

Progress Update Review (PUR) Template: NHS Highland

Element	Status of elements under agreed Plan 25OCT17	Progress status 28MAY19	Progress status 03APR20	Progress status <date>	Keeper's Report Comments on Authority's Plan 25OCT17	Self-assessment Update 10JAN19	Progress Review Comment 03APR20	Self-assessment Update as submitted by the Authority since July 2021	Progress Review Comment January 2022
1. Senior Officer	G	G	G		Update required on any change.	No Update.	No immediate action required. Update required on any future change.	The senior individual (board level) who has overall strategic responsibility for records management is NHS Highland Chief Executive <b>Pam Dudek</b> .  Ms Dudek took up this post on 5 November 2020.	<b>No change</b>
2. Records Manager	G	G	G		Update required on any change.	No Update.	No immediate action required. Update required on any future change.	No Update.	<b>No change</b>
3. Policy	G	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. <b>The Keeper requests that he is sent the updated Policy once it has been approved at this meeting.</b></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 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. <b>The Keeper requests he is sent a copy of the updated Policy once approved.</b></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>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>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</p>	<ul style="list-style-type: none"> <li>• Information Governance Policy valid until Jan 2021</li> <li>• Policy for the Management of Policies, Procedures, Guidelines and Protocols valid until Jan 2022</li> <li>• Retention and Destruction Policy for Corporate Records updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022</li> <li>• Corporate Records Archive Policy updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022</li> <li>• Health and Social Care Records Management policy update in line with new NHS S RM Code of Practice – ratified by Information Assurance Group December 2020 and valid until September 2023</li> </ul>	<p><b>No Change</b></p> <p><b>No change</b></p> <p><b>No Change</b></p> <p><b>No Change</b></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>documents will be retained in order that NHS Highland's submission can be kept up-to-date.</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	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 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 information assets according to function.</p> <p>Once this piece of work has been completed, it will be communicated throughout the organisation and made available to the Keeper.</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 are migrating their systems to a O365</p>	<ul style="list-style-type: none"> <li>A function based Business Classification Scheme for Corporate directorates has been drafted and is currently being consulted on with Corporate Senior Managers. This will be ancillary to the Information Asset Register and acts as a systematic identification and arrangement of records into categories according to functions in a logical, hierarchical structure that covers all areas of business (for corporate affairs). Future iterations of this document will incorporate an outline of the retention/disposal periods and processes.</li> <li>As MS365 is being implemented which comes with Sharepoint online. It is likely there will effectively be a national Business Classification Scheme based on work that has been ongoing within the NHS National Records Managers Forum.</li> </ul>	<p><b>There has been no progress with the BSC throughout the year due to other competing priorities</b></p>

						<p>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.</p>		
5. Retention Schedule	G	G	G	Update required on any change.	<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.</p> <p>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.</p> <p>With regards to 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.</p>	<p>The Assessment Team acknowledge receipt of the updated <i>Retention of Corporate Records Policy</i> (v2.0 December 2019). 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.</p> <p>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.</p> <p><b>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.</b></p>	<ul style="list-style-type: none"> <li>Retention and Destruction Policy for Corporate Records updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022</li> <li>Corporate Records Archive Policy updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group</li> <li>A function-based Business Classification Scheme for Corporate directorates drafted and currently out for consultation. This will be ancillary to the Information Asset Register and future iterations of this document will incorporate an outline of the retention/disposal periods and processes</li> <li>Retention, Archiving and Destruction of Personal Health Records updated and agreed by Information Assurance Group Dec 2020 valid until Aug 2023</li> <li>NHSH Health and Social Care Records Management Policy</li> <li>Transportation of Paper Records with Confidential or Person Identifiable Information valid until Aug 2020. This policy is currently under review and will be updated by the end of the financial year to take account of the Scottish Government Code of Practice changes, the move to Electronic Records and feedback from previous and pending Audit reports.</li> </ul>	<p><b>No Change</b></p> <p><b>No change</b></p> <p><b>There has been no progress with the BCS throughout the year due to other competing priorities</b></p> <p><b>No Change</b></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 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). <b>The Keeper requests that he is kept informed of progress in the development of this guidance.</b></p> <p><b>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.</b></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>	<p>Introduction of MS365 enhances NHS Highland's ability to control destruction of electronic records. The MS365 rollout is still in progress and will increase functionality in a phased manner.</p> <ul style="list-style-type: none"> <li>Retention and Destruction Policy for Corporate Records updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022</li> <li>Corporate Records Archive Policy updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022</li> <li>Retention, Archiving and Destruction of Personal Health Records valid until Aug 2020</li> <li>NHSH Health and Social Care Records Management Policy</li> </ul>	<p><b>Retention &amp; Destruction of Health Records Policy updated and ratified Jan 21 and valid until 2023</b></p>
-----------------------------	---	---	---	--	--	---	--	---	---

7. Archiving and Transfer	G	G	G		Update required on any 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.	<ul style="list-style-type: none"> <li>Corporate Records Archive Policy updated in line with the new NHS Scotland Records Management Code of Practice. New Policy agreed by Information Assurance Group July 2020 and valid to July 2022</li> <li>Retention, Archiving and Destruction of Personal Health Records valid until Aug 2020</li> </ul>	<b>Retention &amp; Destruction of Health Records Policy updated and ratified Jan 21 and valid until 2023</b>
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. <b>The Keeper requests that he is sent these policies once they have been approved to keep the submission up-to-date.</b>	The Information Assurance Group approved the following revised policies in January 2019: <ul style="list-style-type: none"> <li>Information Governance Policy (as per element 3)</li> <li>Data Protection Policy</li> <li>Password and Authentication Policy</li> </ul> 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.	Information Assurance Group agreement received December 2020 to document a <b>formal policy management process.</b>  Information Assurance & IT Security Manager is involved in discussion nationally around the creation of a national IT security and IG policy library designed to meet regulatory requirements in a consistent manner.  All policies will be reviewed on expiry. Reviews for policies expiring in Jan 2021 have been postponed to Feb 2021 due to resource limitations as a result of prioritisation of Covid related work. <ul style="list-style-type: none"> <li><b>Clear Desk and Clear Screen Policy</b> valid until 2022</li> <li><b>Information Governance Policy</b> valid until Jan 2021</li> <li><b>Password and authentication policy</b> valid until Jan 2021</li> <li><b>Internet Policy</b> valid until Jan 2021</li> <li><b>Information Security Policy</b> valid until Jan 2021</li> <li><b>Data Protection Policy</b> valid until Jan 2021 currently being reviewed and to be considered by Information Assurance Group during first quarter 2021</li> <li><b>Email Policy</b> valid until August 2020 – this is currently being re-written given the change to MS365</li> <li><b>Mobile Data and Devices Policy</b> Jan 2016</li> <li><b>Social Media Protocol</b> existing protocol expired October 2015 – Head of Comms and Engagement is attending to the review</li> <li><b>Sharing Sensitive and Patient Identifiable Information by email Policy</b> Jan 2016</li> <li><b>Policy for Request for internet activity reports December 2020</b> – this policy is</li> </ul>	<p><b>A new Data Protection Policy was published on 27/09/21 and is valid until 27/09/24</b></p> <p><b>Mobile data and device policy valid from 01/01/19 - 01/01/21</b></p> <p><b>Email policy valid from 01/08/18 - 01/08/20</b></p>

								<p>being retired as this should actually be a Process rather than a Policy</p> <ul style="list-style-type: none"> <li>• <b>Information IT Security in Contracts With 3rd Parties Policy Dec 2011</b> Policy is being retired. Supply chain cyber security process to be reviewed and policy/process documents to be rewritten based on conclusions.</li> <li>• <b>NHSH Policy on Handling Requests for Access to Personal Health Records 2016</b> NHS Highland's approach to Subject Access Requests was a focus of a recent internal audit. In light of the audit recommendations a technical solution is being purchased to support the management of SARs. The intention is that the policy will be re written to reflect the management of SARs using this technical solution.</li> </ul>	<p>“Access to Personally Identifiable Records Policy” published on 27/09/2021 and valid until 27/09/2024</p>
9. Data Protection	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. <b>The Keeper requests that he is sent the updated Policy once it has been approved at this meeting.</b></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).</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: <a href="https://www.nhshighland.scot.nhs.uk/News/Pages/GeneralDataProtectionRegulation.aspx">https://www.nhshighland.scot.nhs.uk/News/Pages/GeneralDataProtectionRegulation.aspx</a></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>	<ul style="list-style-type: none"> <li>• <b>Data Protection Policy</b> valid until Jan 2021 is currently being reviewed and will be presented at Information Assurance Group during first quarter 2021</li> <li>• <b>Subject Access Request Policy</b> is in development. The handling of Subject Access Requests has been the focus of a recent internal audit report. In light of the audit recommendations a technical solution is in the process of being purchased to support the management of SARs. The intention is that the draft policy will reflect the management of SARs using this technical solution.</li> </ul>	<p><b>A new Data Protection Policy was published on 27/09/21 and is valid until 27/09/24</b></p> <p>“Access to Personally Identifiable Records Policy” published on 27/09/2021 and valid until 27/09/2024</p>	

					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				
10. Business Continuity and Vital Records	A	A	A		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.	Business Continuity Plans for Health Records are being reviewed to take account of the Electronic Patient Record project and technical contingencies.	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.	<ul style="list-style-type: none"> <li>Business Continuity Plan for Corporate Records has been drafted and is currently being revised for consultation with Corporate Colleagues</li> <li>Business Continuity Plan for Medical Records Raigmore Hospital Central Records Department being refreshed to take account of the rapid move to EPR and COVID. Timeframe for completion end of March 2021 once full scanning project underway.</li> </ul>	<p><b>There has been no progress with business continuity planning for corporate records due to other competing demands</b></p> <p><b>Business Continuity Plan for Health Records updated and going through ratification process currently. It is now a unified plan for all NHS Highland locations and health records. Will be implemented for April 2022</b></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 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. <b>The Keeper requests he is sent a copy of the updated Policy once it has been approved.</b></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</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</p>	<ul style="list-style-type: none"> <li>A function-based Business Classification Scheme for Corporate directorates has been drafted and is currently being consulted on with Corporate Senior Managers. This will be ancillary to the Information Asset Register and acts as a systematic identification and arrangement of records into categories according to functions in a logical, hierarchical structure that covers all areas of business (for corporate affairs).Future iterations of this document will incorporate an outline of the retention/disposal periods and processes.</li> <li>Learn-Pro module on Corporate Records now rolled out and available for all new and existing NHS Highland colleagues which describes naming conventions</li> <li>Introduction of <b>Office 365</b> will enhance NHS Highland's ability to control document tracking.</li> </ul>	

				<p>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. <b>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).</b></p> <p><b>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.</b></p>		<p>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 remains at Amber.</p>		
12. Competency Framework	A	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</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</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</p>	<p>Board Secretary has undertaken a practitioner certificate in records management during 2020 and will complete the course during 2021 as capacity permits.</p> <p>Health Records Service Manager is a Licentiate member of Institute of Health Records and Information Management (IHRIM)</p>	<p><b>Due to other competing demands the Board Secretary has not been able to complete this course.</b></p>



				<p>of 2018. <b>The Keeper commends this commitment to training and requests that he is kept informed of the progress in rolling this out.</b></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. <b>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.</b></p> <p><b>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.</b></p>	<p>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 <a href="#">this link</a></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 Public Sector Records Management in FY 2020/21.</p>	<p>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>		
13. Assessment and Review	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. <b>The</b></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>Information Assurance Group established an RMP Sub Group to undertake an assessment and review of the Plan. Membership of the Group:</p> <ul style="list-style-type: none"> <li>• Board Secretary</li> <li>• Medical Records Manager</li> <li>• DPO</li> <li>• Information Governance Manager</li> </ul>	<p><b>The health records aspects of elements of the RMP will be added as a standing item to the NHS Highland Health Records Group agenda</b></p>

					<p><b>Keeper requests that he is informed of the results of these discussions.</b></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> <ul style="list-style-type: none"> <li>a) When this review will take place</li> <li>b) Who will carry it out</li> <li>c) How it will be pursued (questionnaires to local business areas perhaps?)</li> <li>d) How it will be reported to senior management.</li> </ul> <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>	
--	--	--	--	--	--	--	--	--

	<b>G</b>	<b>A</b>	<b>A</b>				This element remains at Amber for the moment.		
14. Shared Information	<b>G</b>	<b>A</b>	<b>A</b>		<p><b>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.</b></p> <p><b>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.</b></p> <p><b>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.</b></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 Information Sharing Agreement with Highland Council was being considered as part of the review of Governance arrangements relating to integrated care between NHS Highland and Highland Council. The review had stalled during COVID but has started again December 2020.</p> <p>The Information Sharing Agreement with Argyll &amp; Bute Council has gone through the approval process and it is anticipated that this will be formally signed off by the end of January 2021.</p>	<p><b>Information sharing agreement between NHS and the Highland Council currently being drafted with a focus on Public Protection. This is being led by Iain Thomson on behalf of the Public Protection COG. This agreement has been agreed by a SLWG and is to be approved by the COG, NHS IAG and partners equivalents. It is anticipated that this will be completed within first quarter 2022</b></p>