 solution. This is bound to be incremental and take several years to bed-in properly. The Assessment Team acknowledge that NHS Highland are likely to be part of major project.
5. Retention Schedule	G	G	G	G	Update required on any change.	No update	No immediate action required. Update required on any future change. The new Scottish Government Code Of Practice for Records Management has been released in draft for comment and should provide more clarity on the management and destruction of electronic records. December 2019 Information Assurance Group has given agreement to an extension to the date of review of the Retention of Corporate Records Policy and the Board and Committee servicing protocol, both of which had lapsed. A review of these and other documents will be undertaken following the release of the Scottish Government Health and Social Care Code of Practice. Both documents are attached to this PUR for information. With regards to	The Assessment Team acknowledge receipt of the updated <i>Retention of Corporate Records Policy (v2.0 December 2019)</i> . This document will be retained in order that NHS Highland's submission can be kept up-to-date. This is a recognition that a retention schedule is a 'living document' and will be subject to continual minor change year on year. The <i>NHS Code of Practice</i> is the key source for retention decisions and, as noted above, this <i>Code</i> is being updated at the moment. For the present the Assessment Team is content that NHS Highland is operating the retention provision in the old Code. The Assessment Team wonder if NHS Highland will include retention decisions in its <i>Information Asset Register</i>. This is to be recommended as liable to create a stronger business tool.

								medical records, once the new Code Of Practice is published local policy will be revised in line and distributed locally. The retention and destruction policy for paper and electronic files is due for review in 2020/21.	
6. Destruction Arrangements	A	G	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 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</p>	<p>The new Scottish Government Code Of Practice for Records Management has been released in draft for comment and should provide more clarity on the management and destruction of electronic records (see attached). GDPR work will also address this further. Once we receive the Government's code of practice, we will build a comprehensive communication strategy with our Head of PR and Engagement to ensure all staff are aware of what they are required to do in terms of destruction of records.</p>	<p>The Assessment Team acknowledge that NHS Highland is waiting for the roll-out of the new NHS Scotland Records Management code of practice. The Keeper has representation on the group charged with the development of this document.</p>	<p>The new Scottish Government Code Of Practice for Records Management has been released in draft form for comment. Once released, this will provide more clarity on the management and destruction of all records, in whatever format they are held.</p> <p>On release of the Scottish Government Code of Practice, all relevant policies will be reviewed to comply with any changes.</p> <p>A comprehensive communication strategy will be established by our Director of Corporate Comms through the Information Assurance Group to ensure all staff are aware of their responsibilities in terms of records destruction.</p>	<p>The Keeper agreed NHS Highland's original Records Management Plan on an improvement model basis partly on the grounds that the authority could not be confident that staff were destroying digital records at the end of their retention periods. He was convinced that processes were in place to remedy this. The Assessment Team note that the authority does not yet appear to be compliant in this element.</p> <p>However ,the Assessment Team accept that NHS Highland is waiting for the roll-out of the new NHS Scotland Records Management Code of Practice. The Keeper has representation on the group charged with the development of this document.</p> <p>Clearly, if all the public records of the authority are managed on the O365 system (see element 4) the routine and controlled destruction of electronic records should be more robust. However, this functionality will probably not be universally operational for some time. In the meantime it will remain important that staff are correctly prompted to destroy records appropriately.</p> <p>This element remains at Amber.</p>

					gap. As part of this agreement, the Keeper expects to be regularly updated on the progress of the work.				
7. Archiving and Transfer	G	G	G	G	Update required on any change.	No change.	No immediate action required. Update required on any future change.	December 2019 Information Assurance Group has given agreement to an extension to the date of review of the Archive Policy for Corporate Records. The previous version elapsed in August 2019. A review of this and other documents will be undertaken following the release of the Scottish Government Health and Social Care Code of Practice. The Policy document is attached to this PUR for information.	The Assessment Team thanks NHS Highland for this update which we have noted. The Assessment Team acknowledge receipt of the updated <i>Archive Policy</i> (v2.0 December 2019). This document will be retained in order that NHS Highland's submission can be kept up-to-date.
8. Information Security	G	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	The Information Governance Policy and all underpinning policies are currently under review in light of the new GDPR legislation. Our Clinical Governance department is leading a review of all relevant policies with a completion date of April 2019.	The Assessment Team acknowledge that NHS Highland is currently reviewing their information security policies and guidance. They look forward to receiving an update on this review at the time of the next PUR submission. As NHS Highland have currently operational policies (even though they will be replaced soon) this element remains green.	The Information Assurance Group approved the following revised policies in January 2019: <ul style="list-style-type: none"> Information Governance Policy (as per element 3) Data Protection Policy Password and Authentication Policy All three revised policies are attached	In their original submission NHS Highland committed to keep its information governance policy documents under review and the Assessment Team acknowledge that this is being done. The Assessment Team acknowledge receipt of the updated <i>Password and Authentication Policy</i> (v2.0 January 2019). This document will be retained in order that NHS Highland's submission can be kept up-to-date.

					have been approved to keep the submission up-to-date.				
9. Data Protection	G	G	G	G	<p>NHS Highland has submitted its Information Governance Policy (evidence 9.2) which outlines its approach to 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>NHS Highland has appointed a Data Protection Officer in fulfilment of the GDPR legislation. All subject access policies are being revised to fall in line with GDPR changes. This will be completed by March 2019 as part of the overarching GDPR project.</p>	<p>Along with all other Scottish public authorities NHS Highland are reviewing their data protection provision in line with the requirements of GDPR/DP2018.</p> <p>The Assessment Team look forward to receiving an update on this work at the time of the next PUR submission.</p> <p>As NHS Highland have currently operational policies (even though they will be replaced soon) this element remains green. However, it should be noted that if this were a formal re-submission the Keeper would expect the authority to be fully compliant with the new data protection legislation and the current (revision) position would likely be marked as Amber.</p>	<p>NHS Highland has appointed a Data Protection Officer in fulfilment of the GDPR legislation. The implementation of GDPR is closely monitored by the Audit Committee, and the Board of NHS Highland was updated in November 2019 of the position with regards to GDPR compliance. The Board report is attached.</p> <p>With regards to Medical Records, a sub group has been established to supplement the work ensuring GDPR compliance. This group focusses on arrangements to address Medical Records Subject Access Requests across NHS Highland, including social care. This incorporates work addressing other elements of the RMP, in particular element 14. The aim is to centralise the function of processing SARs subject to additional resource or restructuring to respond to a 75% increase in SAR requests post GDPR.</p>	<p>As with all other Scottish public authorities NHS Highland have been required to review and update their data protection procedures in light of the 2018 legislation.</p> <p>The Assessment Team acknowledges that the public facing Health Board website has been updated appropriately: https://www.nhshighland.scot.nhs.uk/NewPages/GeneralDataProtectionRegulation.aspx</p> <p>The Assessment Team acknowledge receipt of the updated <i>Data Protection Policy</i> (v2.0 January 2019). This document will be retained in order that NHS Highland's submission can be kept up-to-date. Also they acknowledge sight of a report by the Data Protection Officer NHS Highland.</p>
10. Business Continuity and Vital Records	A	G	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</p>	<p>Business Continuity Plans for Health Records are being reviewed to take account of the Electronic Patient Record project and technical contingencies.</p>	<p>The Assessment Team takes this submission to indicate that a fully approved and operational BCP is not yet fully rolled-out and therefore the element remains at Amber.</p>	<p>Business Continuity Plans for Health Records are being reviewed to take account of the Electronic Patient Record project and technical contingencies.</p>	<p>As with the previous PUR The Assessment Team takes this submission to indicate that a fully approved and operational BCP is not yet fully rolled-out and therefore the element remains at Amber.</p>

					the gap. As part of this agreement the Keeper will expect to be kept informed as work progresses towards closing the gap.				
11. Audit Trail	A	G	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 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</p>	<p>The policy (evidence 11.3) was ratified in September 2017.</p> <p>NHS Highland has decided not to implement File 360 throughout the organisation. However, users of a previously unsupported system which was Keyfile have now been upgraded to File 360.</p>	<p>See element 4</p> <p>The Assessment Team acknowledge that they have received NHS Highland's approved <i>Management of Policies, Procedures and other Written Controlled Documents</i> document as requested in the Keeper's Agreement Report. Thank you.</p> <p>The development of the Information Asset Register will greatly assist in the tracking of the authority's public records.</p> <p>The information about the File 360 system is noted.</p>	<p>The Policy for the Management of Policies, Procedures, Guidelines and Protocols was reviewed, updated and approved in January 2019 by the Information Assurance Group.</p> <p>The Board is currently undertaking the process of convening a project board to oversee the implementation of the Office 365. Office 365 will combine flexibility of version control with the benefits of cloud storage.</p>	<p>The Keeper agreed the original submission on 'improvement model' grounds. That is to say the authority had recorded a gap in provision and was taking steps to close that gap.</p> <p>This was bound to be incremental and the Assessment Team is pleased to acknowledge that steps have been taken as agreed.</p> <p>However, it is vitally important that staff correctly name records at time of creation for any system that does not impose this. Similarly, version control instructions are key.</p> <p>It is important that any organisation can be confident that they can find a record when required and identify the correct version of that record. The Assessment Team acknowledge that NHS Highland are pursuing this objective. The creation of a clear structure (see element 4) will be a significant step forward.</p> <p>The O365 migration should greatly increase the control over document tracking although it will take some time for this to be universally applied in the authority. However, in the short term the Assessment Team would expect the populated <i>Information Asset Register</i> to strengthen this element. (For comments regarding the O365 migration and the Information Asset Register see element 4 above).</p> <p>Once the <i>Information Asset Register</i> is rolled out, the creation and roll-out of staff guidance would seem to be the next vital step and the Assessment Team looks forward to updates on progress in subsequent PURs.</p>

					<p>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>This element remains at Amber.</p>
12. Competency Framework	A	G	A	G	<p>NHS Highland has created an Education and Development Framework for Medical Records and Administration Staff (evidence 12.4). This is currently available 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</p>	<p>This Med Recs framework requires revision to take account of the ISD recently developed CTC-CC (Certificate in Technical Competency in Clinical Coding) which also covers health records.</p> <p>NHS Highland is currently finalising a training facility through Learn Pro specifically designed for staff working with corporate records. This will be based on a similar NHS Scotland Learn Pro module and will be updated to reflect the revised retention schedules which will align to the Scottish Government Code of Practice when available. The completion date is difficult to estimate given the variable and the various completion dates of the policies which will underpin the Learn Pro. Work will progress will progress in anticipation of the completion and</p>	<p>The Assessment Team acknowledge that NHS Highland are currently pursuing records management training and this is to be commended.</p> <p>They also note that the Education and Development Framework is not yet fully realised as recent developments must be included. Again there is a recognition that the authority is actively pursuing their commitment to ensure that appropriate training is made available.</p>	<p>Within Medical Records, the Certificate of Technical Competence in Clinical Coding (Scotland) is to be trialled with new Clinical Coding staff in 20/21</p> <p>NHS Highland has finalised a training module through LearnPro specifically designed for staff working with corporate records. This facility will link to current policies and will be revised to reflect the provisions of the updated Scottish Government Code of Practice when available. A copy of the module is attached to this PUR and the module which can also be viewed using this link</p> <p>The module went live in December 2019 and the roll out will begin with the Board Secretary's department.</p> <p>Board Secretary will undertake Practitioner Certificate in Scottish</p>	<p>Training in information governance for appropriate staff is of vital importance when implementing an authority's Records Management Plan.</p> <p>The Assessment Team notes the adoption of a LearnPro corporate records module. This is a significant step towards improving this element and if this were a formal resubmission under section 5 of the Act this element is liable to turn from Amber to Green.</p> <p>The Assessment Team acknowledge that they have received sample pages from the LearnPro training module.</p> <p>The learning opportunity afforded the Board Secretary has also been noted and should be commended. It seems from this (and previous) submissions that the personal development of this officer is well supported.</p>	

					<p>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>module by the end of 2019.</p>		<p>Public Sector Records Management in FY 2020/21.</p>	
13. Assessment and Review	G	G	A	A	<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>Due to capacity and competing priorities, our internal auditors were unable to include the RMP on their work plan for year 2018/2019, however, discussions are ongoing to get the RMP on work plan for the year 2019/2020. Internal Audit and the Audit Committee have been regularly appraised of information governance and GDPR compliance through the recent work around GDPR.</p>	<p>It is unfortunate, but understandable, that an internal audit review of the implementation of the Records Management Plan has not yet been possible.</p> <p>The Assessment Team acknowledge that the requirements of GDPR/DP2018 have required regular reviews of certain aspects of information governance in the authority. However, element 13 is specifically about an authority scrutinising the implementation of its agreed plan.</p> <p>If this were a formal re-submission it is likely that this element would be graded 'amber' (at best) until:</p> <p>a) Evidence could be provided that Internal Audit <u>will</u> include the <i>Plan</i>.</p> <p>b) Another review methodology could be confirmed to the Keeper (that specifically focuses on the implementation of the Plan)</p>	<p>Internal Audit was unable to include the RMP on their work plan for year 2019/2020. However, the work plan for 2020/2021 is yet to be confirmed. We have requested the RMP forms part of the Audit schedule for 2020/21.</p> <p>The Audit Committee continues to receive regular updates regarding information governance and GDPR compliance.</p>	<p>It is a requirement of the Public Records (Scotland) Act 2011 that "An authority must— (a) keep its records management plan under review" (PRSA Part 1 5.1.a.)</p> <p>The authority's participation in the PUR process in 2018 and 2020 demonstrates a commitment to reviewing its RMP.</p> <p>However, the Keeper agreed NHS Highland's original Records Management Plan partly on the grounds that the authority were negotiating to have the plan reviewed by the Board's Internal Audit facility.</p> <p>As we stated at the time of the previous PUR it was understandable that the focus of internal review was on GDPR compliance (as it was for many public authorities in 2018).</p> <p>However, it is of some concern that the implementation of the RMP is still not formally embedded in the internal audit procedure. If, a guarantee from Internal Audit is not forthcoming, the Assessment Team suggests that the Board's Information Governance Group instigates a self-assessment review and explains to the Keeper:</p> <p>a) When this review will take place</p>

									<p>b) Who will carry it out c) How it will be pursued (questionnaires to local business areas perhaps?) d) How it will be reported to senior management.</p> <p>Although utilising Internal Audit is highly recommended, the Keeper can agree a review process that is undertaken without them as long as it seems sufficiently structured and robust.</p> <p>This element remains at Amber for the moment.</p>
14. Shared Information	G	A	A	A	<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>With regards to the information sharing policy that will replace the Highland Data Sharing Partnership policy. This has been re drafted and is in the process of being circulated for comment and hopefully final sign off. Underpinning the policy work has started on an Information Sharing Agreement between NHS Highland and The Highland Council with a target date of end February for completion.</p> <p>We have attached a very early draft which is likely to be subject to a number of changes and updates before ratification. Once the agreement has been ratified by all relevant partners, we will forward a copy to you.</p>	<p>The Assessment Team acknowledge that they have received NHS Highland/Highland Council Draft Information Sharing Agreement.</p> <p>This shows that the authority is pursuing their commitment to formalise data sharing with third parties.</p> <p>Once the Highland Data Sharing Partnership Policy is operational throughout NHS Highland it is liable that, if it were submitted as part of a formal re-submission, this element might be awarded a green RAG status.</p> <p>As the Data Sharing Policy is yet to be rolled out, this element remains Amber. However, the Assessment Team recognises that the work described in this PUR represents steps towards a significant improvement in records management provision in the authority.</p>	<p>An Information Sharing Agreement will replace the Highland Data Sharing Partnership policy. The Agreement has been drafted and will be taken forward in parallel with negotiations to renew the Highland Health and Social Care Partnership Agreement. The new Partnership Agreement must be approved by NHS Highland and the Highland Council by April 2020.</p> <p>The draft Information Sharing Agreements between NHS Highland and The Highland Council, and with Argyll and Bute Council, are attached.</p>	<p>Thanks you for the update regarding the Highland Data Sharing Partnership which has been noted.</p> <p>The Assessment Team acknowledge that they have received draft versions of <i>Information Sharing Agreements</i> with Local Councils.</p> <p>As these documents are draft, this element remains Amber. However, the Assessment Team recognises that the work described in this PUR represents steps towards a significant improvement in records management provision in the authority and looks forward to further updates in subsequent PURs.</p> <p>Once authorised and operational the new style Information Sharing Agreements may well allow the RAG status of this element to be upgraded to Green.</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 receives the updated and approved documents when they become available, the Keeper should be able to fully agree this Element.</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 9th December 2019. The progress update was submitted by Ruth Daly, Board Secretary.

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

PRSA Assessment Team's Summary

The Assessment Team has reviewed NHS Highland's Progress Update submission and agrees that the proper record management arrangements outlined by the fourteen elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

NHS 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.

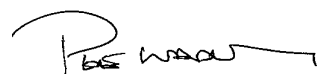
The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

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,



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Pete Wadley
Public Records Officer