The Public Records (Scotland) Act 2011

NHS Highland

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

19th June 2023

Contents

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.

6. Progress Update Review (PUR) Template: NHS Highland

Element	Status of elements under agreed Plan 25OCT17	Progress status 10MAR22	Progress status 19JUN23	Keeper's Report Comments on Authority's Plan 25OCT17	Self-assessment Update 27JAN22	Progress Review Comment 10MAR22	Self-assessment Update as submitted by the Authority since 10MAR22	Progress Review Comment 19JUN23
1. Senior Officer	**G**	**G**	**G**	Update required on any change.	No change.	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.
2. Records Manager	**G**	**G**	**G**	Update required on any change.	No change.	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.
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 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.** **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.**	No change.	Update Required on any change.	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 2022 and valid to August 2024 **(revised policy attached Appendix 2).**	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.
4. Business Classification	**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 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.**	There has been no progress with the BSC throughout the year due to other competing priorities.	The Assessment Team thanks NHS Highland for this update. It is hoped that NHS Highland will be able to address the BCS soon, especially in the context of ongoing SharePoint implementation. This element will remain in	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	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

Element								
					Amber until a formalised Business Classification Scheme is in place. The Team look forward to further updates in consecutive PURs.	been finalised but is now a priority for the Governance & Corporate Records Specialist to progress. 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.	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. This Element will remain at Amber as the work is ongoing. The Assessment Team look forward to updates on this Element in subsequent PURs.
5. Retention Schedule	G	G	G	Update required on any change.	No change. There has been no progress with the BCS throughout the year due to other competing priorities.	See comments on Element 4 above. Update Required on any change.	As noted for Element 3 the Retention & Destruction policy has been updated which contains the current Retention Schedule. As noted for Element 3 the Archive Policy has been updated which assists the Retention Schedule. 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.	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. Update required on any future change.
6. Destruction Arrangements	A	A	A	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.** **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.**	Retention & Destruction of Health Records Policy updated and ratified Jan 21 and valid until 2023.	Thank you for letting the Assessment Team know that the NHS Highland Retention and Destruction of Health Records Policy has been updated as per regular review schedule. The existence of ratified, up-to-date policies is an essential aspect of responsible record destruction arrangements. However, the Team would also welcome an update on their practical implementation among staff at all levels in consecutive PURs. This element remains at Amber.	M365 implementation continues to progress well which will enable NHS Highland to have more robust control over the destruction of electronic records. The NHS Scotland Records 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. 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	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 NHSS Records Management Code of Practice is also very commendable. 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. 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.
					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).** 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.	
7. Archiving and Transfer	**G**	**G**	**G**	Update required on any change.	Retention & Destruction of Health Records Policy updated and ratified Jan 21 and valid until 2023.	Thank you for letting the Assessment Team know that the NHS Highland Retention and Destruction of Health Records Policy has been updated and formalised as per regular review schedule. Thank you also for providing the Retention, Archiving and Destruction of Personal Health Records Policy. This has been received with thanks. 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.
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.**	A new Data Protection Policy was published on 27/09/21 and is valid until 27/09/24. Mobile data and device policy valid from 01/01/19 - 01/01/21. Email policy valid from 01/08/18 - 01/08/20. "Access to Personally Identifiable Records Policy" published on 27/09/2021 and valid until 27/09/2024.	The Assessment Team thanks NHS Highland for this update on Policy review and update, and confirms the receipt of the Data Protection Policy and the Access to Personally Identifiable Records Policy. Thank you also for letting us know that the Mobile Data and Device Policy and the Email Policy are overdue a review. While the pandemic undoubtedly continues to have an impact on resource allocation with regard to scheduled policy reviews, the Assessment Team would like to encourage NHS Highland to aspire to all policies being kept up to date so that they can effectively inform business practices.	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	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.

	G	G	G				2023.	
9. Data Protection	G	G	G	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.** 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**	A new Data Protection Policy was published on 27/09/21 and is valid until 27/09/24. "Access to Personally Identifiable Records Policy" published on 27/09/2021 and valid until 27/09/2024.	The Assessment Team thanks NHS Highland for this update on Policy review and update, and confirms the receipt of the Data Protection Policy and the Access to Personally Identifiable Records Policy with thanks.	There are no further updates at this time. The Data Protection Policy and the Access to Personally Identifiable Records Policy will be reviewed and where appropriate updated in 2024. Any relevant updates that are identified in the interim will instigate a review of the appropriate policy.	The Assessment Team thanks you for this update on Element 9. It is great to hear that the Data Protection Policy and the Access to Personally Identifiable Records Policy remain up to date. Update required on any future change.
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.**	There has been no progress with business continuity planning for corporate records due to other competing demands. 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.	The Assessment Team thanks NHS Highland for this update. It is unfortunate that corporate records business continuity planning has been put on hold, but positive that a shared BCP for Health Records is being ratified. NHS highland is clearly making gradual, commendable progress in this Element. This element remains at Amber while NHS Highland continues to work towards full compliance.	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.	It is disappointing to hear that 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. This element remains at Amber while NHS Highland continues to work towards full compliance.
11. Audit Trail	A	A	A	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.** 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**	No change.	Update required on any change.	There has been no progress made for Corporate Records other than the function based Business Classification Scheme as mentioned in 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. M365 continues to be rolled out within NHS Highland which should further enhance the ability to control document tracking.	The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. With the roll-out of M365, electronic document tracking will become more straightforward. This element remains at Amber while NHS Highland continues to work towards full

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				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). 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.				compliance. Update required on any future change.
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 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.** 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.** **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.**	Due to other competing demands the Board Secretary has not been able to complete this course.	The Assessment Team thanks you for this update. It is unfortunate that the Board Secretary has been unable to complete the Practitioner Certificate in Records Management due to competing demands. The Team hopes this positive step will be taken at a later date.	The Governance & Corporate Records Specialist will complete the practitioner certificate in records management in January 2023.	Thank you for this positive update on the relevant CPD of the Governance & Corporate Records Specialist; this has been noted.
13. Assessment and Review	G	A	A	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.**	The health records aspects of elements of the RMP will be added as a standing item to the NHS Highland Health Records Group agenda.	The Assessment team thanks for this update. It is very positive that NHS Highland continues to take part in the PUR process. Further updates are welcomed in consecutive PURs. This Element will remain at Amber while the work progresses.	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. 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.	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. This Element was given an

	<td colspan="3" style="background:green"></td>							indicative Amber PUR status in 2010, when it was indicated that *'this element would be graded 'amber' (at best) until:* *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.** This Element will remain at Amber while the work is ongoing. The Team look forward to being updated on progress in subsequent PURs.
14. Shared Information	**G**	**G**	**G**	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. 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. 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.	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. Update 09/03/2022: IAG between NHSH and A&B Council was signed in May 2021.	Thank you for this update on Information Sharing Agreement between NHS Highland and Highland Council. It is very positive to hear that this has progressed to imminent ratification. Confirmation that the Information Sharing Agreement with Argyll & Bute Council has also been ratified would be welcome. If this is the case, and this was a formal resubmission, it is likely that this Element would be changed from Amber to Green to reflect formal agreements being in place. Response to Update 09/03/2022: Thank you for confirmation that the Information Sharing Agreement with Argyll & Bute Council has also been ratified. The PUR Element 14 has been changed from Amber to Green to reflect the commendable progress made in this area.	Information Sharing Agreement (ISA) between NHS & Highland Council is still in place. 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). **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)** to ensure data shared between Boards & NES is handled appropriately.	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.** **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 agreements go through a review process, is very good to hear.

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 19 January 2023. 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**.

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

Iida Saarinen
Public Records Officer